

- To: • NHS Regional Discharge SROs
- cc. • CCG Accountable Officers
- Local Authority Chief Executives
 - Local Authority Directors of Adult Social Services
 - NHS England and NHS Improvement Regional Discharge Leads

NHS England and NHS Improvement
Skipton House
80 London Road
London
SE1 6LH

28 March 2022

Dear colleagues,

Funding of discharge services from acute care in 2022/23

I am writing to you to confirm that the National Discharge Fund comes to an end on 31 March 2022, and no additional NHS ring fenced funding for post-discharge support will be available in 2022/23.

As confirmed in the [NHS 2022/23 Priorities and Operational Planning Guidance](#), the additional funding for the Hospital Discharge Programme will end on 31 March 2022. Any additional post-discharge care and support services or designated settings can no longer be funded through the National Discharge Fund after then. Systems may separately have established discharge to assess services where these are affordable within baseline local budgets.

It is understood that in some areas capacity for post-discharge services may decrease; however, local discharge arrangements have matured in many areas, and we would encourage local systems to continue to embed discharge to assess approaches where affordable within core local funding, with the national Hospital Discharge Programme continuing to provide guidance and implementation support to systems.

It is expected that local systems will continue to make best use of existing resources, to support safe and effective discharges within local priorities. This should build on existing joint arrangements and best practice and be agreed locally.

The NHS Planning Guidance for 2022/23, rightly focuses on systems developing the workforce required to deliver multidisciplinary care closer to home, including supporting the rollout of virtual wards and extending the scope and reach of community 2 hour response services. Focusing on avoiding people being admitted to hospital is key, but there will always be the need for highly flexible and responsive discharge services.

The planning guidance has asked systems to quantify the anticipated 'Hospital Discharge Pathway Activity' for 2022/23 at ICS level, by discharge location and therefore pathway (0,1,2,3) and this will be monitored through the current data submissions that already capture discharge locations. This can only be achieved by health and social care

organisations working as one to achieve the best outcomes for local residents. Therefore, the Better Care Fund in 2022/3 is perhaps more important than ever as the single joint planning process for health and social care to use pooled resources to deliver better outcomes for people living at home and those being discharged from hospital.

There are a wide range of resources to support implementation of best practice and improve the approach of local systems in how they organise discharge services.

These are attached for ease of use and include:

- Annex A – Resources available to support systems to deliver on system working and examples of services that can be commissioned from the core NHS and Local Authority funds and/or Better Care Fund.
- Annex B – A toolkit for effective commissioning for a Home First approach developed by RSM following deep dive work with three systems, which could support systems operating D2A approaches.

Legislative changes

On 25 March 2022 the Coronavirus Act expires. This was put in place as a time-limited piece of legislation to enable some public services to operate differently during the COVID-19 response. Provision for assessing people's longer-term health and care needs after discharge from hospital (discharge to assess) was one aspect of this Act. The Health and Care Bill (currently being debated in Parliament) contains provision similar to the Coronavirus Act that enables health and care systems to continue to operate a discharge to assess model. Whilst the introduction of the Health and Care Bill has been slightly delayed and is not yet in place, legal advice has been obtained that supports systems, if they choose, to continue to operate a discharge to assess approach in the time window between the expiry of the Coronavirus Act and the enactment of the Health and Care Act.

The national Discharge Task Force is working closely with specific systems to develop best practice in improving discharge processes and addressing barriers to timely discharge. This includes improving hospital processes to support discharge; minimising delays in the transfer of care from an acute hospital onto follow up care services; minimising long lengths of stay in rehabilitation at home or in bedded care and ensuring social care services are available at the right time for people with on-going care requirements. Further resources and support will be shared as learning from these systems becomes clear.

Yours faithfully



Matthew Winn

Director of Community Health
NHS England and NHS Improvement