

## Hospital discharge and NHS Funding – guidance note

Arrangements from 1 April 2022 (and transitional arrangements in March 2022)

### 1. Key points

- 1.1 The special national funding arrangements for services provided after hospital discharge which were introduced because of Covid do not apply after 31 March 2022. **However the arrangements that will replace them are different from those which were in place locally before Covid.**
- 1.2 Interim NHS funding will pay for at least part of the cost of services if the person screens in for an assessment of eligibility for CHC while in hospital, **and** there is a change to their services because of a change in their needs. This interim NHS funding will continue until the CHC assessment has been completed – *not* for any specific number of weeks. The funding will cover **new or changed** services. This is **not the same** as the Covid scheme definition of *new or additional* services: under the new arrangements, if the nature of a person's services changes, the whole cost of the new services will be covered by interim NHS funding, not just the additional cost.
- 1.3 Previous advice under the Covid funding scheme that checklists should not be completed while someone is in hospital no longer applies. However if it seems likely that the person will recover quickly after discharge to the point when they will no longer checklist in, a checklist should not be completed in hospital. In some cases, a patient in this category may be assessed as likely to benefit from a reablement service, and that will continue to be non-chargeable. Section 3 below gives further advice about when to complete a checklist.
- 1.4 Nobody will be eligible for interim health funding under the Covid scheme after 31 March 2022. Section 4 below gives advice about the process for patients discharged after 31 March 2022, during the period when there is an overlap between the two arrangements.
- 1.5 Currently we expect the new arrangements to continue indefinitely, though it is conceivable that there might be a return to a different funding scheme if there is a further serious wave of Covid.

### 2. The new process

- 2.1 The accompanying flowchart shows the process under the revised discharge arrangements from 1 April 2022. It should be read together with this guidance note, which explains what needs to happen in more detail. As explained in section 4 below, this process should also be followed during March 2022 in some situations where the person would checklist in.
- 2.2 The steps to take when planning discharge will depend on whether the person is assessed as needing new or changed services to enable them to be discharged safely:
  - a) If the person does need new or changed services, you should consider whether it would be appropriate for a checklist to be completed, taking account of the advice in section 3 below. This applies whether the services would be arranged under a local authority contract or privately.
  - b) If the person can be discharged safely without any new or changed services, it will not usually be appropriate to complete a checklist before discharge, but if the

person will be receiving care and support services, and there appears to be a significant possibility that they might be eligible for CHC funding, a contact note of type "Homesafe - Consider CHC Checklist" should be recorded.

2.3 What happens next will depend on which of these two applies.

#### **If the person is checklisted in hospital**

2.4 Usually, a checklist will only be completed in hospital if the view of professionals is that the person will screen in. However there may be circumstances in which a negative checklist is completed, for instance because there is initially professional uncertainty, or because professionals judge that it is important in the particular situation to have a clearly documented rationale for not referring the person for a full assessment of CHC eligibility. If a negative checklist is completed in hospital, no further stages of this process are necessary, and there will be no interim NHS funding, whether or not the person's services after discharge are new or changed.

2.5 If a positive checklist is completed, then the person will be eligible for interim NHS funding for new or changed services until a decision has been made about their eligibility for CHC.

2.6 There is more detailed advice in section 5 below about what counts as "new or changed" services. The general principle is that if part of the care arrangement is still taking place in the same way as before the person was admitted to hospital, the cost of that element of the package will not be covered by NHS interim funding. The difference from the Covid scheme, is that if in the care plan after discharge some or all of the support will be delivered by a *different* kind of service, the whole cost of that service will be eligible for interim NHS funding.

#### **If the person has a note "Homesafe - Consider CHC Checklist"**

2.7 If a "Homesafe - Consider CHC Checklist" contact note is created during a hospital episode, a workflow job will be created for the key worker, to prompt them to consider whether a checklist should be completed. In some cases, it may be possible to decide on the first visit after discharge whether the person does in fact need a checklist; in other cases it may be better to wait a few weeks to see how well they recover. But a decision about whether to complete a checklist should be made **within six weeks of the discharge date**, because if they are found to be eligible for CHC, this will be backdated to the date of discharge if the checklist was completed within six weeks of that date.

2.8 If a checklist is *not* needed (see section 3 below), a contact note "CHC Checklist not needed" should be created. Either this, or the contact note linked to the checklist itself, if one is needed ("CHC Checklist Completed") will close off the workflow job.

