Department of Health & Social Care

From Helen Whately MP
Minister of State for Care

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[redacted]

[redacted]

Ms Alison Mutch
HM Senior Coroner, Greater Manchester South
HM Coroner's Court
Mount Tabor
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[redacted]

16 May 2024

Dear Ms Alison Mutch,

Thank you for your Regulation 28 report to prevent future deaths of 21 July 2023 about the death of Thomas Barton**.** I am replying as Minister with responsibility for Adult Social Care and hospital discharge.

Firstly, I would like to say how saddened I was to read of the circumstances of Thomas Barton's death, and I offer my sincere condolences to his family and loved ones. The circumstances your report describes are concerning and I am grateful to you for bringing these matters to my attention. Please accept my sincere apologies for the significant delay in responding to this matter.

The report raises concerns over the delayed discharge of Mr Barton from hospital which was due to the challenges of putting an appropriate social care package in place. Delayed discharge is a risk for frail elderly patients.

In preparing this response, Departmental officials made enquiries with NHS England and the Care Quality Commission. The Integrated Care Board (ICB) advised that Trafford Council have redesigned the homecare offer with local providers on a locality model to ensure there is capacity in areas that experience difficulties in recruiting staff. The Council has identified barriers to timely hospital discharges and capacity gaps in care provision. In addition, Greater Manchester (GM) ICB have undertaken a capacity and demand modelling of home care. I understand the ICB will be sharing learning across the system and stakeholders as well as monitoring of key learning points and recommendations.

It is our priority to ensure that all patients receive safe and timely discharges from hospital. The Hospital Discharge and Community Support Guidance published by the Department of Health and Social Care, sets out how the discharge process should operate in practice, and how NHS bodies and Local Authorities should work together to plan and implement hospital discharge, recovery and reablement in the community. NHS bodies and local authorities have a statutory duty to cooperate in exercising their

respective functions, including as they relate to hospital discharge. In addition, where a relevant trust is responsible for an adult hospital patient and considers that the patient is likely to require care and support following discharge from hospital, the relevant trust, must, as soon as is feasible after it begins making any plans relating to discharge, take any steps that it considers appropriate to involve the patient and the carer of the patient.

We put in place £500million for the 2022/2023 Adult Social Care Discharge Fund and this enabled more people to be discharged from hospital in a timely manner. We have since increased the Fund to £600million for the 23/24 and to £1billion for 24/25. This funding has so far been used to deliver additional care packages and beds, provide equipment to support people in returning home, and boost the social care workforce. Local authorities and NHS integrated care boards have the flexibility to spend their allocations in ways they deem most appropriate for their local area. Funding must be spent on measures which seek to free up the maximum number of hospital beds and reduce bed days lost, for example short-term packages of care, community-based reablement capacity, or building the workforce capacity needed to continue to support care users. We have published an evaluation of the 2022/23 discharge fund which has explored how local areas spent their funding. We found evidence that funding was associated with a positive impact on delayed discharge with local areas reporting a reduction in delayed discharges, and improved flow through the system.

In January 2023, NHS England published the Urgent and Emergency Care Recovery Plan. This year, and in line with the commitments in this plan, we continue to work with the NHS and local authorities to roll out care transfer hubs in every part of the country to manage discharges for patients with more complex needs. These hubs bring together professionals from the NHS and local authority to manage discharges for people with more complex needs, who need extra support when being discharged.

At the time of Mr Barton's admission to hospital in November 2022, the health and social care systems were experiencing increased pressures due to a rise in hospital admissions related to COVID-19 and seasonal flu. In the seven days to 30th November 2022, the time of Mr Barton's admission, the average number of patients with delayed discharges (no longer meeting the criteria to reside but remaining in hospital) reported by the Greater Manchester Integrated Care Board was 910. This had decreased to 703 for the average of the seven days to 30 November 2023 and was 665 for the average of the seven days to 31 March 2024. We recognise there is still more to do, and it is a government priority to continue to drive forward a decrease these numbers.

I hope this demonstrates we are taking active steps to reduce delayed discharges and to avoid the adverse impacts they can cause to patients, as highlighted in this case. Thank you again for bringing these concerns to my attention.

Yours,

HELEN WHATELY