

Appendix D

NHS E&I Commitment to Carers Trust Hospital Discharge Final Project Report

Report writers: Jill Stenton & Louisa Thompson

Organisations: Mid Cheshire NHS Foundation Hospital Trusts
East Cheshire NHS Trust
The Countess of Chester NHS Foundation Trust

Date: 05/05/2022

Executive summary. Maximum 750 words.

Mid Cheshire NHS Foundation Hospital Trusts, East Cheshire NHS Trust and the Countess of Chester NHS Foundation Trust worked jointly to deliver a project to develop, test and evaluate a hospital discharge pathway for carers and raise general carer awareness amongst staff. The project was a collaboration between health, social care and the third sector, funding via the NHS England and Improvement Commitment to Carers programme.

The project involved engaging with key stakeholders to develop an integrated pathway, that would identify carers prior to discharge and signpost them for advice and support in preparation for discharge and once they were back home.

We opted to test out a digital approach to supporting carers, to overcome the challenges faced with trying to recruit specific Carer Champion roles for wards and the restrictions imposed by COVID. Following research of digital support that was available, we teamed up with Mobilise www.mobiliseonline.co.uk who currently deliver 21 contracts across the UK commissioned by Local Authorities, NHS and local carer support services. They provide online support and information for carers, empowering those that care to thrive.

The online resources (appendix one) developed and provided by Mobilise for carers focused on the following:

- Information and advice from others who had been through this process.
- Emotional & bespoke support available in the form of an individual support call with a carers coach or via live chat on the website.
- The opportunity to “ask anything” as it was likely that situations will be individual, and solutions may be specific to local circumstances.
- Signposting to local support.

We identified a small number of wards at each of the three hospital sites where we could test out the new approach, focusing on those wards who supported older frail people to identify and signpost carers for support, in preparation for being discharged home.

Key themes that came out of engagement with carers and staff were the lack of information and support available for carers, poor communication with carers, and carers not knowing what to do when things didn't go as expected.

We developed a pathway to help guide staff through the process and know who and where to signpost carers to for support (appendix two). Discharge Co-ordinators from the identified wards shared the contact details for the Mobilise website with the carer, or if they are not digitally enabled, they could directly book them a telephone support slot with Mobilise or give them the number for their local carers centre. For people being cared for with Dementia or

cognitive impairment, the Discharge Co-ordinator would send the carers contact details to Alzheimer's Society, where an officer would follow them up with a phone call, offering to arrange a home visit or telephone appointment for an assessment, working with the carer to agree a support plan. They were also able to refer and signpost the carer and extended family to statutory services, voluntary services, Mobilise and to the relevant carers centre.

In addition to the referral pathway, we explored training for staff and tested out an e-learning package, to help staff better understand, involve and signpost carers for support.

We have had positive feedback on the Mobilise website from both carers and staff, with 225 people visiting the site over the four-week testing period. Ward staff have actively been using the support pathway and providing carers and people being cared for with signposting information.

Learning that can be taken away from this project;

- It is essential to involve carers at the earliest opportunity in the discharge process.
- The way that a person is asked the question about whether they are a carer is important, as many carers don't recognise themselves as carers or as needing support, and don't reach out until they reach crisis.
- Carer awareness is essential for staff and should be a core part of their induction and training.

In terms of next steps, we are aiming to build upon the work already undertaken as part of this project as follows:

- Access to support via the Mobilise website will continue for the next six months, allowing us to build upon the success of the trial. We will promote the use of Mobilise more widely, scaling up from the initial testing that took place with one or two wards per hospital Trust, to include all wards as well as community teams supporting people who have recently been discharged from hospital.
- Roll out the carer awareness e-learning training to staff across the three Trusts, continuing to gather feedback/evaluations and look to get it included as mandatory training for certain staff groups.
- Continue to gather feedback from carers on the support available.
- Continue to regularly promote carer awareness and support via Trust comms.
- Continue to develop discharge process and protocols to include carers and promote Mobilise via discharge packs and letters.
- Explore opportunities for reaching out to and providing resources for carers and potential carers in advance of a hospital stay.
- Build and support a network of Carer Champions to support peers and aid the identification of informal carers across all settings.
- Develop as part of the discharge pathway, the one-off personal health budgets to support families and carers to access personalised care and support, when identified need cannot be met via commissioned services.

