

## London Borough of Hammersmith & Fulham

**Report to:** Health and Wellbeing Board

**Date:** 21 September 2022

**Subject:** This report explains the impact of NHS England cutting funding for the Discharge to Assess programme, which was introduced during the height of the Covid pandemic.

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### 1. Summary

This report explains the impact of NHS England cutting funding for the Discharge to Assess programme, which was brought in during Covid to free up hospital beds by funding local authorities to assess patients immediately after their discharge from hospital rather than before.

**Wards Affected:** All

### H&F Priorities

<b>Our Priorities</b>	<b>Summary of how this report aligns to the H&amp;F Priorities</b>
Creating a compassionate council	Working with unreached communities to address needs and concerns. Working with a resident to achieve their independence, best quality of life.
Doing things with local residents, not to them	Engagement with residents to plan their discharges in a timely manner and to achieve the best quality of life and care outcomes.
Being ruthlessly financially efficient	Working within existing resources and ensuring a value for money approach in all that we do with residents.
Taking pride in H&F	Helping to make H&F the best place to live, work and play for all residents regardless of their background.

### 2. The introduction of Discharge to Assess (D2A)

From the height of the Covid pandemic in March 2020, Councils worked very closely alongside NHS services to find a new way of discharging people from hospital more quickly than previously. The aim was to free up hospital beds at an even greater rate and to reduce infection rates.

At the NHS's request – and with specific NHS funding provided for this – councils implemented a discharge model called “Discharge to Assess”, described below.

While the NHS had wanted to introduce this for many years, the associated risks to patients and affordability for councils had always been a concern for directors of social services.

It should be noted that at the time Discharge to Assess (D2A) was introduced, Hammersmith & Fulham's existing, joint health and social care hospital discharge model had an excellent performance record, with very few delays.

### **3. How the D2A model worked**

Prior to implementing the D2A model, Councils followed their statutory duties under the Care Act 2014<sup>1</sup>, under which there are three criteria that must be met before discharge from hospital:

1. The patient is medically fit for discharge
2. A support package has been agreed by a multi-disciplinary team
3. The home situation means that the patient is safe to discharge

Under D2A, the patients' needs are agreed by the hospital ward (nurses, doctors, physiotherapists and occupational therapists). The patient is then discharged home with a (usually very significant) package of care, prior to a Care Act assessment taking place at their home. Once home, the patient is assessed under the Care Act. If appropriate, their care package is changed to meet the assessed needs.

Sometimes, the hospital recommends a nursing home. In this case, once the patient is discharged from hospital, the assessment is carried out in the nursing home and the person either returns to their own home or remains in the nursing home until they are fit for discharge.

### **4. Positives and negatives of D2A**

In April 2022, the Boston Consulting Group was commissioned by NWL NHS via Hammersmith & Fulham Council to review the impact of D2A using lodged funds. The Boston Consultancy Group review outlined several benefits of D2A: mitigating a prolonged length of stay in hospital; promoting independence and a return to home with a "going home first" approach"; and more joined up patient care across hospital, primary, social and community care.

Against this, across the country, the D2A model has seen an over-prescription of care for people leaving hospital. As ward staff understandably tend to be risk averse, they send patients home with very high packages of care, a common request being for two carers four times a day. If a lower care package is then recommended once the patient has been assessed, patients may be worried they are not getting what they need, which puts pressure on councils to maintain an over-high level of care. People are also being cared for at home with a very high level of clinical risks.

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<sup>1</sup> Care Act 2014: <https://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

The cost of D2A has thus been considerable. In H&F alone, in 2022/23 the cost of care is estimated to increase by £3.035 million.

## **5. NHS funding for D2A**

In recognition of the considerable extra care that D2A entailed, the NHS took the decision to pay councils for the first six weeks of care either at home or in an establishment. This meant there was no extra cost to council's social care services other than management time. If someone was deemed eligible for NHS Continuing Health Care, this was paid automatically by the NHS.

In December 2021, NHS England decided to stop funding D2A from March 2022. However, they still expected D2A to continue, with councils meeting all the costs.

Since January 2022, local authorities have been discussing a range of options with the NHS to maintain D2A, given that acute hospitals saw it as an effective way of reducing the pressure on them to manage demand. It should be noted that cash-strapped local authorities have continued to fund D2A themselves since March 2022.

### **The end of D2A in NWL**

There are two funding issues: reimbursing councils for the D2A costs they have entailed April-September 2022; and paying council for D2A going forward.

As regards reimbursing costs, an initial agreement has been reached between the NWL NHS, the eight NWL boroughs' Directors of Social Services (DASS) and the lead Chief Executive for Health and Social Care (LB Harrow). This will:

- Reimburse councils using NHS "lodged funds" held by five out of eight local authorities (these are unspent NHS funds from previous finance years placed by the NHS with councils to hold for them); and
- Reduce the length of free care paid for by the NHS from six weeks to four weeks (note: H&F will still continue to provide free care after then as the only council in the country to provide free home care).

However, there is only sufficient funding for this until mid-September 2022 as NHS England has stated that Integrated Care Systems should not continue to fund D2A.

As a result, all NWL councils have taken the joint decision to stop D2A and to revert to the previous arrangement of Care Act assessments being undertaken on the ward before a patient is discharged. In H&F, this took effect on 19 September.

## **6. Recommendation for the HWB**

The HWB is asked to note the decision to revert to Care Act assessments for hospital discharge and to monitor the impact on residents, hospitals and social care.