2.9 In this situation, there will be no NHS interim funding (or no additional NHS interim funding) as a result of a positive checklist being completed. However if the resulting CHC assessment concludes that the person is eligible for full CHC, this will be backdated to the date of discharge.

### **3. When to complete a checklist**

3.1 CHC *assessments* should normally not take place while a person is in hospital, but completing a checklist will often be appropriate if the person will need care and support services for the first time after discharge, or if they have been assessed as needing a change to their care and support services after discharge.

3.2 However you should **not** usually complete a checklist in hospital if:

- a) it is clear to professionals that a checklist would not screen the person in for a CHC assessment – a contact note of type "CHC Checklist not needed" should be used to record briefly which professionals have been consulted and why this was agreed to be clear
- b) the person has had a previous full assessment for CHC which found that they were not eligible, and professionals are clear that the person's needs have not significantly changed since then (even if a checklist would come out positive). This can also be recorded using a contact note of type "CHC Checklist not needed"
- c) a period of intermediate care or reablement is planned after discharge, in which case it will usually be more appropriate to complete a checklist, if necessary, after discharge but before the end of that service (however individuals' situations will vary, and there could be occasions completing a checklist before discharge is sensible, for instance if the intermediate care/reablement service is expected to assist only with some specific elements of the person's needs, and the professional judgement is that resolving those specific issues would clearly not bring the person below the threshold for a positive checklist)
- d) the clinical expectation is that the person's condition will improve rapidly in the weeks following discharge (even if a checklist based only on their current short-term health needs might be positive)
- e) the person meets the criteria for fast-track CHC (in which case the quicker process for approving fast-track eligibility should be followed)
- f) the person is receiving aftercare under Section 117 of the Mental Health Act – unless they are moving into a nursing home, in which case a checklist is needed because FNC is awarded separately from aftercare funding
- g) the need for a full CHC assessment is so clear that it has been agreed without completing a checklist

#### **4. Discharges between 3 March and 1 April 2022**

4.1 People discharged from hospital after 3 March 2022 will receive interim funding under the Covid scheme only until 31 March, regardless of their discharge date.

4.2 During that period, there will be three categories of discharged patient:

- a) Patients who have not had a checklist completed, and who are getting no new or additional services (as defined within the Covid scheme). People in this category will receive no interim funding under either the Covid scheme or the new arrangements, and do not need to be given any information sheets about interim funding
- b) patients who have not had a checklist completed but who have new or additional services, who should be given the special Information Sheet Cov5 explaining that they will get interim health funding until 31 March
- c) patients who have screened in on the checklist. The decision about whether a checklist is appropriate should be informed by the advice in section 3 above. The new process described in section 2 should be followed for people in this category.

4.3 During this transitional period, we should if possible avoid creating a fourth category, of patients who have completed a negative checklist in hospital. As was already the case under the Covid scheme, anyone who has had a negative checklist completed, and whose condition has not significantly changed, is not eligible for interim health funding; the transition to the new process should not change the assumption that it is generally undesirable to create a situation in which people may feel that they have been denied an entitlement to NHS funding which would have been available if they had been informed of the reasons why they might not wish a checklist to be completed at that point.

## 5. "New or changed" services

5.1 The general principle is that interim NHS funding will be paid during the period between a positive checklist in hospital and a CHC eligibility decision for any service that was not being provided before the person was admitted to hospital. In many cases it will be clear how to interpret this; the paragraphs below address some situations in which there might be doubt. **All of these paragraphs apply only to situations in which a positive CHC checklist has been completed.**

5.2 **The new or changed service had already been planned before the hospital episode.** Interim NHS funding is not payable (and none of the other advice below is relevant).

5.3 **The care package is the same as before, but with a different provider because the existing provider could not restart it (or because of service user choice).** Interim NHS funding is not payable.

5.4 **An extra visit each day is added to an existing home care plan.** If the tasks to be carried out during the existing visits will not be significantly changing, then only the cost of the extra visits will be covered by NHS interim funding.

5.5 **The length of existing visits in a home care plan will be extended, because tasks are expected to take longer, or because additional tasks have been added.** If a visit has been extended, the whole cost of that visit will be covered by NHS interim funding.

5.6 **Some or all of the visits are still the same length, but now need two care workers instead of one.** Interim funding will cover the full cost of these visits.

5.7 **The person previously had a home care package, and home care is assessed as being the best solution on discharge, but it is not immediately available so the person is in a short-term discharge placement.** Interim NHS funding will cover the full cost of the placement.