Method/Process. Maximum 500 words.

We established a project group that met fortnightly, to plan, develop and implement the approach. Representation was as follows:

- NHS Cheshire CCG

- Cheshire East Council
- Cheshire West and Chester Council
- Alzheimer’s Society
- Mobilise
- East Cheshire NHS Trust
- Mid Cheshire NHS Foundation Hospital Trusts
- The Countess of Chester NHS Foundation Trust
- Central Cheshire Integrated Care Partnership

We identified the key stakeholders that we would need to engage and communicate with throughout the project, which included the following:

Organisation	Team/Role
Hospital Trusts x 3	Discharge Team (Matrons & leads)
	Discharge Co-ordinators
	Ward teams
	Dementia Advisor
	Customer Care Team
	Admiral Nurses/Safeguarding Team
	Memory clinic
	A&E
	Community Teams (Nurses & Therapists)
	Comms Team
Local Authority/Social Care	Discharge team
	Brokerage Team
	Home First Team
	Living Well team (Cheshire East)
	Commissioners
Third sector	Alzheimer’s Society
	British Red Cross
	Cheshire East Carers Hub
	Carers Trust Cheshire & Warrington
	Audlem & District Community Action
Primary Care	Waters Green Medical Practice
	Social Prescribers

The original project proposal was to recruit three Carer Champions via a secondment opportunity for a period of four months, who would sit within selected wards at each hospital Trust, to help support carers upon discharge. Unfortunately, the timing for the recruitment of the Carer Champions was December 2021/January 2022, which coincided with the very busy Winter period for the hospitals, and the rapid spread of COVID via the Omicron variant. This meant that both health, social care and third sector organisations did not have the capacity to release staff who were interested in the secondment opportunity, and subsequently led to delays with starting the project. In order to deliver against the original outcomes of the project, it meant that we had to explore alternative approaches to deliver the project.

The project team carried out some research into digital support offers, which would allow us to work around the recruitment issue and avoid having to place additional staff on hospital

wards when Omicron was rife. Mobilise were one of the companies who we researched and met with to discuss the project. They were able to provide a solution that we could tailor to the needs of our project and work with us to achieve our original outcomes.

When designing the package of support for carers, we split the design phase into the following three activities, acknowledging the time constraints on carers, practitioners, and professionals.

1. Research and listening: Engagement took place with professionals and support workers via meetings to connect them with the project. We were able to learn about the opportunities and challenges that were being experienced in signposting carers, at the same time as sharing about the work of the project and reframing professional's thoughts about who carers are, broadening the scope to friends and family (who are often unidentified carers or about to begin a caring role).

2. Learning from carers' stories: An initial broad piece of content was used as a starting point "A carer's guide to hospital discharge" which drew on the wisdom and experience of carers who were already part of the Mobilise community. This was shared back with the community who were then invited to share their experiences of hospital discharge, including what they wish they would have known and what support they found helpful.

3. Design Workshop: The Mobilise team, with the support of an external design facilitator, held a half day workshop to bring together learning from the above activities and designed a framework of what a support platform could look like, and what should be included.

Working collaboratively across the three hospital Trusts resulted in agreement to pool the funding, to help distribute resources fairly and make payments via one route. Decisions were taken to the project board for approval, but there were challenges when setting up processes to commission providers, because although it was a joint project, there was still approval required from three project sponsors and funding to manage/co-ordinate from three Trusts. This led to delays with getting processes and approvals set up.

Another challenge was the lack of face-to-face contact with carers on wards due to COVID visiting restrictions, which limited our lines of communication. It did however allow us to test out digital communication approaches as part of this project.

Key findings. Maximum 2000 words.

The project had two key outcomes, which were:

1. The development of an integrated pathway to identify carers and to signpost them for support.
2. Development of a training package co-created with carers, health, social care and third sector.

