

5 August 2021

The Rt Hon Rishi Sunak MP, Chancellor of the Exchequer
The Rt Hon Sajid Javid MP, Secretary of State for Health and Social Care

By email

Dear Chancellor of the Exchequer and Secretary of State for Health and Social Care,

We are writing to you to call for an extension to the dedicated funding for the discharge to assess model into the second half of 2021/22, and a commitment to continue this funding on a permanent basis.

During the Covid-19 pandemic dedicated, central funding for discharge to assess played a critical role in supporting people to return home from hospital, reducing avoidable readmissions, freeing up hospital beds, and managing overall capacity in the health and care system. A recent report¹ from Healthwatch England and the British Red Cross also showed that these funding arrangements removed administrative barriers between hospital, community health and social care teams, facilitating joined up working and improving patient flow from acute to community settings.

While we welcomed the £594m of funding for the first half of 2021/22 (H1), frontline commissioners and providers now urgently need clarity about ongoing discharge to assess funding to ensure that they can continue delivering these benefits. Given the six then four-week funding period covered by H1 discharge to assess funding, it is vital that clarity on whether this funding will be rolled over into the second half of 2021/22 (H2) is given by mid-August at the very latest. At that point, commissioners and providers will accelerate standing down services in anticipation of the funding 'cliff edge'. Wider uncertainties around H2 funding are also affecting vital decisions relating to the ongoing discharge to assess model, such as staffing levels.

As NHS Confederation and NHS Providers set out in our recent briefing², there is clear evidence that the discharge to assess model is better for people and it supports a more sustainable and efficient health and care system. Discharge to assess models quickly delivered exceptional value during the pandemic, freeing up 30,000 hospital beds before

¹ <https://www.redcross.org.uk/about-us/what-we-do/we-speak-up-for-change/peoples-stories-of-leaving-hospital-during-covid-19>

² <https://nhsproviders.org/media/691621/210614-discharge-to-assess-funding-briefing.pdf>

the first wave³, reducing delays in medically fit patients going home, and delivering a 28% reduction in patients staying over 21 days between.⁴ Altogether, this led to £451m of acute bed savings and freed up 6,148 staff members, including 3,770 trained nurses.⁵ The discharge to assess model (and associated funding) have been vital in enabling councils and the NHS to meet people's needs and prevent them from being overwhelmed during the pandemic.

Funding for discharge to assess also supported the social care sector through the pandemic, providing vital, stable funding to a fragile care provider market. It supported more people to live well at home, with fewer people being discharged to bedded settings and a reduction in new admissions to care homes. With better use of short-term recovery services, social care colleagues tell us that there has been reduced need for formal care and support packages. Discharge to assess clearly supports an integrated, collaborative approach to care in line with the strategic direction of travel in the health and care system.

While the discharge to assess funding was introduced in response to Covid-19, it accelerated the existing direction of policy towards 'home first' models of care, allowing the NHS, local authorities, social care and the voluntary sector to solve a problem that long preceded the pandemic: that of medically fit patients waiting in hospital for suitable care in the community. These so-called 'delayed transfers of care' were detrimental to patients' recovery, costly for the taxpayer and caused capacity issues in hospitals. Successive national policy initiatives – that were not supported by dedicated central funding – have previously failed to resolve them.

In short, there is a clear consensus across stakeholders within the sector that ceasing dedicated discharge to assess funding risks reversing the very clear improvements seen during the pandemic, by creating a damaging funding 'cliff edge'. With dedicated, permanent funding, the implementation of discharge to assess can be further refined to continue improving outcomes and experiences for individuals, their families and carers. In some areas the uncertainty over future funding is contributing to staff shortages and sustainability issues for social care providers, as well as the resurgence of delayed transfers of care for trusts. Alongside this, some local councils are already preparing to stand down services due to funding uncertainty. This cliff edge is likely to lead to further unmet need (in turn precipitating crisis), lack of the right care and support at the right time, an increase in average length of stay, delayed discharges and avoidable readmissions; all of which are costly to the public purse and to individual people, their families and carers.

We are also concerned that removing discharge to assess funding will create a barrier to addressing backlogs of care and treatment, which government, social care and NHS

³ <https://www.nao.org.uk/wp-content/uploads/2020/06/Readying-the-NHS-and-adult-social-care-in-England-for-COVID-19-Summary.pdf>

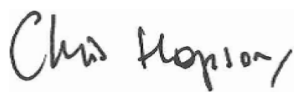
⁴ <https://www.england.nhs.uk/statistics/statistical-work-areas/uec-sitrep/urgent-and-emergency-care-daily-situation-reports-2020-21/>

⁵ NHS England and NHS Improvement data, 2021

leaders and practitioners are fully committed to doing. There is a real possibility that the gains in reducing hospital length of stay will be reversed to a pre-Covid level, increasing bed occupancy levels in hospitals and reducing their capacity for elective procedures, all of which would stall the progress of the elective recovery programme. In the context of the final restrictions being lifted on 19 July and significant pressure on the NHS and social care, permanent discharge to assess funding is needed to continue facilitating patient flow from acute to community settings and maximising capacity to maintain increased elective volumes through winter. This will be especially important through challenging winter pressures beyond the pandemic. There are separate but equally important challenges in social care, heightened by post-lockdown labour market changes and the pressing need to address long term funding, workforce and sustainability issues.

We are now approaching a critical moment, and a decision must be made by mid-August at the latest to prevent these important services being stood down. The signatories of this letter urge you to urgently clarify H2 and permanent funding for the discharge to assess model, so that we can secure these benefits for people, the health and care system, and public finances for the long term.

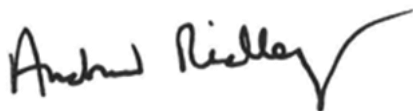
Best wishes,



Chris Hopson
Chief Executive, NHS Providers



Matthew Taylor
Chief Executive, NHS Confederation



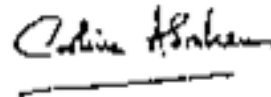
Andrew Ridley
Chair, Community Network



Imelda Redmond CBE
National Director, Healthwatch England



Michael Adamson
Chief Executive, British Red Cross



Caroline Abrahams CBE
Charity Director, Age UK



Cllr David Fothergill
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