

To SHA Directors of Performance
SHA Directors of Finance

Cc Association of Directors of Adult Social Services
Directors of Adult Social Services

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Dear Colleague

Delayed Transfers of Care

Thank you for your response to the letter from David Behan and David Flory of 14th March. You have provided assurance that PCTs have agreed plans with the appropriate local authority to transfer and spend the money allocated as part of the announcement of £162m additional funding in 2010/11 via a section 256 agreement, both through your responses to the letter and in your SHA integrated plans. This follows the clear expectation that money should be invested “immediately in vital social care services which also benefit the NHS” which was set in the joint letter from Sir David Nicholson and Sir Bob Kerslake on 4th Jan 2011. ¹

Your feedback indicates that while in general it is too early to fully assess the impact of the additional allocations, the money has been used to address a range of winter pressures including Delayed Transfers of Care (DTC). It is expected to have a broader impact than on DTC alone, including reducing inappropriate admissions and preventing readmission. In your responses you signalled your ongoing commitment to joint working between health and social care in order to improve outcomes for people, including, reducing DTC where this is an issue locally. Some good examples of joint working included:

- Reablement post hospital admission either with home or short stay settings, including use of targeted and intensive home care services
- Telecare, telehealth, adaptations and assistive technology which enables people to return safely to their own homes²

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http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_12328

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² With the forthcoming publication of the Whole System Demonstrator evaluation, health and social care organisations should review their immediate and longer term plans for spending on re-ablement

- A range of innovative schemes aimed at reducing admission and speeding up discharges including rapid response teams, admissions avoidance,
- The extension of assessment services including closer integration between community specialisms and engagement with GPs in A&E.
- Workforce training, to enable community care workers to identify and work with people at greatest risk in their own homes.

Continued improvement on DTOC

At present about 60% of delayed transfers are attributable to the NHS and 33% to Social Care, with the remaining 7% being attributable to both. 2% of all delayed transfers are related to the exercise of choice or ongoing dispute about placement and attributable to social care. The largest percentage in social care delays are those waiting for placement in nursing or residential care (5% and 8% respectively out of all delayed transfers), with the next largest groups being those waiting for care packages (7%) and completion of assessment (6%). Particular attention must be given to reducing the number of days of delay that people experience.

Delayed transfers are clearly not solely an issue between health and social care. Many patients (18% of all delayed transfers) experience delays whilst awaiting other NHS services. As such, commissioners are expected to work with provider organisations to reduce unnecessary delays and hold organisations to account where improvements are not being made at an acceptable pace. Health and Social Care staff are asked to discuss specific 'hot spots' with Commissioners (both in Health and Social Care) locally and support the development of the market.

Section 256 agreements should now have been signed for your share of the £648m specific PCT allocations for social care for 2011/12. The expectation is that colleagues will be working collaboratively to deliver a demonstrable impact on improved patient care. We expect the early implementers of the Health and Wellbeing Boards to take a particular interest in the effective use of these additional resources. There is, as part of this effective use, a clear expectation for reductions in both the number of Delayed Transfers of Care (DTOC) and the length of wait which monthly situation reports show some people experiencing.

This new investment provides a real opportunity to tackle some long standing problems that directly affect patient care and experience. The 2011/12 NHS Operating Framework includes performance on DTOC as one of the integrated performance measures. Outlier organisations will continue to be identified through performance management in 2011/12 and performance on DTOC is included in the 2011/12 NHS Performance Framework for acute trusts (non-FTs). This will continue to be assessed at adult social care levels

(telehealth) and additional social care funding (telecare) to scale up activity and release efficiency savings.

through the Regional Deputy Directors supporting the transfer of funds and their continued investment.

Yours faithfully,



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