The first outcome was achieved through the development of an integrated pathway, which identified carers upon the commencement of discharge and signposted them for support and advice across a wide range of local services, via a digital platform or via telephone support. The pathway has been developed with and includes support from health, social care and the third sector, making it a truly integrated approach.

The second outcome took a focus on developing a training package for staff, to raise awareness of carers and their needs. Research into training approaches and packages, led

to the testing of an e-learning package. Opting to deliver the training online has the advantage of it being easily accessible to a variety of staff, without the logistics associated with running face to face sessions. An existing e-learning package, which is already being used by a Local Authority elsewhere in the country was tested with 75 health and social care students at the University of Chester along with a number of local Social Prescribers. This evaluated well and has been commissioned for 12 months in the first instance, with a plan to roll out to 3,000 staff across the three hospital sites and community teams (1,000 per site).

The responses that Mobilise has gathered from carers across the country highlighted some common themes:

- Lack of information and support available for carers
- Poor communication with carers
- Carers not knowing what to do when things didn't go as expected

Mobilise website - In total 225 people arrived on the Mobilise digital platform over the four weeks of live delivery. Although people were not asked to register, they were able to complete a quick and easy online quiz style tool to direct them to resources appropriate to their situation. In this way we were able to learn more about them and focus the content on their current situation through the analytics gathered from the website. Further information can be found in appendix three.

Results show that we were reaching people at each of the key stages identified and that 72% were as a result of an emergency admission.

Of the carers who accessed support, the situation/location of the person who they cared for was that 35% were still in hospital, 32% were preparing to leave hospital and 32% had already been discharged home.

The split of carers accessing support broken down by hospital site was 45% from Macclesfield Hospital, 31% from Leighton Hospital and 24% from The Countess of Chester Hospital.

Alzheimer's Society support - There were four referrals to the Alzheimer's Society over the four-week trial period. One from Macclesfield hospital and three from Leighton hospital. Although the numbers were low, the use of the referral pathway was positive, and the process worked well.

Outcomes for the four referrals were as follows:

- Two carers took up the offer of community support with one accepting the offer of a telephone call assessment and a home visit. Clear actions and outcomes were noted during the home visit. Primarily the carer wanted to talk through next steps in the care for her husband. Previous interactions had involved contact with the local Carers' Hub where she received generic advice, but the need was for a conversation with someone with more dementia knowledge and expertise. Following the home visit, further dementia specific written materials have been provided by post and email.
- Two carers did not require support; one did not feel the need for it and the other was going to be supported by the residential care setting where the person they cared for had been moved to long term.

Social Prescribing - The link with Primary Care via the Social Prescribing Team resulted in changes being made to protocols in GP surgeries for identifying, recording and signposting

carers for support. The awareness raising that the Social Prescribers have undertaken has already increased identification and support of carer in medical practices.

Carer pathway – Carers are being identified on admission to the ward as part of the new pathway to support carers upon discharge. There is a clear process that staff can follow once they identify a carer and they know who and how support can be accessed. Staff feel more confident in the identification of carers and signposting for support. If they need help, they know where to go. Please refer to quotes in appendix four.

Supporting resources – Leaflets, posters, pull up banners, prompt cards and pin badges have been developed, with a branded logo co-created with carers (appendix five). The leaflets, posters and pull up banners have the contact details on for Mobilise and the two local carers hubs. They also have a QR code, text responder service and simple URL to streamline transition from offline leaflet to online services. This has the added benefit of allowing us to track how effective the different marketing materials. The leaflet is available in printed copy and e-flyer.

The leaflets are included in hospital discharge packs, which is helpful for those people who may want to look through it in their own time or access support at a later date.

Carer support notice boards have been put in place within a number of secondary and Primary Care settings.

Prompt cards have been developed for use by staff, to get them thinking about what actions they will take to include and support carers.

Carer Champions - Staff within various settings have been identified and supported to be a champion when it comes to identifying and supporting carers.

