

- To: ICB chief executive officers
  - All NHS trusts (acute, mental health, community, foundation trusts):
    - chief executive officers
    - medical directors
    - directors of nursing
  - All PCNs and GP practices
  - All community pharmacies
- cc. ICB chairs
  - NHS England regional directors
  - Local authority chief executive officers
  - Directors of adult social services

Dear Colleagues,

## Discharge funding for step down care/£200 million fund

You will have seen the government announcement on Monday 9 January regarding £200m funding for discharging patients from hospital beds into step down beds to improve patient care and system flow – <u>https://www.gov.uk/government/news/up-to-250-million-to-speed-up-hospital-discharge</u>.

The fund is designed to increase capacity in post-discharge care and support improved discharge performance, patient safety, experience and outcomes. Through use of this fund, integrated care boards (ICBs) are expected to deliver reductions in the number of patients who do not meet the criteria to reside but continue to do so, as well as improvements in patient flow which in turn help waiting times in emergency departments and handover delays.

This funding should be used to purchase bedded step down capacity plus associated clinical support for patients with no criteria to reside but who cannot be discharged with the capacity available through existing funding routes or the Adult Social Care £500m Discharge Fund announced previously –

https://www.gov.uk/government/news/details-of-500million-discharge-fund.

These arrangements apply to care delivered to patients **up to and including 31 March 2023**.

ICBs, including local authority colleagues, should ensure that patients are actively monitored throughout their stay in any additional capacity purchased through this

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scheme, to ensure that all appropriate interventions are delivered in a timely way and length of stay is optimised. ICBs will be required to report on key indices of activity, with the majority of these collected daily due to the intensity of delivering a programme of this scale at such pace, and the need to ensure that every patient gets the best outcome possible.

Guidance on administration of this fund can be found here. Further information on the sitrep and the operating model (including the role of the regions and national teams in overseeing delivery and offering support) will be communicated in the coming days.

This fund is a short term intervention to support immediate improvements and reduce pressures across the UEC pathway, in response to increases in numbers of patients with no criteria to reside in acute beds. Recognising the potential harm and poor patient and carer experience from remaining in an acute hospital bed once clinically ready for discharge, it is better for patients to have their longer term needs assessed outside of an acute hospital environment. This should include monitoring patients through their pathways, and ensuring they have appropriate clinical and rehab support to begin recovery.

This fund is separate and in addition to other sources of funding such as the Adult Social Care Discharge Fund.

ICBs are asked to take action immediately to step down suitable patients as soon as possible.

We would like to thank you and your teams for your continued hard work improving discharge through the health and care system and ultimately improving patient outcomes by ensuring patients receive the care best suited to them, in the right setting.

Yours sincerely,

Sarah-Jane Marsh National Director for UEC and Deputy COO National Medical Director NHS England

**Professor Sir Stephen Powis** NHS England

**Dr Amanda Doyle** National Director for Primary Care and **Community Services** NHS England

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Dame Ruth May **Chief Nursing Officer** NHS England