

# How do you effectively spend your D2A funding in FY23?

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A Channel 3 quick guide



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# Distribution of discharge fund

Local authorities in the UK will benefit from a cash injection of £500 million of government funding to support the discharge of hospital patients into the community or their own homes. In an effort to release pressures on hospitals and reduce strain on the NHS, local authorities and integrated care boards (ICBs) will be required to utilise a proportion of this funding before March 2023.

The government has set out further specific conditions governing the utilisation of this extra funding:

- Enable more people to be discharged to an appropriate setting, including from mental health inpatient settings, with adequate and timely social care support as required.
- Prioritise those approaches that are most effective in freeing up the maximum number of hospital beds and reducing bed days lost, including from mental health inpatient settings.  
  
D2A and the provision of home care are recognised as effective options for discharging more people in a safe and timely manner. Residential care to meet complex health and care needs may be more appropriate for people who have been waiting to be discharged for a long time.
- Boost general adult social care workforce capacity through recruitment and retention activity, where that will help to reduce delayed discharges from hospital. This could include, but is not limited to, measures that:
  - increase hours worked by existing workforce
  - improve retention of existing workforce
  - provide additional or redeployed capacity from current care workers
  - support local recruitment initiatives.

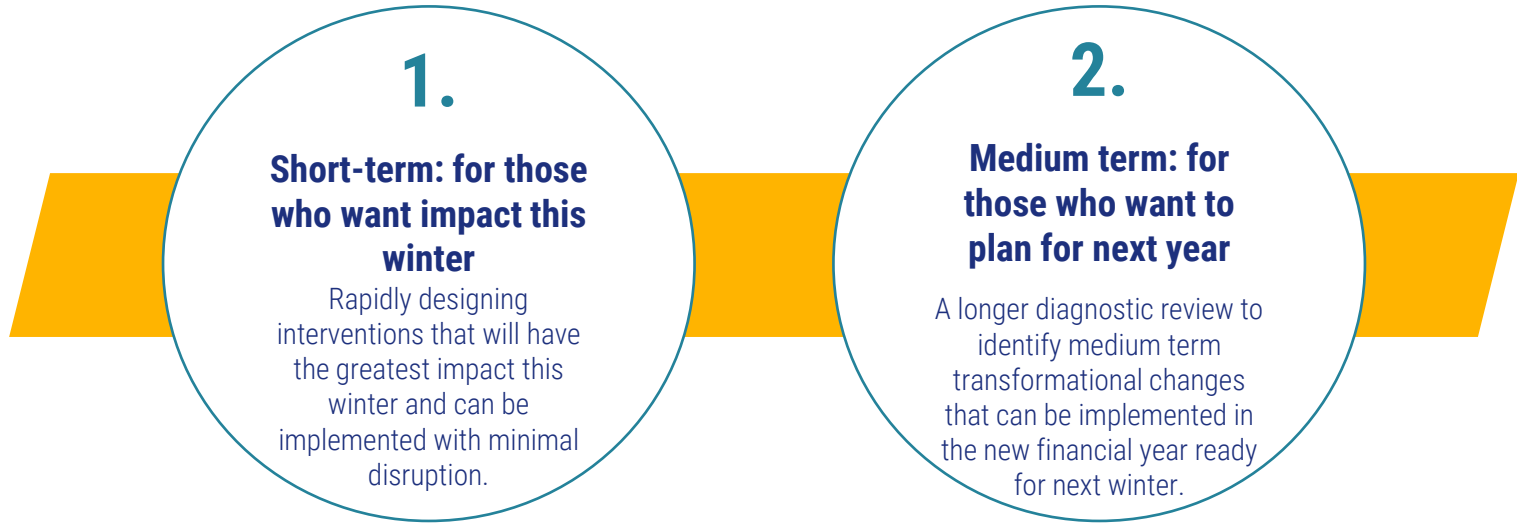
Local authorities will need to satisfy themselves that the steps they take to boost workforce capacity align with their functions under the Care Act 2014. Each local authority will also need to take into account any legal, employment law, equality or tax considerations that may arise.

Further government guidance detailing the distribution of the Adult Social Care Discharge Fund and governing conditions can be found on the official website. [Click here](#) to read more.

# What are the options?

Even though the extra funding is welcomed, because it provides ample opportunities for reducing admissions or to improve flow, it will be difficult to make significant transformational changes before spring and summer next year. Timescales are tight, considering we are now in the winter months.

The challenge, therefore, is how authorities can use this money to their best advantage in such a short time. With vast experience in this area, Channel 3 has been instrumental in a variety of projects across several integrated care systems (ICSs), providing guidance in generating improved outcomes.



Conducting both as a single piece of work would enable reporting on the short-term interventions in week 4 before implementing them in parallel with designing the medium-term changes for implementation later.

# The options in detail

Let's examine examples for both approaches based on the work we are, and have been doing, across several ICSs.

## 1.

### Short-term example

- We have just completed a rapid 4-week deep dive across intermediate care to determine a range of immediate short-term interventions that can be implemented this winter for one client.
- Their challenge was that too much demand was flowing through hospitals into ASC, leading to unsustainable financial pressures on the council and a breaking domiciliary care market.
- The interventions focus on admission and discharge, optimising the current domiciliary care model and commissioned offer (including community solution and digital/TEC). They are grounded in improving the integrated use of resources and ways of working, cultures and behaviours, improved performance data/insights, reablement etc. Improvements can be made with a short-term focus and additional external capacity working alongside the operational front line.
- These interventions will be implemented immediately with external support over a 3 - 6-month period to evaluate impact. They are highly focused on addressing the unsustainable financial pressure on the council but also significant improvement with flow, quicker discharges and throughput within supported discharge services ultimately reducing lost bed days in hospital.

## 2.

### Medium-term example

- For another client, we have recently completed a 3-month review of the D2A operating model to determine more medium-term opportunities for improvement, including a significant focus on digitally enabling the D2A model.
- This work can focus on the intermediary care operating model and pathways, culture and behaviours, performance and data, commissioned offer, and market development. The digital element focused on the key operational challenge experienced in many D2A systems, i.e. a reliance on manual spreadsheets, manual comms and poor data to manage patients through the D2A process. This can help create a single version of the truth, improved insight into D2A workflow and provider capacity, improving informed and quicker discharge decisions throughout hospital as well as supported discharge services, hence freeing up capacity throughout.

# Let's work together

Channel 3's collaborative approach brings together the clinical, business and technical expertise needed to help you deliver change and realise the benefits of your digital investments.

If you would like to know more about the opportunity to digitally enable D2A then please contact us to discover more.



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## Ralph Cook

Ralph has over 20 years' experience helping organisations design and deliver complex transformation in health, social care and the wider public sector.



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## Stuart Lindsay

Stuart specialises in delivering whole-system transformational change by embedding enablers to independence such as technology-enabled care and system performance improvement.



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