Carer awareness training – Awareness of the impact of caring has been raised amongst professionals in secondary, primary and community settings through various engagement opportunities. An e-learning training package has been sought and tested with students and will be rolled out to 3,000 staff over the next 12 months, to continue to build carer awareness across a variety of teams. Staff who complete the training will be given a ‘carer champion’ pin badge, with the aim of helping to build a network of staff who actively promote carer involvement and are visible to other staff and carers.

Learning that can be taken away from this project is that it is essential to involve carers at the earliest opportunity in the discharge process, allowing them to provide an inclusive plan for the cared for and preventing information overload upon the day of discharge. It also helps to ensure that service provision is in place, avoiding carer breakdown.

The way that a person is asked the question about whether they are a carer is important, as many carers don’t recognise themselves as carers or as needing support, and don’t reach out until they reach crisis point. More than ever people associate the word carer with a paid professional. Prior to hospital admission an individual may not have had anyone caring for them, so asking about family and friends who will be supporting them when they return home is more relevant. By reframing the way in which the question is asked, for example do you have someone help you with shopping, help you to prepare meals, or drive you to places etc, will help to understand whether someone is undertaking caring responsibilities.

Carer awareness is essential for staff and should be a core part of their induction and training. It needs to be short, flexible, interactive and accessible, recognising that staff are constantly busy.

The following benefits have been realised through the project:

- Better engagement with carers
- Better engagement with staff around carers
- Increased staff awareness and knowledge of the carer role and how to support them
- Clearer pathways to support and signpost carers
- Improved access to carer support and information locally

The indicative timescale was extended by a month from the end of March to the end of April, to take into account the difficulties experienced during the few two months of the projects with trying to recruit to a Carer Champion post. The extra month allowed us to develop the approach and test it out, with a full month of data to support the evaluation.

Conclusions. Synthesis. Maximum 750 words

Through engaging with a wide range of teams and services, we have been able to build strong links with a number of voluntary sector organisations who have previously struggled to reach out to the various hospital and community Health/Social Care teams. We have received positive feedback from carers, staff and the third sector.

The project has been able to link in family members who live out of area with local services and support via Mobilise. The use of a digital platform has allowed relatives such as sons and daughters who live at the other end of the country or abroad (Canada in one instance) to feel more involved in the care and support for their family member following hospital discharge.

All wards across the three hospital Trusts where older people are admitted to will benefit from this project. This will include the carer, the person being cared for and staff. The carer will have access to support and advice, tailored to their needs, which will give them the confidence and ability to undertake their caring role. This will ultimately benefit the person being cared for, who will have the support of a carer who feels equipped to manage their role. Staff will benefit from the expert input from the carer and will understand how to include carers in discharge planning in a meaningful way. It has given staff the confidence and a tool that allows them to better engage with carers.

From a carer's perspective, we have received the following feedback:

"Thank you so much for the website link it has been invaluable in learning about how to navigate mums care in the UK from here!"

Daughter of Hospital Patient, living in Canada.

"Thank you, I have checked it out, could be useful if Dad ends up in hospital again."

Daughter/carer for Dad living at home.

"Thanks for the link, can never have enough information."

Carer/husband.

“It’s good to know there are sites like this for when we feel lost, my daughters are helping me have a look through while my husband is in hospital.”

Carer/wife.

The learning from this project will be shared across the other wards in the hospitals that care for older people and with community teams who support people at home following their discharge from hospital.

Regular communication, engagement and awareness raising will help to raise the profile of unpaid carers and keep it in everyone’s mind.

The caring role in many cultures and communities is not always seen as an additional role. Using language such as “supporting someone who is coming home from hospital”, “family and friends” and removing the threshold of needing to “register” or identify as a carer before having access to helpful information and resources creates a more equitable service that could reach a more diverse population.

We underestimated the difficulties in recruitment due to timescales, this was exacerbated by the COVID crisis.

