



Hospital Discharge and Community Support: Staff Action Card

How your role helps to implement best practice outlined in the [Hospital discharge and community support guidance](#).

Key messages for all staff

- Early discharge planning is required from admission (for emergency admissions) and prior to admission (for elective admissions). This enables people and their family members/carers to ask questions and receive timely information to support them in discussions and decisions about their discharge. For those likely to require health and/or social care and support post-discharge, early discharge planning must involve the person and any unpaid carers (including young carers), where appropriate, as per the duty in the Health and Care Act 2022.
- All people who no longer meet the clinical criteria to reside for inpatient care in acute hospitals or who no longer need inpatient care in community hospitals should be discharged **as soon as it is possible and safe**. Local areas should adopt discharge processes that best meet the needs of the local population. This could include the Discharge to Assess model and Home First approach.
- Every local health and social care system based around an acute hospital site should have a Single Coordinator, reporting to an Executive Lead, to lead and drive the discharge agenda across the system.
- Where Discharge to Assess is implemented, discharge home should be the default pathway (Pathways 0 & 1). People may also be transferred to non-acute settings (Pathways 2 & 3). A Case Manager may be assigned to all those requiring health and/or social care and support post-discharge to aid their recovery prior to any assessments of ongoing needs (Pathways 1, 2 & 3). A Transfer of Care Hub based around an acute hospital site should link services to coordinate care and support to aid discharge, recovery and admission avoidance.
- People should be discharged as soon as it is possible and safe following a medical decision to discharge. People on all pathways should be discharged as early in the day as possible, ideally before 5pm, as agreed with people and their family members/carers and any providers of onward care and support.
- Staff training is available via the [Home First Act Now eLearning Programme](#). For the latest information on COVID-19 requirements for people discharged to care homes, please see [Infection prevention and control in adult social care settings](#) and [Infection prevention and control in adult social care: COVID-19 supplement](#).

LOCAL SYSTEM COMMISSIONERS

If not already in place, you should establish a single collaborative commissioning route for domiciliary care and care homes in relation to discharge with one lead commissioner, where appropriate locally.

How should I work differently with colleagues?

- You should establish a collaborative commissioning approach and identify a lead commissioner, where appropriate locally. See [Effective Commissioning for a Home First Approach](#) and [Top Tips for Collaborative Commissioning](#).
- You should jointly agree a place-based vision and commissioning priorities based on the needs of your community and avoidance of unnecessary hospital admissions and readmissions.
- You should consider what reshaping of the market is necessary to support a 'Home First' approach and prevention and early intervention to enable people to live independently at home for longer. Any market reshaping should be sustainable.
- The lead commissioner should work with the Single Coordinator to ensure issues in relation to flow through commissioned services are addressed.

What should I do differently?

- Expand NHS at home (e.g. telecare and telehealth) where possible.
- Support greater use of personal health budgets and individual service funds to support mainstream care at home by directly employed carers.
- Where Discharge to Assess is implemented, establish contractual options to maintain continuity of care from providers supporting Pathway 1 people at home when the period of care is completed.

When and where should I do my work?

- You are likely to work much more closely with people engaged in different elements of the commissioning process from other organisations as part of a collaborative commissioning approach.
- You are likely to need to work more flexibly to support the new requirements. Cover will continue to be required seven days a week.