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Hospital discharge fund guidance

13 January 2023

Introduction

1. NHS England is making available a new £200m national discharge fund to support integrated care boards (ICBs) to reduce risk and increase patient safety for patients in hospital beds and those waiting to access them. The fund is designed to increase capacity in post-discharge care and support improved discharge performance, patient safety, experience and outcomes. Through use of this fund, ICBs are expected to deliver reductions in the number of patients who do not meet the criteria to reside but continue to do so, as well as improvements in patient flow which in turn help waiting times in emergency departments and handover delays. **This funding should be used to purchase bedded step down capacity plus associated clinical support for patients with no criteria to reside but who cannot be discharged with the capacity available through existing funding routes or the Adult Social Care £500m Discharge Fund announced previously.**

2. These arrangements apply to care delivered to patients **up to and including 31 March 2023**. Care delivered after that date, including for patients discharged up to and on 31 March 2023, will need to be funded from existing budgets, for example using the separate discharge funding that has been made available.

3. This fund will pay for up to four weeks of a new or extended package of care at the point of discharge from an inpatient bed for patients who no longer meet the criteria to reside in their inpatient bed. It will also pay for any clinical advice or therapeutic interventions in a step down facility to support the patient's recovery, reconditioning, or rehabilitation, to optimise their outcome in advance of discharge from the step down facility.

4. Each ICB has been set a capped budget (shown in Appendix 1), based on the weighted population formula. The budget will be held centrally by NHS England. ICBs will be reimbursed based on their actual spend up to the level of the capped budget.

5. This guidance should be read in conjunction with Hospital discharge and community support guidance, which revokes procedural requirements requiring local authorities to carry out long term health and care needs assessments, in relevant circumstances, before a patient is discharged from hospital. Guidance on choice in relation to the Health and Care Act 2022 is included in Appendix 2.

6. It should also be read in conjunction with the framework Discharge centres: Care units in care homes short term, rehabilitation and reablement care, which was published during the Covid-19 pandemic to facilitate surge capacity by using care homes to support patients who could recover / receive rehabilitation or reablement support instead of residing in a hospital bed, and NHS England's acute mental health inpatient guidance, to identify best practice for mental health discharges.

7. ICBs should commence the actions required to deliver this additional capacity immediately.

Patient eligibility

8. Any patient not meeting the criteria to reside in an acute hospital bed with additional or new care needs but unable to access care at home services should be considered for placement in a step down bed. This includes self-funders. It is likely that patients waiting to be discharged on Pathways 1 and 2 will form the majority of the initial cohort of patients suitable for funding under this scheme.

9. Patients in mental health inpatient units and non-acute inpatient settings, such as specialist rehabilitation settings, who are clinically ready for discharge but awaiting assessment or decision about their longer term care package, should also be considered for a step down placement under this scheme where appropriate.

Packages of care

10. The fund is available to cover ICBs' costs of additional capacity for post-discharge care. This capacity must be over and above capacity already being funded by ICBs and systems, including any capacity funded using the separate discharge funding that has been made available.

11. The majority of the funding should be used to block book capacity (including where necessary to purchase individual care packages) to be used by patients during their

first four weeks of care following discharge. Capacity can be purchased in line with the extant duties and powers of any NHS statutory bodies.

12. Where ICBs choose to block-book capacity, the volume of capacity procured should not exceed reasonable demand forecasts. ICBs should not book capacity unless they are confident that it will all be required and used by patients.

13. ICBs must work with local authorities to ensure that an appropriate, locally benchmarked, rate is paid for care funded through these arrangements, with rates set at a level that does not lead to local inflation in the cost of care.

14. It is expected that assessments of ongoing health and care needs take place within four weeks of discharge and that a decision is made about how ongoing care will be funded by this point.

15. No person should experience a delay in receiving the right care because of funding agreements. On the rare occasion that ongoing care requirements and funding route for the individual have not been determined within the four week period funded under these arrangements, the £200m fund must not be used to cover the cost of care beyond that point. Any costs that the NHS or local authorities incur on care from week five onward, until ongoing care requirements and funding routes have been determined, must be met from existing local budgets.

16. Where an existing local arrangement is in place to agree who funds care while assessments are taking place, then the local authority and the ICB, if they both agree and if it is affordable within existing budgets, may choose to continue with this local funding arrangement beyond the four week period. In the absence of an existing locally agreed approach, the default is that costs are allocated according to what point in the assessment process has been reached by the end of the four weeks of care, as follows:

    - Where the NHS continuing healthcare (CHC) or funded nursing care (FNC) assessments are delayed, the ICB remains responsible for paying until the NHS CHC/FNC assessment is done.
    - Where there is no NHS CHC or FNC assessment delay, responsibility for funding sits with the local authority in line with existing procedures until the Care Act assessment is completed, after which normal funding routes apply.

