



**Department for
Communities and
Local Government**

The Rt Hon Sajid Javid MP
*Secretary of State for
Communities and Local Government*



**Department
of Health**

The Rt Hon Jeremy Hunt MP
Secretary of State for Health

10 October 2017

Dear Leader

Thank you for your ongoing work to ensure that the additional £2bn funding announced in the 2017 Spring Budget is spent on adult social care services to improve outcomes for people in your area. In July we set out the shared challenge to reduce delayed discharges by publishing clear expectations for CCGs and councils. Alongside the July expectations NHS England, the Department for Communities and Local Government and the Department of Health published the Integration and Better Care Fund Planning Requirements 2017-19 to enable you to finalise your system-wide planning for BCF, improved Better Care Fund (iBCF) and other related spending. We also announced that Government will consider a review, in November, of 2018/19 allocations of the adult social care funding provided at Spring Budget 2017 for councils that are poorly performing.

Since then, the Care Quality Commission has commenced work on 12 of the 20 reviews into joint working at the health and social care boundary, based on the interface performance dashboard. CQC will be completing most of these reviews by early December with the aim of sharing lessons. There will be opportunities for all areas to learn from their findings.

We are grateful for the work being carried out locally to develop your Better Care Fund (BCF) Plans, which include plans to meet the expected reductions on Delayed Transfers of Care (DToC). As previously notified, this is a requirement for BCF plan approval in 2017/18. We all agree that no-one should stay in a hospital bed longer than necessary: it often leads to poorer health and care outcomes for people; it removes people's dignity and reduces their quality of life; and it is more expensive for the taxpayer.

Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready, is one of the three purposes of the Spring Budget money and over the summer we have continued to bring a greater focus to this particular area. This is, of course, a shared endeavour between councils and the different parts of the local NHS. This will continue to be an area of focus and attention for Government, councils, CCGs and NHS Trusts as we enter the critical period ahead

of winter. It is vital for all of us that the 2,000 beds we need freed up are delivered before winter.

Progress to date

Overall we are pleased to note that many councils and CCGs, are responding positively to this national challenge. Whilst it is encouraging that we have seen improvements so far this year, these improvements are neither consistent nor yet significant and the overall rate of improvement remains a considerable distance from where it needs to be. Between June and July the total number of DToC (NHS and ASC) reduced by only 93.

Looking closely at your DToC performance we note that your performance identifies you as a council in the bottom quartile for rate of DToC (total delayed days per day per 100,000 18+ population). Currently your rate is 9.7 per 100,000 which is equivalent to 92 patients delayed daily due to social care. You are also in the bottom quartile:

- Because of the gap between your current performance and the agreed expectations for your council on delays attributable to social care and
- Because your performance in the 3 months to July was worse than in the previous three months.

Next steps

We have always been clear that taking effective action to reduce delayed transfers of care relies on the commitment of a range of partners in local health and social care systems. NHS England is working to ensure that CCGs are doing all they can to reduce delays caused by NHS organisations. CCGs have been set clear targets around CHC assessments, including for 85% to take place out of hospital. CCGs are now being required to report progress against these in their public board meetings. DToC performance is also a key element of the CCG improvement and assessment framework. For CCGs with particularly poor performance, NHS England will consider whether to take action through this framework including placing a CCG in special measures or under statutory directions.

We are equally determined to take action to challenge entrenched poor performance by councils. Where councils, including yours, have significant performance challenges, there will be additional monitoring and escalation. This means that with effect from now:-

- We will be closely monitoring your DToC progress between now and November.
- We will include your council in the November review of 2018/19 iBCF allocations announced at Spring Budget. We will be looking for evidence of significant performance improvements in the September data (published in

November) before making a final decision on which local authorities will be formally reviewed.

I have asked officials to write to your council in October outlining in further detail on how this review will operate. All iBCF funding will remain in local government to be used for adult social care. At this stage, we can confirm that we favour options that place conditions on how you use a proportion of the additional 2018/19 iBCF funding to support DToC performance. None the less, we reserve the right to reduce the published allocation for a council should performance continue to fail to improve.

We recognise this will be challenging for you but we remain fully committed to working with you to ensure that rapid progress and focus is maintained to ensure everyone who is medically fit can leave hospital for a more appropriate place of care as quickly and safely as possible. We will continue to monitor performance nationally, regionally and locally to ensure this is achieved. This will be a key component of our plans to prepare for winter and we will be writing to you shortly with further details on these plans. We have asked officials in the Department of Health and Department for Communities and Local Government to continue to work closely with NHS E, NHSI, the Local Government Association and the Association of Directors of Adult Services to provide support to you.

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