

Adult Social Care Policies and Procedures

DISCHARGE OF HOSPITAL PATIENTS WITH CARE AND SUPPORT NEEDS (excluding those patients being discharged from mental health Hospitals)

WARNING! Please note if the review date shown below has passed this procedure may no longer be current and you should check the PPG E Library for the most up to date version

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POLICY VERSION CONTROL

POLICY NAME	Discharge of hospital patients with care and support needs (excluding those patients being discharged from mental health Hospitals)		
Document Description	<p>This document sets out the county councils relevant duties under Section 74 of, and Schedule 3 to, the Care Act 2014. These Regulations make provision for the details of the scheme for the discharge of hospital patients with care and support needs.</p> <p>This is a revised policy that replaces the provisions of the Community Care (delayed Discharge) Act 2003.</p>		
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1. POLICY STATEMENT

Schedule 3 to the Care Act 2014 and the Care and Support Discharge of Hospital Patients) Regulations 2014, set out the obligations of health and social care staff involved in the discharge of patients from, acute hospitals, to communicate and plan to achieve the best outcomes for the individual being discharged from hospital. These regulations replace the provisions of the Community Care (Delayed Discharge) Act 2003.

This policy should be read alongside the [Care Act Guidance, Annex G, The process for managing transfers of care from hospital for patients with care and support needs](#).

In Lancashire, the majority of hospital discharges are managed through local hospital discharge teams.

The new regulations and guidance focus on those NHS hospital patients who have been receiving acute care and whose discharge from hospital is unlikely to be safe without some care and support input.

Safe discharge planning applies to all patients. As do broader legal duties to ensure this happens. Safe and timely discharge planning requires Multidisciplinary and Multiagency working which involves appropriately utilising knowledge, skills and best practice from multiple disciplines and across service provider boundaries, e.g. health or voluntary and private sector providers. However, the statutory provisions relating to reimbursement apply specifically to transfer of care from NHS hospitals to Local Authority care of patients with care and support needs, which can be measured in a fair way and which has historically been an issue.

Legal discharge planning must take into account the mental capacity of all patients. The Mental Capacity Act (2005) applies to everyone over 16 years who may lack capacity to make specific decisions about their life at the point of discharge from hospital. These decisions can range from the straight forward to more complex, life changing matters like moving into a care home. The Mental Capacity Act (MCA) protects the rights of individuals: it clarifies what can and can't be done for / with someone who lacks capacity, and how those making decisions for them must apply the principles of Best Interests and Least Restrictive option. The Mental Capacity Act Code of Practice provides detailed guidance on the Act. Professionals and carers must have regard to the Code. Further information:

- www.gov.uk/government/collections/mental-capacity-act-making-decisions
- www.scie.org.uk/mca
- www.lancshiresafeguarding.org.uk/lancashire-safeguarding-adults.aspx

Discharge planning must take into account the [Ordinary Residence](#) of all patients. The test for ordinary residence, which determines which local authority would be responsible for meeting needs, applies differently in relation to adults with needs for care and support and carers. For adults with care and support needs, the local authority in which the adult is ordinarily resident will be responsible for meeting their eligible needs. For carers, however, the responsible local authority will be the one where the adult for whom they care is ordinarily resident.

The key changes of the new regulation are identified below.

- For those delays, which are recorded as being attributable to the Local Authority, the NHS is no longer obliged to seek reimbursement. This is intended to reinforce the need to focus on joint working at a local level as a way of reducing those days attributable to the Local Authority, with the expectation that reimbursement generally would only be asked for by the NHS as a last resort.
- In keeping with the expectations that both the NHS and the Local Authority should be operating on the basis of a 7-day model, the regulations remove weekends and bank holidays as being exempt from reimbursement.
- To reflect that there has been no increase in the reimbursement rates since 2003, the updated regulations increase the proposed discretionary reimbursement rates by the Consumer Price Index measure of inflation since 2003. This means an increase for Local authorities outside of London from £100 to £130 per day and for London authorities from £120 to £155 per day.
- The updated regulations require that the Assessment and Discharge notices include the patient's NHS number. In addition, to facilitate effective joint working relationship between the NHS organisation and the Local Authority, the contact details (i.e. email address or telephone number) of the person at the hospital who will be responsible for liaising with the Local Authority will also be required for these notices.

These regulations require that a locally agreed protocol is developed between the NHS acute hospital trust and Local Authorities which allows NHS staff to identify those likely to need care and support on discharge. Protocols should provide help and advice as to when a patient should be considered to have possible care and support needs, in order to ensure the NHS issue assessment notices appropriately and that individual's needs are assessed.

Lancashire County Council's local Protocols are currently being developed with health colleagues and will be available as soon as possible.

This policy presents the regulations that will need to be reflected in local protocols.

Therefore to fulfil its duty under section 3 of the Care Act, the Council will, working with its statutory, voluntary and private sector partners, comply with the national threshold relating to care and support that is relevant, coherent, timely and sufficient.

The Council will make all reasonable adjustments to ensure that all disabled people have equal access to participate in the eligibility decision in line with the Equality Act 2010.

The geography and population of Lancashire is diverse and our policies and practice will aim to deliver services and supports that are representative of the communities in which we work.

The Council will follow relevant legislation, policies and guidance to ensure our practice is of high quality and legally compliant. Where our customers or those we come into contact with wish to challenge or raise concerns in regard to our decisions, regarding eligibility the Council's complaints procedures will be made available and accessible.

2. KEY DEFINITIONS AND PRINCIPLES

2.1 Care and Support

Care and Support is the term used to describe the help some adults need to live as well as possible with any illness or disability they may have.

