**Hospital Discharge Guidance   
21st August 2020**

Policy and Operating Model

<https://www.gov.uk/government/publications/hospital-discharge-service-policy-and-operating-model>

Some of the key points in this document are

Funding

* Government will provide funding via NHS to help cover the cost of post discharge recovery and support services, rehabilitation and reablement care for up to 6 weeks following discharge from hospital. This funding will apply to all those who need funding for the first time or having enhancements to their existing care packages
* Funding can also be used for urgent community response provided within 2 hours to prevent acute admission to hospital
* D2A model will be fully implemented across England
* Essential clarity is known on which CCG is responsible for assessment and paying for an individual and new ‘Who Pays? Rules’ are to be published
* The up to 6 weeks funding for the 5% going into a care home setting will be at rates which have been agreed locally by the health and care system and will be free to the individual
* Agreed rates may need to reflect the actual cost of care, particularly where some care provider capacity is being utilised, would previously have been self- funded from the point of hospital discharge
* Costs from week 7 cannot be charged to the discharge support fund and must be met from existing budgets
* LA will be the lead commissioner and market shaper for care home beds unless otherwise agreed between the CCG and the LA
* Funding for the 6 weeks cannot be used to fund ASC or CHC which is restarting following discharge at same level as prior to admission or pre-existing LA or CCG expenditure and discharge services
* Funding for those discharged from hospital from 19th March to 31st August 2020 will continue to be funded through current arrangements until relevant assessment is completed for these people as soon as practicable to ensure transition to normal funding arrangements
* Care providers should be paid in a timely way
* In the absence of an existing locally agreed approach for funding from week seven onwards, it is suggested as a default that the following approach is adopted.

The costs are allocated according to what point in the assessment process has been reached by the end of the six weeks of care, as follows:

1. Where the NHS CHC or NHS funded-nursing care (FNC) assessments are delayed, the CCG remains responsible for paying until NHS CHC/FNC assessment is done.
2. After this, where the individual is assessed as not eligible for NHS CHC, responsibility for funding will sit with the local authority in line with existing procedures until the Care Act Assessment is completed, after which normal funding routes will apply.

Assessments

* ASC and CHC needs assessments will recommence from 1st September
* Pathways from hospital are 0 to 3 (2 is 4% rehab and short term in 24-hour bed facility/3 is 1% ongoing 24hour nursing care often in a bedded setting and likely need ongoing long term care/0 and 1 are home discharge)
* Information essential to the continued delivery of care must be communicated and transferred to the relevant partners on discharge. Must include, where relevant, the outcome of the last COVID 19 test
* DHSC/PHE policy is that people being discharged from hospital to care homes are tested for COVID-19 in a timely manner ahead of being discharged (as set out in the Coronavirus: adult social care action plan), regardless of whether they were residents of the care home previously or not. Where a test result is still awaited, the person will be discharged if the care home states that it is able to safely isolate the patient as outlined in Admission and Care of Residents in a Care Home guidance. If this is not possible then alternative accommodation and care for the remainder of the required isolation period needs to be provided by the local authority, funded by the discharge funding.
* No one should be discharged from a hospital directly to a care home without the involvement of the LA
* Assessments for ongoing care should be done in the 6-week period

Monitoring

* New data collection will replace DTOC data collection
* The LA will work with the CQC to ensure safeguarding and quality of care
* LA will ensure appropriate data collection using Capacity Tracker augmented by systems developed in regions and local intelligence in relation to effectiveness, quality and safeguarding
* CCGs must promote the use of Capacity Tracker
* NHS hospitals must submit daily data returns which includes amongst other things who leaving hospital and to what setting eg care home, home, hospice etc and numbers remaining in hospital and why

Actions for care providers are set out in Chapter 9

1. Action Cards for staff involved in the hospital discharge process

<https://www.gov.uk/government/publications/hospital-discharge-service-action-cards>

This guidance has general key points for all staff and then specific sections for different staff eg Hospital Discharge Teams, ASC staff, CCG and LA commissioners and Medical staff.

1. Reintroduction of CHC

<https://www.gov.uk/government/publications/reintroduction-of-nhs-continuing-healthcare>

Key points are

* This is a return from 1st September to undertaking CHC assessments and reviews
* To undertake CHC referrals, reviews and assessments that were received from 19th March to 31st August 2020 and any deferred as a result of the hospital discharge requirements (March 2020)
* LAs and CCGs will need to secure sufficient staff to undertake the outstanding assessments and reviews from the 19th March to 31st August cases
* Good communications with people and families is vital especially where they were funded by the hospital discharge fund between March and August and may now have to contribute or fully fund their ongoing care
* Ensure right people are referred and that there is the appropriate use of the CHC checklist
* Ensure proper audit and quality of CHC assessments
* Data will be collected to ensure that deferred assessments are being undertaken and at what speed

Care England 24th August

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