Work needs to continue to raise awareness of the carers and the possible negative impact when appropriate support is not in place. This needs to be across whole systems and where Carers can be added to existing pathways and protocols this results in achieving our goals without the need for additional work for busy staff. Staff need to be confident in the identification of carers and be able to signpost on for appropriate help but also feel supported themselves. Carers Champions in settings can contribute to this.

It is essential that Carers are involved in all aspects of the process and feel listened to, giving them choice and control. Feedback suggests they often feel too much information overload and so it’s vital the process is commenced sooner on admission if possible. Many relatives really struggle with self-identification “What is a carer”. Carers struggling need to know who to contact post discharge. Support is crucial to prevent carer breakdown.

Carers identified during the discharge process can then be registered via the GPs surgeries. This has enabled informal carers to access carers MOT healthcare checks, flexibility of appointment times. Carers can then access support ongoing via the Social Prescribers teams who can advise and signpost to a range of services allowing carers to protecting their own health and wellbeing and thus supporting them to continue to care. This support helps to remove barriers to accessing healthcare and reduces the health inequalities of this vulnerable group.

Conclusions. Next steps. Maximum 750 words

Now that the Mobilise platform has been set up and tested, proving that it is able to cope with significant volumes of user traffic, we are in the position to be able to scale up the outreach to carers, to include all adult hospital wards and further follow up from professionals working in the community discharge situations.

Any carers connected to Mobilise as a result of the trial will have ongoing access to support through both the hospital discharge situation and their onward caring journey. An agreement has been made for an extension to the work. The Mobilise platform will be available for further carers to be signposted and receive support for a further six months so we can build

on the momentum of the project, collect longer term data and make updates to resources as required.

With the relaxation of COVID rules, carers, friends and family will begin to have increased access to hospital wards and face to face conversations with staff, there will be more opportunity to signpost to the Mobilise platform. There might also be other opportunities that take pressure away from busy healthcare professionals, such as heavy traffic areas like cafes, car parks and public transport may provide creative opportunities.

Action for the next 6 – 12 months include:

- Access to support via the Mobilise website will continue for the next six months, allowing us to build upon the success of the trial. We will promote the use of Mobilise more widely, scaling up from the initial testing that took place with one or two wards per hospital Trust, to include all wards as well as community teams supporting people who have recently been discharged from hospital.
- Roll out the carer awareness e-learning training to staff across the three Trusts (aiming to train 3,000 staff), continuing to gather feedback/evaluations and looking to get it included as mandatory training for certain staff groups.
- Continue to gather feedback from carers on the support available.
- Continue to regularly promote carer awareness and support via Trust comms.
- Continue to develop discharge process and protocols to include carers and promote Mobilise via discharge packs and letters.
- Explore opportunities for reaching out to and providing resources for carers and potential carers in advance of a hospital stay.
- Build and support a network of Carer Champions to support peers and aid the identification of informal carers across all settings.
- Develop as part of the discharge pathway, the one-off personal health budgets to support families and carers to access personalised care and support, when identified need cannot be met via commissioned services.

We will measure success in the following ways:

- The number of people continuing to access and be supported via Mobilise
- Referrals to the two Carer Hubs
- Referrals to Alzheimer's Society
- Hospital discharge surveys
- Number of Carer Champions trained across the three Trusts.

The evaluation report and key learning will be shared across the various Boards within the three hospital Trusts and via staff e-bulletins, newsletters and social media across health, social care and third sector partners. We also have plans to share the project findings and our collaborative approach with regional groups such as the Association of Directors of Adult Social Services (ADASS) North West Carer Networks, NHS Commitment to Carers 'Lunch and Learn' and Cheshire & Mersey Carer's Strategic Partnership Board.

Reflection. Not compulsory. Maximum 250 words.

Finding people across the health and social care system that are passionate about supporting carers has been key to the drive and energy needed for this work. Champions for both the project and carers in general in key locations has helped to build enthusiasm and gain buy-in from teams that are under considerable pressure. Demonstrating to

professionals how identifying and signposting carers could make their work easier and more effective, rather than being an additional burden, created a breakthrough.