17. This fund will not cover:

    - long-term care needs following completion of a Care Act and/or NHS CHC assessment
    - social care or NHS CHC packages that are restarted following discharge from hospital at the same level as that already delivered prior to admission to hospital
    - pre-existing (planned) local authority or ICB expenditure on discharge services.

18. It is anticipated that the majority of the funds available through this scheme will be spent on the purchase of beds in step down capacity.

Infection prevention and control

19. The principles of infection prevention and control (IPC) set out in the National IPC Manual (NIPCM) should be applied across all care settings (including community and social care), complementing setting and organism specific guidance, produced by agencies such as UKHSA, including:

    - ASC IPC principles: Infection prevention and control in adult social care settings - GOV.UK (www.gov.uk)
    - ASC Covid supplement: Infection prevention and control in adult social care: COVID-19 supplement - GOV.UK (www.gov.uk)
    - ASC Covid testing guidance: Coronavirus (COVID-19) testing for adult social care services - GOV.UK (www.gov.uk)

20. Systems should seek to support interpretation and the implementation of IPC guidance to ensure that all registered care providers can demonstrate compliance with the Health and Social Care Act 2008.

Clinical advice, rehabilitation interventions, and assessments for ongoing care

21. ICBs, working with local authorities, primary care, community services and other care at home teams in each area, will ensure that people discharged to step down placements under this scheme receive adequate care. This will include a care and support plan within 48 hours of admission and a full assessment within seven days.

22. They will further ensure that rehabilitation care and support is in place so that patients will have a date set for return to their usual place of residence within four weeks, with appropriate medical oversight.

23. Some scheme funding should be used to deliver wrap around NHS care with the purchase of additional clinical (physical and mental health) and therapeutic capacity

(over and above capacity delivered through the Enhanced Health In Care Homes framework). Mechanisms will be left to local discretion, but may include LES payments, support from trusts, or support from clinical staff in other teams eg virtual ward teams, community health services, or support from volunteers or voluntary sector organisations or the private sector. Payments should be calculated using standard sessional rates. ICBs will be required to provide a clear articulation of how clinical support has been funded to allow reimbursement of this element of cost. ICBs should ensure that any impact on wider services of these arrangements is minimised.

24. ICBs will be required to demonstrate on an ongoing basis that the care and support commissioned is commensurate with patient needs and is adequate for ensuring improved functional and health outcomes.

Finance and contracting arrangements

25. Procurement and contracting rules continue to apply. ICBs should determine the most appropriate route to deliver additional hospital discharge capacity in their area. This could include pooling funding with local authorities using existing statutory mechanisms. In all cases, arrangements for procuring additional bedded capacity should be made with the full involvement of local authority partners, taking account of wider pressures on the care market.

26. Under section 75 of the NHS Act 2006 and associated regulations, ICBs and local authorities can enter into partnership agreements that allow for local government to perform health related functions where this will likely lead to an improvement in the way these functions are discharged.

27. Where systems decide that an enhanced supply of out-of-hospital care and support services will be commissioned via the local authority, the existing section 75 agreements can be extended or amended to include these services and functions and the local authority should commission the health and social care activity on behalf of the system.

28. Similarly, where an ICB is already acting as a lead commissioner for integrated health and care, partners can agree that existing section 75 arrangements can be varied to allow them to commission social care services. Where ICBs and local government agree, Better Care Fund (BCF) or other existing section 75 agreements can be extended or varied for this purpose.

29. Where funding is pooled such as using section 75 arrangements, ICBs should work with local authorities to agree the appropriate services to commission.

30. Services funded under these arrangements should be separately identified within agreements and monitored (and reported) to ensure funding flows correctly.

Reimbursement route and reporting

31. NHS England expects ordinary financial controls to be maintained with respect to invoicing, raising of purchase orders and authorising payments.

32. Table 1 sets out capped budgets available to each system.

33. ICBs should notify their regional discharge lead if they think they will not be able to use all of the discharge funding as soon as this becomes clear. Following this, and where discussed in advance with the ICB, we reserve the right to reallocate some of the budget to other ICBs.

34. The process for requesting reimbursement, along with other reporting requirements, will be communicated separately. ICBs will be expected to report expenditure against this fund, alongside volumes and duration of care packages delivered, and that this reporting is presented alongside similar reporting on the separate Adult Social Care discharge fund with additionality of the new funding clearly demonstrable. This will require that ICBs work closely with local authorities, where they are the commissioners of these services, to have timely and assured reporting on the activity and expenditure arising from these sources of discharge funding.

35. NHS England will reimburse ICBs for their actual spend under these arrangements, capped at the level of the ICB budget allocations.

36. The appropriateness of expenditure under these arrangements may be subject to review or audit.

Patient tracking and operating model

37. ICBs, including local authority colleagues, should ensure that patients are actively monitored throughout their stay in any additional capacity purchased through this scheme, in order to ensure that all appropriate interventions are delivered in a timely way and length of stay is optimised.

