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- To:
- ICS executive leads/ICB chief executive designates
 - Local authority chief executives
 - Directors of adult social care

NHS England and NHS Improvement
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20 June 2022

Dear Colleagues,

Invitation for expressions of interest to become Discharge Integration Frontrunner sites

We are inviting expressions of interest from local systems interested in leading the way in developing and testing radical new approaches to discharging people from acute care. The first phase of 'Frontrunner Sites' will have the objective of ensuring that more people leave acute care and have the right support, in the right place, in a safe and timely manner. Future phases will focus on other shared objectives.

Improving the integration of health and social care systems of course has many benefits. Supporting timely discharge from acute settings is just one of them. However, in these Frontrunner Sites we want to focus on improving discharge from hospital, because discharge performance has been a significant and complex challenge for the health and social care system for so long. We know that prolonged stays in hospital contribute to poor outcomes, particularly for older people who can experience increased mortality and dependency because of both mental and physical deconditioning. These delays also have a knock-on impact for other people, including those awaiting elective care and those with wider social care needs.

The Health and Care Act 2022, the formal establishment of integrated care boards and publication of the Integration White Paper in February 2022, all have as their central mission the ambition to increase the provision of co-ordinated, joined-up and seamless services to support people to live healthy, independent and dignified lives. Delayed discharges are one very visible signal that the health and care system remains fragmented and too often fails to deliver joined up services that meet people's needs.

In January 2022, the National Health and Care Discharge Taskforce, chaired by Sarah-Jane Marsh, was established to enable the NHS, the Department for Health and Social

Care (DHSC), the Department for Levelling Up, Housing and Communities (DLUHC), and local government partners to better understand the drivers of delayed discharges, and the actions that could be taken to improve performance and outcomes. It reports directly into the Secretary of State for Health and Social Care and the Chief Executive of the NHS.

The taskforce has heard from local systems and seen from the data that there is a need to take a more fundamental look at the way in which the health and care system currently manages the discharge of patients, their post-acute care, and their access to high quality social care. We would therefore welcome expressions of interest from local systems who are interested in designing and testing new service models, such as the delivery of a more integrated model for intermediate care across existing health and social care portfolios or in designing and testing new enabling arrangements, which might include new funding models, more integrated workforce models, or the deployment of new technologies.

We know that you will have the expertise and vision to develop new approaches that make a genuine difference and have the potential to unlock solutions to the problems around discharge that we have all been dealing with across systems for many years.

Further detail is in annex A and we really hope many of you will put yourselves forward to lead this vitally important work.

Yours sincerely,



Rt Hon Michael Gove MP
Secretary of State for
Levelling Up, Housing and
Communities



Rt Hon Sajid Javid MP
Secretary of State for
Health and Social Care



Amanda Pritchard
NHS Chief Executive

Annex A

Invitation for expressions of interest to become Discharge Integration Frontrunner Sites

(i) The objective Discharge Integration Frontrunner Sites

The objective of the Discharge Integration Frontrunner Sites will be to lead the way in developing and testing radical new approaches to post-acute care that sees patients discharged to the right place, and with the right support, in a safe and timely manner.

We expect to select five or six sites, although the precise number will depend on the nature of the proposals we receive. We have deliberately chosen not to be overly prescriptive in describing what approaches should be tested. We expect systems to be interested in one or both of the following:

1. Designing and testing new service models, such as the delivery of a more integrated model for intermediate care across existing health and social care portfolios.
2. Designing and testing new enabling arrangements, which might include new funding models, more integrated workforce models, or the deployment of new technologies.

While integration is not an objective in and of itself, our hypothesis is that the vision and policies set out in the [Integration White Paper](#), including shared governance arrangements, will be an important enabler for making the improvements that we are seeking to deliver through this programme.

The National Health and Care Discharge Taskforce work with an independent evaluator, alongside the selected sites, to co-design a broad set of metrics against which to measure progress and performance. These are likely to include wider metrics to support increased patient flow, as well as patient and staff experience, alongside more traditional discharge metrics (no longer meeting criteria to reside and not being discharged for example). We will be taking on a significant personal interest in the evaluation and learning for the wider health and social care system.