Appendix One

Website link to Mobilise site www.mobiliseonline.co.uk/hospital

🇬🇧 Home Help & advice Cuppas Blog For organisations More Subscribe

Are you supporting someone in hospital?

If you are supporting someone who is coming home from the hospital, we're here to help guide you through.

Take our simple quiz to receive the right support for you right now.



Take our simple one minute quiz to receive your pack

Which of these best describes the current situation for the person who is/was in hospital?



They're in hospital



They're preparing to leave hospital



We're already home

Next

powered by involve.me

Help for Carers

Whether we're new to caring or been at it a while, having the right help as carers can really enhance our lives. Browse our A-Z guide which covers support for carers across the UK. Including the key practical, emotional and financial support for carers.

- [Why do carers need help and support?](#)
- [What help is available for carers?](#)
- [How to get carer support?](#)
- [Support for carers of dementia patients](#)
- [Support for carers of mental health](#)
- [Support for carers near me](#)
- [Carer support and respite](#)



Join other carers for a virtual Cuppa

The Mobilise online, or virtual, cuppa is a free 45 min video call where you can connect with around 12 other people who are also looking after a loved one.

[View our timetable](#)

We're entirely focussed on supporting unpaid carers, rather than the person they look after. Share a laugh or some tears, we've all been there and you won't find a more understanding group. Our cuppas and the community around them is created by carers, for carers.

It's just great to know others are there, to listen at least. Great to actually 'see' other carers as well as talk to them and share ideas

All you need to join is a device with access to the internet, a microphone and speakers. A camera is also useful but not essential. Most smartphones will work just fine.

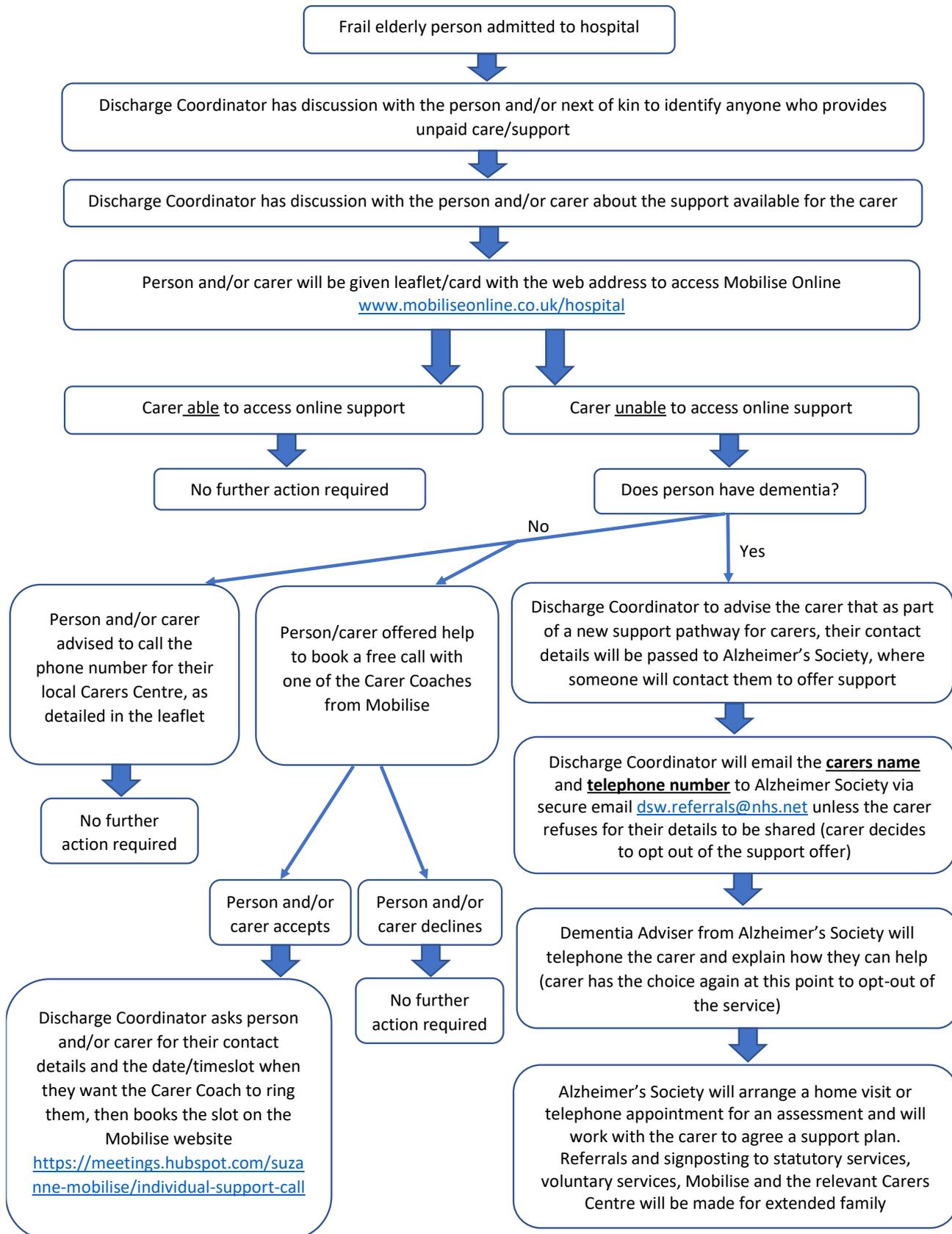
With over 500 cuppas under our belt, we're experienced at facilitating a cuppa. Each of our cuppas has a theme and everyone gets a chance to express themselves.