38. ICBs should strongly consider making use of System Control Centres and integrated discharge hubs in delivering the activity required by this fund.

39. ICBs will be required to report on key indices of activity, with the majority of these collected daily. Further information on the sitrep and the operating model (including the

role of the regions and national teams in overseeing delivery and offering support) will be communicated in the coming days. The sitrep indices are likely to include:

- Number of step down beds purchased using this funding, as of today
- Number of patients from each inpatient bed moved today into a step down bed purchased using this funding, duration of package, discharge pathway
- Number of discharges from step down beds, destination of patient
- Number of assessments (local authority / health) outstanding for patients in step down beds
- Number and type of wraparound clinical interventions (including both rehab and ongoing clinical care) commissioned and delivered in step down beds
- Any patients readmitted to an inpatient setting from a step down bed procured under this scheme

Appendix 1

Table 1: ICB capped budgets

ICB code	ICB	Region	£'000
QMM	Norfolk and Waveney	East of England	**3,740**
QUE	Cambridgeshire and Peterborough	East of England	**2,907**
QGH	Herefordshire and Worcestershire	Midlands	**2,652**
QHL	Birmingham and Solihull	Midlands	**5,272**
QK1	Leicester, Leicestershire and Rutland	Midlands	**3,472**
QNC	Staffordshire and Stoke-on-Trent	Midlands	**3,936**
QOC	Shropshire	Midlands	**1,754**
QJK	Devon	South West	**4,237**
QR1	Gloucestershire	South West	**2,075**
QT6	Cornwall and the Isles of Scilly	South West	**2,133**
QH8	Mid and South Essex	East of England	**3,989**
QHG	Bedfordshire, Luton and Milton Keynes	East of England	**3,226**
QJG	Suffolk and North East Essex	East of England	**3,477**
QM7	Hertfordshire and West Essex	East of England	**4,887**
QKK	South East London	London	**6,495**
QMF	North East London (East London)	London	**7,150**
QMJ	North Central London	London	**5,396**
QRV	North West London	London	**8,101**
QWE	South West London	London	**4,984**
QJ2	Derbyshire	Midlands	**3,738**
QJM	Lincolnshire	Midlands	**2,669**
QPM	Northamptonshire	Midlands	**2,529**
QT1	Nottinghamshire	Midlands	**4,107**
QUA	The Black Country	Midlands	**4,432**
QWU	Coventry and Warwickshire	Midlands	**3,297**
QF7	South Yorkshire and Bassetlaw	North East and Yorkshire	**5,009**
QHM	North East and North Cumbria	North East and Yorkshire	**11,416**
QOQ	Humber Coast and Vale	North East and Yorkshire	**5,953**
QWO	West Yorkshire and Harrogate Health and Care Partnership	North East and Yorkshire	**8,615**
QE1	Lancashire and South Cumbria (Blackpool and Fylde Coast)	North West	**6,525**
QOP	Greater Manchester	North West	**10,904**
QYG	Cheshire and Merseyside	North West	**9,877**
QKS	Kent and Medway	South East	**6,338**
QNQ	Frimley	South East	**2,361**
QNX	Sussex	South East	**5,956**
QRL	Hampshire and the Isle of Wight	South East	**6,153**
QU9	BOB (Berkshire West, Oxford and Buckinghamshire)	South East	**5,628**
QXU	Surrey Heartlands	South East	**3,348**
QOX	Bath, Swindon and Wiltshire	South West	**3,030**
QSL	Somerset	South West	**2,033**
QUY	Bristol, North Somerset, South Gloucestershire	South West	**3,399**
QVV	Dorset	South West	**2,803**
	Total		**200,000**
	Regional summary		
	East of England		22,225
	Midlands		37,857
	South West		19,709
	London		32,126
	North East and Yorkshire		30,992
	North West		27,306
	South East		29,784
	Total		**200,000**

Appendix 2

The Health and Care Act 2022 amended the requirements upon health and care providers in relation to hospital discharge. The amendments relevant to patient choice are summarised below:

- Relevant NHS organisations are required to act with a view to enabling patients to make choices.
- NHS organisations should seek to offer a choice of recovery services once leaving an acute or community hospital where such choice exists. Any choices offered should be suitable for a person's needs and available at the time they are ready for discharge.
- Key to enabling choice while preventing delays is early, ongoing and personalised discharge planning conversations.
- If a person's preferred care package or placement is not available once they are clinically ready for discharge, an available alternative appropriate for their short-term recovery needs should be offered, whilst they await availability of their preferred choice.
- People do not have the right to remain in an acute or community hospital bed if not clinically indicated, including to wait for their preferred option to become available.
- This should be communicated to the person, family and carers throughout the hospital stay to jointly develop a care plan that meets the person's needs.
- People should not be expected to make decisions about their long-term future whilst in hospital. Choice of long-term or permanent care and support should be made after discharge following a period of recovery.