5.8 **The person previously had a home care package, but is discharged to a care home because a return home wouldn't be immediately possible for reasons which *aren't* to do with the availability of the service.** NHS interim funding would cover the full cost of the care home placement, until the full CHC assessment takes place.

5.9 **The person was previously in general residential care, and will now be in DE (dementia) residential care.** The *full* cost of the placement will be met from interim NHS funding until the CHC decision is made. If the person is already on our contract, the cost will be entered on Swift as social care in the usual way, with a second entry for the interim NHS funding at the same weekly cost; if the person is in the care home on a private contract, the social care finance team should be notified and the fees will be reimbursed.

- 5.10 **The person was previously in residential care, and will now be in nursing care.** The *full* cost of the placement will be met from interim NHS funding until the CHC decision is made. The social care element of the fees should be recorded on Swift in the same way as described in the previous paragraph; the FNC element of the cost should be entered separately, using a new care item: "Interim FNC single band". If eligibility for FNC is confirmed, the interim FNC care item will be ended at the date of the assessment, and a standard FNC care item will be entered starting on that date.
- 5.11 **The person was living at home before the hospital episode, but our professional assessment is that they need to move permanently into a care home on discharge.** This should only happen in very limited circumstances, such as the person having had a dense stroke which leaves no possibility that they could become able to return home, or having already been anticipating moving into a care home before long, so that the hospital episode has triggered implementation of a plan which has already been formed before it took place, even if the precise timing had not. In these cases interim funding will be available to cover the full cost until the full CHC assessment.
- 5.12 **The person was living at home for the hospital episode, but they or their family feel they now should move permanently into a care home on discharge. However our professional assessment is that they do not need 24-hour care.** The starting point should be that neither NHS nor social care funding will support a service that the person does not need. However a situation like this will need to be carefully discussed and explored.
- 5.13 **The person and/or their family believe that they should move permanently into a care home, and our professional view is that this is a reasonable decision, whether or not they could possibly have returned home – but they have chosen a care home which is more expensive than public sector fees will fund.** The person/family will need to be clear that they are likely not to be able to receive CHC funding for the care home, since CHC cannot be topped up (though there *may* be the possibility of CHC with a "lifestyle supplement" if the issue is the extra cost of a "premium" room). It would be reasonable to suggest that, if they wish to proceed with the move, it might be sensible for them to withdraw consent to a CHC assessment, since that would be a waste of professional time, or to offer a short-term discharge placement.

## 6. Other special cases

- 6.1 **The person had a private care package before the hospital episode, and wishes to continue with that.** The best arrangement will usually if possible be to arrange increased support from the existing private provider, if we are confident that that provider can meet the person's needs. If the provider's existing rates are higher than those usually paid under our contracts, it will be acceptable to pay those, though we should if necessary ask for evidence that the hourly or other rates being asked for are the same as those which applied when the package was wholly privately funded. We will usually not expect the provider to invoice us directly, but will reimburse the person or their representative for the additional costs. We should explain that if the person does turn out to be eligible for CHC, they may need to be a further discussion about how the care and support is delivered.
- 6.2 **The person was awaiting a CHC assessment before their admission to hospital, following a positive checklist completed during a previous hospital**

**episode.** Any interim NHS funding put in place after the previous hospital episode should continue until the full CHC assessment takes place, as well as additional interim NHS funding to cover any further changes in their services.

- 6.3 **A positive checklist was completed before the hospital episode, when the person was in their own home or a care home, but the person was then hospitalised before the full CHC assessment could take place.** It would be reasonable to follow the same procedure as if the positive checklist had been completed in hospital. If the decision is that the person is eligible to CHC, that may be backdated to the date of the pre-hospital checklist, though that could depend on whether the aspects of their condition which made them eligible for CHC had already developed before the hospital admission.

## **7. Interim health funding on Swift**

- 7.1 As with the previous Covid scheme, if there are also social care services being provided, interim NHS funding should be entered on Swift using an interim funding care item, at the same time as entering the full cost of the social care services. If the person's services will be privately funded unless they are assessed as being eligible for CHC, reimbursement of the private fees during the period before
- 7.2 In the case where we are reimbursing the costs of a new or changed private arrangement, the weekly amount will be entered on Swift as an "NHS interim reimbursement" care item, and the details of the care package will *not* be put on Swift, though they should be described in the urgent needs form or CSP1. These cases should usually be allocated to a key worker during the period before the CHC assessment, so that there is a social care professional able to contribute to the assessment.
- 7.3 The Nurse Assessment Team admin will close off the interim funding on Swift when the decision is taken about CHC eligibility.