Every unpaid carer is warmly welcomed to join us, simply choose a time to suit you from our timetable.



Appendix two

Carer Hospital Discharge Support Pathway



Mobilise website insights

Data from the landing page created for this project.

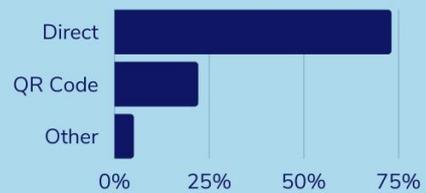
225
Visits to the Mobilise
website

46% Conversion

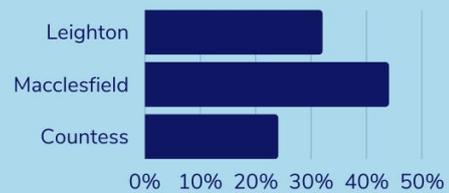
104
People start
the quiz

68% Conversion

71
People finish
the quiz

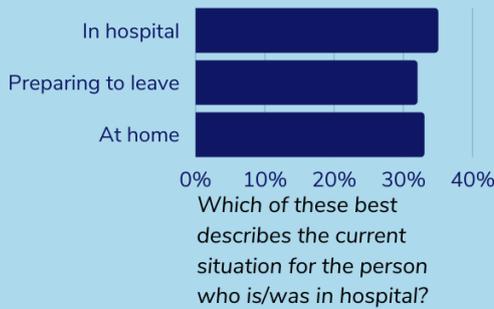


Breakdown of how people arrived at the website.

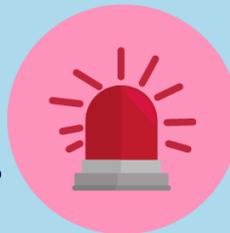
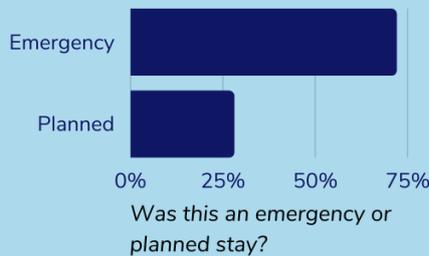


The hospital respondents said the person they care for is receiving treatment.

Mobilise quiz insights



Those potentially being cared-for were found equally across all situations.



Most people who used the website did so as the result of emergency admittance.



Siblings are very unlikely to support a person in hospital. And more options are needed to determine what constitutes 'Other'



Very few of the respondents travel further than one hour to reach the person who might need care.