(ii) Eligibility

Frontrunners will be selected at place or at ICS level. If ICSs wish to apply, all Places within that ICS will be expected to participate.

(iii) Expectations of Frontrunner Sites

Participating sites will be expected to demonstrate:

- an ambition to work together with system partners over a period of 6-12 months to design and test radical new services models and ways of working to improve discharge performance against an agreed set of metrics and in line with the Integration White Paper, with evidence of support from both NHS and LA leaders
- a willingness to dedicate resources to manage the programme effectively, share best practices and engage with the national programme
- a commitment to engage in joint learning, transparently sharing challenges and progress with other frontrunners and more widely, if applicable – including participation in a formal evaluation programme
- a commitment to data transparency with system partners
- a commitment to continuing successfully piloted ways of working after the completion of programme.

(iii) What Frontrunner Sites can expect in return

Following selection, the taskforce will work with Frontrunner Sites to agree the precise details of models to be tested, and to co-design a national support package. There will be a strong emphasis on keeping the time burdens of participation to a minimum, likely to be focused on the following areas:

- service model design, including support for designing workforce, funding, and governance models, and organisational design
- data and analytics support, including demand and capacity planning
- national support in harnessing technology
- programme evaluation support
- leadership development.

Frontrunners will also have a platform from which to contribute to a national conversation about wider policy changes that might be required to support the sustained improvements that we are seeking to deliver.

While participating sites will be expected to operate within their current financial envelope, national programme funding will be available to support the costs of participating in the programme, including ensuring dedicated programme management and evaluation.

(iv) Programme duration

We expect the taskforce to work with selected sites over a period of 6-12 months, ensuring that we are generating lessons that can be shared ahead of the upcoming winter and ahead of next year's planning round.

(v) Application and selection process

To get a greater understanding of the drivers of existing challenges, and to enable appropriate support to new service development, we expect to select no more than five or six sites, representing a diversity of settings, geographies, and populations.

We expect all applications to be formally sponsored and endorsed by the relevant ICS and local authority chief executives.

The application process is light touch and consists of:

- a short application form appended to this document
- an informal interview process for shortlisted systems to ensure a shared understanding of opportunity and expectations.

Representatives from across the taskforce (including the NHS, DHSC, DLUHC, LGA, ADASS) will be involved in reviewing applications.

(vi) Application timelines

The deadline for applications is 30 June 2022.

Interviews will take place during weeks commencing 4 July and 11 July 2022 with the taskforce chair making a recommendation to us on which sites should be selected.

(vii) Getting in touch

If you would find it helpful to have a conversation about a potential application, please contact the taskforce team either at NHS England, using england.nationaldischarge@nhs.net, at the Department of Health and Social Care via discharge@dhsc.gov.uk, or the Department of Levelling Up, Housing and Communities via careandreform2@levellingup.gov.uk.

Application questionnaire

Please keep your applications to no more than three pages of A4.

Please send your application to england.nationaldischargetaskforce@nhs.net by 30 June 2022.

Q1. Who is making the application?

What is the Place or ICS that is applying?

Please provide some information about your local context, including the population you serve, what organisations will be involved, and progress you have made so far in establishing 'Place' as a meaningful unit of planning and delivery.

Please include the name and contact details of a single point of contact best able to field queries about the application.

Q2. What are you trying to achieve?

Please briefly outline the nature of the challenge to improve discharge performance and post-acute care as you see it locally, and with reference to the policies and visions set out in the Integration White Paper. This might include any thoughts you have given to the kinds of changes to current ways of working that you would like to test, and progress made so far. We should emphasise that we do not expect programmes to be fully worked up at this stage.

Please include metrics that, at this stage, you would anticipate changing as a result of your proposed programme of work.

Q3. What are the main challenges you face, and how will becoming a Discharge Integration Frontrunner Site support you to overcome them?

Please describe what support you envisage seeking from the programme and benefits you foresee from being a participant.

Q4. Why do you think that you are well placed to both benefit from and contribute to the Discharge Integration Frontrunner Site programme?

Please note the expectations set out in the invitation letter for potential sites.