

# Revised hospital discharge guidance – briefing for councils

This briefing summarises the key messages in the suite of documents published by Department of Health and Social Care (DHSC) on 21 August 2020 to support the implementation of the revised discharge guidance.



## Revised discharge guidance

- **Hospital Discharge Service: Policy and Operating Manual**
- **Hospital Discharge Service Requirements: action cards for staff**
- **Reintroduction of NHS Continuing Healthcare – Guidance**

## Key messages for councils and social care

- The Home First ethos has been retained, with a ‘discharge to assess’ process now supported by free care, rehabilitation or reablement for up to six weeks where this is required and additional to any care provided before hospital admission.
- The new rules take effect from 1 September.
- The emergency funding regime introduced in response to COVID-19 is changing. For people discharged from 19 March to 31 August with a care package, the guidance states that health, care or financial assessments for longer-term care needs should be carried out as soon as practicable. The cost of care for those awaiting assessment will be funded from a ringfenced fund from the remainder of the emergency COVID-19 funding, commonly called the £1.3 billion fund. The guidance applies until 31 March 2021, the end of the spending period. Work is underway to fund the policy in the next spending period.
- The suspension of Care Act and continuing healthcare (CHC) assessments ends, with these therefore restarting from 1 September. There is separate guidance covering the restarting of CHC.  
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- The Government has made available £588 million to support the provision of free care for up to six weeks after discharge. This funding supplements existing council and CCG budgets. All the funding should be pooled, with CCGs reconciling funding monthly.
- The guidance encourages local systems to follow the advice in a joint LGA and ADASS **statement on discharge and crisis care**. In this, we propose that this funding should support increasing home-based care and support, in particular reablement.
- The guidance includes a responsibility on councils to take the lead on local care market-shaping, including contracting responsibilities, such as expanding the capacity in domiciliary care, and reablement services in the local area.
- The counting of delayed discharges (DTOC) has been suspended since 19 March and will not be restarted. Instead, data collections on the new arrangements will continue, including data on the destination to which a person is discharged.

## Overview

- The Home First ethos and expectations have been retained. The expectation remains that 95 per cent of people will be discharged home, with some 45 per cent of those requiring support. Further, 4 per cent will access a short-term bedded facility for intermediate care before returning home, and only 1 per cent are expected to be discharged to a care home direct from hospital.
- The **High Impact Change Model for Managing Transfers of Care** has been updated to reflect the new discharge arrangements, providing advice and support for systems to implement a Home First approach.
- There should still be daily ward rounds to assess if a person needs to remain in hospital, using the existing ‘reasons to reside’ criteria. People without complex care needs should expect to go home on the same day they are judged to be clinically safe to discharge.
- The discharge process should be overseen by a ‘single coordinator’ who has the executive authority on behalf of all system partners to ensure a smooth and safe process. They should be supported by an integrated discharge team or hub in the community.
- For around half of the people being discharged, it is expected they will need a period of care, rehabilitation or reablement. This will be provided free for up to six weeks to promote independence and recovery, and until an assessment for long-term care is undertaken.
- Councils are expected to be the lead commissioners of all post-discharge care and support, unless agreed otherwise locally. The rates to be paid should be agreed locally by health and care commissioners with the expectation that these will reflect market conditions.

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- The role of housing and wider voluntary and community services is recognised as important in supporting independence and recovery.
- Testing for COVID-19 should continue in line with Government guidance. Where an individual cannot be safely isolated after discharge, alternative accommodation can be commissioned, funded from the ongoing Government funding.

## Funding overview

- The funding regime is changing, to end the COVID-19 emergency funding period on 31 August.
- For people discharged from 1 September, the government has provided £588 million in this financial year to supplement existing CCG and council spend on post-discharge support to cover the cost of this care for up to six weeks. This funding covers only care that is additional to any provided before hospital admission.
- For people discharged from 19 March to 31 August with a care package, their care will be funded from a ringfenced fund from the remainder of the emergency COVID-19 funding until assessments for long-term care are completed. This additional funding will continue to be pooled with existing local funds, and accessed as before through CCG monthly submissions. This funding will be available until health, care or financial assessments for longer-term care needs are completed.
- Should assessments for long-term needs not be completed within six weeks, ongoing care will need to be funded from existing local budgets according to local agreement. The default position is:
  - The CCG funds where the CHC or NHS-funded nursing care assessment is delayed until this is completed
  - The council funds where an individual is not eligible for NHS CHC until the Care Act assessment is completed. Normal charging practices apply, such as for the care of those assessed as being able to fund their own care

## Continuing healthcare

- The suspension of Care Act 2014 and CHC assessments ends, with these therefore restarting from 1 September. There is separate **guidance** covering the restarting of CHC.
- The guidance expects CCG and councils to work together to develop a robust, fair and transparent approach to undertaking all assessments that have been deferred since 19 March, and to ensure all assessments restarted from 1 September are undertaken in good time.
- This is expected to include aligning Care Act and CHC assessments, and sharing or pooling staffing and resources where appropriate.
- It is expected that some of the ringfenced £1.3 billion COVID-19 emergency funding will be earmarked to cover the costs of additional staffing needed to undertake the

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assessments that have been deferred since 19 March. It is expected that this can include social care staff as well as backfilling of posts.

- There is no expectation that CCGs will employ social care staff; rather that the costs of any social care staffing can be recouped from the nationally available funding via the CCG.

## COVID-19: adult social care and support

Information and guidance related to social care, including commissioning and supporting the provider market, and working collaboratively with health partners.

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