

To: STP Chairs, Directors of Adult Social Services, CCG AO
Cc: Regional Directors, Regional Nurses, Care Provider Alliance
By email

Skipton House
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Dear Colleague

Re Supporting people considering residential or nursing home care

Further to previous correspondence from NHS England on 5th November and subsequent discussions between NHS England, the Association of Directors of Adult Social Services (ADASS) and the Local Government Association (LGA), this letter provides some additional clarification. We are all committed to a “home first” approach seeking to support people to live as independently as possible in their own homes. This includes people who need to go to hospital.

If someone is in hospital, the individual, and their family where appropriate, should be given full information about their options, and the implications of those options, in order to make a decision about their discharge. If the person lacks the mental capacity to make the decision at this time, they should be supported to participate as much as possible in any decisions made on their behalf, and these decisions must be made in their best interests, under the Mental Capacity Act.

We all need to familiarise ourselves with approaches that will enable that to happen, learning from experience such as that described in the report [“Why not home, why not today?”](#). This learning includes clear, shared communication and ownership for people’s progress and for enabling them to leave hospital and move to the right place for them, reducing reluctance from the front-line decision-makers to taking a perceived risk, ensuring that we stop expecting long-term decisions to be made in the acute setting and ensuring a consistent understanding of the importance of reablement.

When it is decided by an individual and their family (if relevant) and the health and social care colleagues involved in their care that their personal circumstances are such that it is preferable for the person to be discharged from hospital to a care home, either for short-term reablement prior to returning home, or for long-term care, we would recommend that colleagues familiarise themselves with the contents of both the [ADASS Advice note on Admissions to Residential and Nursing Care from Hospital](#) and [Delayed Transfers of Care and the ADASS Top Tips on safe working in systems in escalation](#).

NHS colleagues in hospitals and community settings should identify those who may require social care on discharge as soon as possible. This message has been reinforced in a series of recently published [Grab Guides](#) for nursing staff. Colleagues in social care have a statutory responsibility to respond and to undertake needs assessment in a timely way when

social care may be required. Working together with the person and their family, health and care staff aim to find the best solution for every individual we care for.

We know that having established what is required, it is not always straightforward to find services to meet the identified need. People need full information about quality, availability, cost, what they will be charged and when. They need to know what services are being offered. If a short-term place is being offered, they need to know whether reablement and therapies are included and the success rate of that establishment in actually getting people home.

Web-based tools that are updated by providers on a regular basis with vacancies or available capacity can help professionals locate and advise people about available services. Whilst commissioners will still need to consider suitability, quality, outcomes and costs of services, individuals and their families will wish to exercise choice and service providers will themselves need to undertake their own assessments to enable them to decide if they can meet the needs of the person, many Local Authorities, Clinical Commissioning Groups and NHS Trusts across the country are already using such web-based tools to help them to search for provision, and finding them helpful.

In some areas, this is less well-established than others and on the 5th November a letter was issued by NHS England making an offer of support to local systems who do not currently have a web-based care home capacity tracking to enable them to implement the North of England Commissioning Support (NECS) system known as Capacity Tracker tool, available at: <https://carehomes.necsu.nhs.uk>.

This tool was developed in conjunction with NHS and Social Care colleagues originally for use across the North of England. This capacity tracking system currently operates in the care home sector only. It is believed that it could enable greater information and choice for people whose personal circumstances are such that residential care is an option being considered. It could also help facilitate timely discharges and minimise avoidable delays caused by the process of finding a nursing or residential home and support patient/family choice by providing timely availability information about care homes across the country. Since this offer was made, 40 local systems (both health and local authorities) have expressed an interest in taking up the offer, and in some of those areas over 50% of their care home providers have already agreed to contribute their capacity information, on a regular basis. The support offer includes:

- Unlimited use of the Capacity Tracker, at no charge, until 31st October 2019 (register at <https://carehomes.necsu.nhs.uk>)
- Project resource to support rapid implementation including contacting care homes to establish them on the system. This element of support is available until 18th January 2019.
- Access to the full range of services within the Capacity Tracker including a comprehensive set of reports on published delayed transfers of care

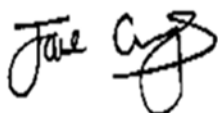
It is essential that CCGs and LAs work together at a local level and within their STP/ICS to agree an approach that will work for them and which will support the best outcomes for the people they serve. For example, local commissioners and providers will want to make sure that relevant information about availability, quality, outcomes, cost and charging are included.

NECS have been contracted to work with interested CCGs and LAs with an aim of securing 50% of care homes on the system by the end of the supported element of the roll out in January 2019. Where LAs/CCGs have committed to the programme, it has been shown to be possible to bring care homes on board in a couple of weeks.

If you would like to take up this offer you can contact Jonathan Maloney, Programme Director at NHS NECS by emailing nescu.capacitytracker@nhs.net as soon as possible, to ensure the support is available to you for the maximum amount of time.

NHS England, ADASS and the LGA will also work together to produce further guidance on the use of web-based tools such as the Capacity Tracker to support the implementation.

Yours sincerely



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