2.2 Delayed Transfers of Care from hospital

Delayed Discharge is the term that applies to circumstances where a patient has not been discharged from hospital within prescribed timescales for putting in place arrangements necessary for meeting any of the patient's care and support needs or where applicable the carer's needs.

2.3 Continuing Health Care

Continuing Health Care is a [national framework](#) of entitlement to on-going NHS funded healthcare for those with an agreed primary health need.

3. PROCEDURES

This policy sets out the regulations that apply to the process of managing the hospital discharge pathway for implementation by the acute NHS trust from which the adult is being discharged, and for the Local Authority staff undertaking an [assessment of need](#).

Lancashire County Council has a Duty, where the person meets [eligibility criteria](#), to meet the needs of a person being discharged from hospital.

People should be discharged from hospital at the right time, to the right place and in the right way – whether that is to their own home or a community or care home setting. Lancashire County Council will work closely with health partners to ensure this happens swiftly, through the [Needs Assessment Process](#) supporting the person being discharged, to help keep them as well and as independent as possible.

Lancashire County Council (LCC) operates a series of integrated discharge pathways and arrangements in partnership with the NHS, which also establishes clear connections with wider partners in housing, criminal justice, education and public health to facilitate the discharge arrangements most appropriate to the individual's assessed needs.

Within a range of intermediate care services, LCC operate a 'Trusted Assessment' pathway which enables (mainly NHS) partners to undertake one assessment and access the most appropriate enabling and promoting independence service for the person.

Operational partners will ensure that Statutory Guidance is reflected and implemented throughout the pathways that they put in place to implement safe and effective discharge of the individual from hospital. In addition, operational partners will provide staff with the standardised operating procedures and guidance to ensure that national guidance is reflected in operational practice.

3.1 Managing Transfers of Care

Overview of the requirements of the regulations:

The Care and Support (Discharge of hospital Patients) regulations 2014 set out:

- The details of what the NHS body responsible for a relevant patient must include in the assessment notice that it issues, so that the Local Authority can then comply with its requirements to undertake assessments and put in place any arrangements necessary for meeting any of the patient's care and support needs or where applicable, the carer's needs;
- The minimum period that the Local authority has to undertake the assessment;
- The details of what must be included in the discharge notice;
- The minimum period of notice that the NHS must give the Local Authority in terms of a relevant patient's discharge;
- The circumstances when an assessment notice and a discharge notice must be withdrawn;
- The period and amount of any reimbursement liability which a Local Authority may be required to pay the NHS for any delayed discharge.

3.2 *Passport to Independence* ways of working for the Hospital Discharge Teams

The *Passport to Independence* ways of working were designed, tested and introduced collaboratively by Lancashire County Council staff and partner agencies. *Passport to Independence* introduced changes to the practice and processes across all the Hospital Discharge Teams aimed at achieving the Ideal Outcomes for the citizens of Lancashire. Ideal outcomes refer to best outcomes achieved through the consistent approach that practitioners adopt when working with the citizens of Lancashire to support decision making by utilising a strength-based approach.

The key *Passport to Independence* Performance Indicators for the hospital discharge teams evidence the positive impact on a measurable parameter where an Ideal Outcome has been achieved by the promoting independence ethos. Ideal Outcomes are measured by the number of people who;

- have avoided unnecessary residential care admission,
- are accessing reablement on discharge from hospital, and
- have been discharged from hospital with advice or with family support.

Passport to Independence has enabled Hospital Discharge Teams to see; more service users; an increase in the number of Ideal Outcomes and a reduction in costs to the county council. The Hospital Discharge Teams in Lancashire are working with the NHS to create Integrated Discharge Teams which can reduce the duplication of assessments through the use of trusted assessors.

Lancashire County Council in partnership arrangements with the Clinical Commissioning Groups have integrated the provision of services to service users leaving hospital through the introduction of the Discharge to Assess pathways including; discharge to assess bed based - recovery and discharge to assess – Home First. Similarly, new pathways into intermediate care have been developed to create integrated intermediate care allocation teams including, ICAT (East Lancashire and Morecambe Bay), CATCH (Central Lancashire) and CERT (West Lancashire).

4. FLOW CHARTS/DIAGRAMS OR EXAMPLES

Appendix 1 – Operational Process for Acute Discharge Teams within the Adult Social Care Structure 2019.

Appendix 2 - Hospital Discharge Pathway Version 2. 04/04/2019

5. RELATED DOCUMENTS

POLICY, PROCEDURE AND GUIDANCE (PPG) DOCUMENTS	Assessment of Need
LEGISLATION AND REGULATIONS	Care Act 2014 Statutory Guidance Annex G: The process for managing transfers of care from hospital National framework for NHS continuing healthcare and NHS-funded nursing care

6. EQUALITY IMPACT ASSESSMENT

The Equality Act 2010 requires the county council to have "due regard" to the needs of groups with protected characteristics when carrying out all its functions, as a service provider and an employer. The protected characteristics are: age, disability, gender identity/gender reassignment, gender, race/ethnicity/nationality, religion or belief, pregnancy or maternity, sexual orientation and marriage or civil partnership status.

The main aims of the Public Sector Equality Duty are:

- To eliminate discrimination, harassment or victimisation of a person because of protected characteristics;
- To advance equality of opportunity between groups who share protected characteristics and those who do not share them. This includes encouraging participation in public life of those with protected characteristics and taking steps to ensure that disabled people in particular can participate in activities/processes;
- Fostering good relations between groups who share protected characteristics and those who do not share them/community cohesion.

It is anticipated that the guidance on Discharge of Hospital Patients with Care and Support Needs in this document, will support the county council in meeting the above aims when applied in a person-centred, objective and fair way which includes, where appropriate, ensuring that relevant factors relating to a person's protected characteristics are included as part of the process.

More information can be found on [the Equality and Cohesion intranet site](#).