Appendix four – Quotes

Mobilise Feedback – Care hospital discharge pilot		
Healthcare Staff	Social Staff	Real Carers
<p>Ever since it was shown to me I have told every single patient carer I have in contact with, it's always great to have something to help people feel less alone.</p> <p><i>Social Prescribing Team Leader</i></p>	<p>I found that the website is easy to navigate and seems informative and straight forward to use.</p> <p><i>Social Worker</i></p>	<p>Thank you so much for the website link it has been invaluable in learning about how to navigate mums care in the UK from here!</p> <p><i>Daughter of Hospital patient (Living in Canada)</i></p>
<p>This is a very helpful tool for patients' families/ carers.</p> <p><i>Practice Manager</i></p>	<p>I also found the briefing useful and have saved this in my resources folder</p> <p><i>Social Worker</i></p>	<p>Thank you I have checked it out, could be useful if Dad ends up in hospital again.</p> <p><i>Daughter/ carer for Dad living at home</i></p>
<p>Mobilise is a great tool to share with carers! I've told my patients families who haven't needed it yet, but they know it's there when they do.</p> <p><i>District Nurse</i></p>	<p>I have had a quick look and think it's great. The information is clear and easy to understand.</p> <p><i>Cheshire East</i></p>	<p>Thanks for the link, can never have enough information.</p> <p><i>Carer/Husband</i></p>
<p>Patients I have done care plans for have thanked me for including Mobilises leaflet as they know there is some extra information in with their important documents that might support their family if they are taken into hospital.</p> <p><i>Care Coordinator</i></p>	<p>There are so many professional staff that have been so helpful when SU have needed that extra support and reassurance.</p> <p>I would like to say Thank You and I would like this service to continue.</p> <p><i>Social Care Assessor</i></p>	<p>It's good to know there are sites like this for when we feel lost, my daughters are helping me have a look through while my husband is in hospital.</p> <p><i>Carer/wife</i></p>
<p>"I will take a look around the site to see what I can find that may be helpful because there is certainly a lot on here which is great. The site looks excellent!"</p> <p><i>Care Coordinator</i></p>		<p>Thanks for your advice I am guilty of not talking things through with my family as I don't want to burden them but will try to talk to them.</p> <p>Carer balancing work and care, via Mobilise live chat, prompted to have conversation with both line manager and wider family.</p>

Appendix five – Resources

Are you supporting someone who is coming home from hospital?

Mobilise are here to guide you through.

You might be supporting your husband, wife or parent. It can be helpful to have guidance and information on what to expect through the process.



Get your free Mobilise Home-From-Hospital pack, which takes you step-by-step through the things that you need right now. It only takes a few seconds, no sign-up necessary.

Find out more:
text **CHESHIRE** to **88802**
or visit:
mobiliseonline.co.uk/hospital



Texts are charged at your normal network rate.

mobilise
Together we care and thrive

NHS
Cheshire
Clinical Commissioning Group

Are you supporting someone with Dementia or a potential dementia diagnosis?

If you are supporting someone with Dementia, or are concerned about early signs then additional support is available from the Alzheimer's Society too.

Telephone: 0300 369 0570
Email: cheshire@alzheimers.org.uk



If you prefer not to use online services...

Depending on where you live, you can also access support related to caring for someone and leaving hospital from your local carer centre.

If your council is Cheshire West and Chester get in touch with Cheshire & Warrington Carers Trust 0300 102 0008

Or, if your council is Cheshire East, get in touch with Cheshire East Carers Hub 03450 138 208

Are you supporting someone who is coming home from hospital?



We're here to guide you through.

You might be supporting your husband, wife or parent. It can be helpful to have guidance and information on what to expect through the process.



Get your free Mobilise Home-From-Hospital pack, which takes you step-by-step through the things that you need right now. It only takes a few seconds, no sign-up necessary.

Find out more:
text **CHESHIRE** to **88802**
or visit: mobiliseonline.co.uk/hospital

Texts are charged at your normal network rate.

mobilise
Together we care and thrive

Is there a carer?

Please refer to social prescribing team

