Department of Health & Social Care

NHS

22 December 2021

**To:**

ICS and CCG Accountable Officers
Local Authority Directors of Adult Social Care
Local Authority Chief Executives

**CC:**

NHS and DHSC Regional Discharge Leads

**For action – accelerating the numbers of people discharged home**

Following Amanda Pritchard and Stephen Powis' letter to the NHS and DHSC letter to Local Authorities, this letter focuses on the specific actions we are asking systems, NHS and social care providers to take in support of our concerted cross-system efforts to reduce the number of people who are delayed from leaving acute hospitals. We know, and are grateful, that you and your staff are already working incredibly hard to ensure people are discharged in a safe and speedy manner from acute settings. To prepare to meet the current pressures caused by the Omicron, the NHS and social care must create capacity to support similar numbers of people admitted with COVID at the height of waves one/two and the corresponding discharge capacity that was released in 2020. Local health and social care partners are already standing up the use of personal health discharge budgets, live in carers, the use of independent sector therapy staff, and the NHS and Local Authorities are asked to jointly focus on four specifics:

1. Improving support for domiciliary care to enable more people to be cared for at home with effective, reablement and rehabilitation
2. Maximise the numbers given an alternative to be admitted to acute care, through remote monitoring of conditions using virtual wards and where possible the introduction/extension of hospital at home schemes.
3. Increase the bed capacity in care centres, for those being discharged into bedded care for recovery, rehabilitation and reablement
4. The actions NHS acute hospitals can take to discharge more people per day who no longer meet the reasons to reside in an acute bed and those with delays associated with internal hospital factors

Linked to this letter are resource packs with the latest data for each ICS and acute hospital on the numbers of people not leaving acute care when they no longer meet the reasons to reside and the number of people who are delayed, as defined by the standard health and care delay codes for those with a length of stay over 14 days. The interventions in this letter seek to rapidly tackle

expanding the service capacity and quicken decision making to support people to leave acute care at the right time.

Systems are asked to use this data to make their planning assumptions on and take into consideration the expected number of admissions (and hence discharges) each local area may face over the coming eight weeks.

All plans should be developed and agreed with Integrated Care Systems and Local Authorities.

**Increased support for domiciliary care (including pathway one):**

Recently, we have signalled the flexibility for health and social care systems to find joint and innovative solutions to increase the capacity in reablement and domiciliary care/care home services. The Government has provided a further £300m support package to support the care sector. Systems are encouraged to find joint solutions between health and social care workforce to stabilise and expand care services (especially domiciliary care) to those needing support at home and use the joint flexibilities in the pooling agreements within the Better Care Fund to achieve this.

It is crucial that transfer of care hubs operate seven days a week, with a clear focus on supporting as many people to be discharged home.

**Alternatives to being admitted to acute care:**

A key priority to reduce the pressure on ambulance services and acute hospitals is to create effective alternative treatments/approaches to admitting people as well as supporting early discharge. Introducing virtual wards can provide a safe, convenient, and more efficient alternative to hospital care including using staff who may be isolating but able to work remotely. NHS systems should plan (by the end of December) to provide COVID Virtual Wards that are of equivalent in size to a minimum of 15% of people who are COVID+ as inpatients to enable all eligible patients to benefit.

Additionally, the introduction of hospital at home schemes has shown in a recent trial (and as shown in examples already operating) that people with higher levels of acuity, suffering an exacerbation/sudden onset of illness, can be safely and appropriately care for with intensive multi-disciplinary support at home. For those areas that want to introduce or extend their offer the resources published will support you to do that.

**Increase the bed capacity in care centres (pathways 2 and 3):**

We are asking systems to rapidly extend the capacity of beds across England, in bedded facilities to support people to be discharged on pathways 2 and 3. These two pathways have the most people delayed on them in acute care currently and we urgently need to expand bedded capacity to accommodate them. There are three realistic options to rapidly increase care capacity using physical infrastructure in centres that are already in existence. These include Care Units in care homes; unused bed capacity in hospices; and providing short term care using a care hotel.

All hospital discharges should continue to take place in line with the Department of Health and Social Care's published "Hospital discharge and community support: policy and operating model", and the following supporting guidance:

- NHS England and Improvement's guidance on testing within its document "Key actions: infection prevention and control and testing"

- The designated settings guidance in the Department of Health and Social Care's "Discharge into care homes: designated settings"; and
- The UK Health Security Agency's Stepdown infection control guidance.

Systems are asked to plan and implement the capacity to meet the current need, from those already delayed in acute care and plan for the expected demand over the next eight weeks, whilst the Omicron variant is at its peak.

All of the above options to create new discharge capacity in every local area will be described in new national daily SITREP reporting, to give a full understanding of the capacity and throughput in these services. To facilitate this, we are asking each ICS to give us by 10am on Friday 24th December 2021 an initial indication of the total new capacity you plan to create across each option. We will then follow up with your nominated lead in each ICS to collect further details as your plans develop. Please find a link to submit your responses here and the link to the guidance [here].

**Actions for NHS acute hospitals:**

Given the current pressures that impact on patient safety across care pathways, and on our staff across both the NHS and social care, we ask that you work with clinicians at every level, and across every ward, in your organisation to provide a forensic focus on embedding systems and processes that enable safe and timely discharge and implement any possible further actions that could be taken.

Two areas, that are very much in the control of acute NHS staff need to be our focus. Firstly, those with a short length of stay, that are not discharged on the same day they no longer meet the reasons to stay in an acute bed. Across the country, the number in this category are c5-6000 people per day. Secondly, those with longer lengths of stay, whose care is delayed due to the internal decision making in acute units, such as waiting for diagnostics; medical review; creation of a plan for discharge or therapist decision making. These internal delays amount to around 40% of delay reasons and impact on people's ability to leave hospital on time.

**Other support to Local Authorities and the NHS to discharge people on time:**

- The DHSC will ensure Local Authorities receive their cash allocation of the extra £300m to support the adult social care direct workforce by 21 December 2021.
- For the duration of the current UK COVID alert level 4 period, health and social care staff and agencies can reduce the choice available to people on discharge from hospital. As is good practice, a record should be produced of the considerations of the relevant discharging organisation in deciding not to allow patient choice, setting out all of the material considerations for and against doing so.
- The extra capacity created in care units on pathway 2 and 3 should be paid from hospital discharge funds or regional NHS discharge budgets. This funded period will be up to four weeks and after that period the normal rules of funding should be followed, as described in the Hospital discharge and community support: policy and operating model.

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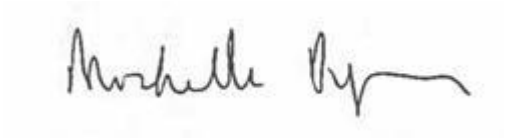
Finally, all of the above options will rely on dedicated NHS and social care staff to support the expansion of these services. We fully recognise that health and social care services and staff cannot simply add these asks onto their day jobs. Please do undertake local risk assessments on the priorities for our staff and services, based on local circumstances and need. We will continue to review if further national guidance and direction is needed over the coming days and weeks.

Yours faithfully



**Sir David Sloman**

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