**New Discharge to Assess Service in the Independent Care Home Sector**

*Frequently Asked Questions*

*June 2024*

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| **Discharge planning/assessment** |
| 1. Does my home still need to go into the hospital to complete a pre-admission assessment? |
| No, we are hoping that in most cases homes will accept the pre-discharge assessment completed by the staff working in the hospital discharge teams.  There is further work required in relation to this and key information around this will be shared and discussed in a future session that we are planning date to be confirmed. |
| 1. Would I still know in advance what medication they are taking and confirm it with their pharmacy/GP as the homes policy, or just accept what they have bought with them from the hospital? |
| Information regarding medication would be sent to the Care Home within the discharge summary.  If a Care Home wanted further information in advance of discharge, they could contact the ward. This information will not be included in the Trusted Assessor document. |
| 1. How are we going to ensure that everything is in place prior to discharge to minimise any problems e.g., medication/equipment etc? |
| The hospital discharge teams and wards are all involved in the work that we are undertaking as a system to improve discharge and have responsibility for ensuring everything is in place prior to discharge. We hope any issues with medication/equipment will be minimal.  However, we accept this may happen so we are building in mechanisms for feedback and will be capturing this during the initial implementation phase so we are aware of any challenges and can make changes/improvements as required. |
| 1. Will relatives have the time to look around the Care Homes to choose one that is best for them? |
| We will endeavour to enable this; however, this placement is for a temporary assessment period so choice could be limited dependant upon the number of Care Homes that sign up to deliver the service and bed availability. |
| 1. What if a person's family don’t want them to come to my Care Home? |
| We will endeavour to facilitate choice where possible.  The choice of Care Home and rationale for choosing a particular Care Home will be determined based on a range of factors for example the persons assessed needs, bed availability, geographical location etc and this will be discussed with the person and their families in advance of discharge.  It is acknowledged that choice may be limited due to the number of Care Homes delivering the DTA service. It would be explained that this is a time limited service to enable assessment to determine longer term need and final placement. |
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| **Service delivery** |
| 1. How do I opt in if I am interested? |
| This service is optional and open to all in area providers. Care Homes must be signed up to the current Provider List – this will allow the Local Authority to ‘passport’ the Care Home through further checks as due diligence has already been carried out. Care Homes must agree to delivering the requirements in the specification, including the rate.  We can then issue a contract variation without the need to sign up to (or access) YORTender |
| 1. Considering the operational guidelines set out for the DTA service, such as capability to discharge patients within 24 hours Monday to Friday. This might not always be realistic, I think 36hrs would be much more of a partnership approach. |
| The 24-hour element of this service aligns to our aspirational place target of aiming to discharge people from hospital across all discharge pathways within 24hrs of them no longer needing to be in an acute hospital bed. It is accepted that this may not always be possible, but this is the intended aim of the service. |
| 1. Will you only be allowing Care Homes with good or outstanding CQC ratings to express an interest and deliver the service? |
| We will be encouraging expressions of interest from Care Homes that are registered to deliver services that are on the Local Authority current provider list. |
| 1. Am I expected to take admissions over the weekend? |
| There is no expectation or obligation to take a discharge over the weekend.  If your Care Home wanted to agree to a weekend discharge that would be acceptable. |
| 1. Surely, we can’t expect Care Homes to accept late in the day discharges on a Friday as it would be impossible to sort out medication and GP cover particularly on a bank holiday weekend. |
| This needs to be given further consideration regarding time of discharge and expectations.  If a person is discharged on a Friday afternoon, they should have all the necessary medication required and could remain registered with their existing GP practice until the next working day when they could be registered with the aligned GP practice that supports your Care Home as part of the DTA arrangements. |
| 1. Are GP practices involved in this work as we have had challenges with our GP practice refusing to do temporary registrations as they can’t see all the patients records? |
| Yes, an initial meeting has been held with GP nominated representatives to discuss the service requirements. A further meeting will be planned when we know which Care Homes have signed up to deliver the service. We can then agree a standardised approach around patient registration. |
| 1. What happens if someone is very distressed/goes into crisis and they are not suitable to stay in the Care Home? |
| This will need to be escalated to the Social Work and Care Home Liaison Teams who will support by undertaking a further assessment/review of the individual to determine the best course of action and whether the person can remain in the Care Home with additional support/interventions or if they require an alternate short term placement sourcing. |
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| **Funding** |
| 1. Is there any room for negotiation on the price being offered as this feels very low for the work required? |
| Unfortunately, not the rates proposed are the current rates on offer. |
| 1. The financial aspects of the service, including the all-inclusive DTA rate and the policy on not allowing top-ups during the DTA placement: the nursing rate and the residential rate are low, ideally, we would be allowed to charge a top up on these to ensure feasibility. Especially on nursing placements given the clinical complexity of admissions were seeing. |
| The rates have been considered and agreed by system leads within the NHS and CBMDC. The rates proposed have considered the level of service that will be required to support individuals on Pathway 3.  There will be no top ups allowed during the DTA period. |
| 1. Will there be a minimum payment period e.g., 7 days? |
| No, this is not something that will be offered. |
| 1. If a person is in receipt of Attendance Allowance will this stop during the DTA period? |
| Attendance Allowance stops when the person has been away from home for more than a 28-day period, either in hospital or in a care home, so it is likely that if the person has been in hospital for 4 weeks it will have stopped by the time they go in a DTA bed or if in hospital for 2 weeks then it would be payable for 2 weeks of the DTA period (in a Care Home).  The benefit is not stopped automatically, we are reliant on the person/financial rep contacting the Department of Work and Pensions (DWP) with the dates of admission to hospital/Care Home.  The DWP will then suspend the benefit until they are notified again of a further change in circumstances. |
| 1. If after DTA period the person needs long term care and has sufficient funds to pay for their own care, can they retain Attendance Allowance, PIPs etc or do they lose or need to re-apply? |
| As a self-funder, with money in the bank, the person will keep their Attendance Allowance.  If they are already in receipt of it, they do not need to re-apply unless they are on the lower rate and are claiming for the higher rate.  There seems to have been a change in the way the Department of work and Pension pay Attendance Allowance for those who are self-funders due to owning a property they are not living in. Previously when the Local Authority offer a Deferred Payment, Attendance Allowance would remain in payment as the person is technically self-funding due to the debt building up against the property then being paid back at the point the property sells.  Currently the Local Authority Contracts Team have come across cases where the DWP have advised that they will not pay the Attendance Allowance whilst the Deferred Payment is in place but will pay this back as a lump sum once the property has been sold.  This is something we are trying to get a clear answer on as it is a change, we have only been made aware of through families coming back to us after we have provided advice. |
| 1. If a person has been in hospital for a few weeks e.g., after having a stroke and then spends 4 weeks in a Care Home on DTA, could they lose rent allowance and any other benefits which may cease after six or eight weeks? |
| We would advise anyone in receipt of Housing Benefit to ensure that they inform both the DWP and Housing Benefit Department of their temporary hospital and temporary Care Home stay to ensure that their means tested benefits remain in place for the temporary period.  At the point they return home, again they should inform DWP/Housing Benefit and the same applies.  If the Care Home stay becomes a permanent placement, the person should inform the DWP and then also look to give notice on their tenancy.  By informing the DWP and/or Housing Benefit department of the temporary stay these departments would usually review the situation every few months (4,8,13,26 weeks) up to a period of 52 weeks. At which point it is likely that the period may no longer be classed as temporary. |
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