

Short-term social care funding for hospital discharge: learning from past mistakes

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- Lucinda Allen

Government has long taken a piecemeal approach to funding adult social care in England, announcing short-lived [grants to local authorities](#) responsible for publicly funded care with little notice. Many of these 'sticking plasters' have common themes. This winter's adult social care discharge fund, for example, aims to increase social care capacity to support hospital discharges. It follows three other time-limited government grants for local authorities with very similar aims, in just 2 years.

These four grants (summarised in Table 1 below) total nearly £800m – not an insignificant amount in the context of government funding for social care. So, what have we learned about this approach?

Lessons from social care funding to support hospital discharge

The government has published evaluations of the first three of these grants, drawing from data on spending and perceived outcomes submitted by nearly all local authorities, and survey responses from some local authorities and providers. These data have various limitations, but the evaluations and other available data point to three broad lessons.

1. Any impact of grant funding is likely to be small and time-limited

Government evaluations conclude that previous grants may have helped increase social care workforce capacity. Responses from local authorities suggest that funding helped maintain safe

staffing levels in social care and may have contributed to small increases in staff hours during the grant periods. And local authorities reported that funding was used to help discharge patients from hospital.

But the evaluations suggest that any positive impact on social care staffing was likely time-limited, like the grants themselves. National data on staffing levels and delayed discharges over the past 2 years show that grants have been insufficient to fix the underlying problems. Social care staff vacancies in England have increased significantly since 2021 and [1 in 10 posts is now vacant](#). The average number of patients no longer meeting the criteria to reside in hospital also [increased by over 50%](#) between January 2021 and January 2023.

2. Local areas need time to prepare for funding – and to spend it

The potential impact of past funding pots has been affected by timescales. Short lead times and funding periods mean that local authorities and providers have limited time to prepare and use funding effectively. According to a [government survey](#), 58 out of 59 local authorities would have liked more time to engage providers before receiving workforce capacity funding in 2021. And 55 areas responded that the timeframe for spending the fund was insufficient.

In response, policymakers slightly extended the lead time for the following winter's recruitment and retention funding in 2021/22. But local authorities and care providers still [reported dissatisfaction](#) with the short lead time and spending period. Separate data from ADASS show that [37% of local authorities](#) actually underspent their adult social care budgets in 2021/22, despite pressures on local government finances. Local authority leaders cited a range of reasons for this, including the 'short-term and short notice of grants'.

This winter, social care funding to support hospital discharge was announced in late September – considerably earlier than in previous years. But there was a 2-month delay before the government confirmed the details and conditions of this grant. This meant that local authorities had less than a month to prepare spending plans and only received funding in [early December](#). Care providers won't have seen any of it until even later.

3. Strings attached to funding should be proportionate

Another key concern is that the reporting requirements for accessing these short-term funds just add to the workloads of local authorities and providers.

Typically, government places several requirements on local areas to access these funds, including providing a plan for spending the funding and later reporting how it's actually spent. In response to feedback from local authorities about the administrative burden of reporting processes for the previous winter's funding, the government reduced reporting requirements for recruitment and retention funding in 2021/22. But since then, this seems to have been forgotten – this winter's discharge fund requires fortnightly reports so local areas are having to report more than four times as often.

Necessarily, emergency funding is likely to be introduced when those working in social care are already stretched. While monitoring public spending and evaluating its impact is important, policymakers should ensure that reporting requirements are proportionate.

Time for a more strategic approach

Crisis funding for public services is not inherently bad – sometimes it's vital, as the COVID-19 pandemic has shown. But government's overreliance on piecemeal funding to tackle entrenched problems has created uncertainty for the sector, making it hard for people using and providing care to plan ahead. The short-term approach to social care funding is partly a symptom of the chronic underfunding of care services. When the pandemic hit in 2019/20, government spending per person on social care was lower in real terms than in 2009/10.

The recurrence of small funding pots with similar aims is recognition that workforce problems in social care and hospital discharge delays are long-term problems. As such, they require long-term solutions. Ensuring there are enough, well-rewarded staff to care for older and disabled people in their homes is not unaffordable. Strategic investment and a plan for fundamental reform of social care in England is long overdue.

Table 1: Summary of social care grants aiming to improve staffing levels and support hospital discharges

| Name of funding | Workforce capacity fund | Workforce recruitment and retention fund | Workforce recruitment and retention fund, round 2 | Adult social care discharge fund |
|---|--|--|--|--|
| Amount for local authorities | £120m | £162.5m | £300m | £200m |
| Period covered | 16 January 2021 – 31 March 2021 | 21 October 2021 – 31 March 2022 | 10 December 2021 – 31 March 2022 | 18 November 2022 – 31 March 2023 |
| Stated rationale on increasing social care capacity to improve hospital discharges | 'Deliver measures that result in additional staffing capacity for adult social care, including to support safe and timely discharges from hospital into care settings' | 'Address adult social care workforce capacity pressures, including to support timely and safe discharge from hospital' | 'Address adult social care workforce capacity pressures, including to support timely and safe discharge from hospital' | 'Boost general adult social care workforce capacity through recruitment and retention activity, where that will help to reduce delayed discharges from hospital' |
| Requirements for local authorities to report to government | 3 reporting points over 3 months | 4 total reporting points over 5.5 months (including 2 joint reports for both rounds of funding) | | Approximately 14 reporting points over 4.5 months |

| Name of funding | Workforce capacity fund | Workforce recruitment and retention fund | Workforce recruitment and retention fund, round 2 | Adult social care discharge fund |
|--|---|--|---|---|
| How local authorities spent funding | 71% of funding transferred to providers. Mostly spent on overtime incentives, recruitment initiatives and temporary staffing. Used to support hospital discharge in a majority of responding areas. | 83% of funding transferred to providers. Mostly spent on retention payments, overtime pay and enhanced pay. Direct local authority spend was mostly on recruitment and agency costs, and activities to support hospital discharge. | | Data not yet available. Grant conditions state that funding can be spent on measures to improve retention, increase hours worked, or support local recruitment. |

Inclusion criteria: time-limited, government grants to local authorities in England since 2020 which included an aim to support hospital discharges by increasing social care capacity. NHS funding to support discharges (eg the share of the adult social care discharge fund for ICBs) is excluded.

Sources:

- [Workforce capacity fund for adult social care](#)
- [Workforce recruitment and retention fund for adult social care](#)
- [Workforce recruitment and retention funds: outcomes and findings](#)
- [Adult social care discharge fund](#)

[Lucinda Allen](#) ([@LucindaRAllen](#)) is a Senior Policy Officer at the Health Foundation.

<https://www.health.org.uk/news-and-comment/blogs/short-term-social-care-funding-for-hospital-discharge-learning-from-past>