

BRIEFING	TO:	Health and Wellbeing Board
	DATE:	25 th January 2022
	LEAD OFFICER	Claire Smith, Deputy Director Place Director (Rotherham Place) Claire.smith138@nhs.net Tel. No. 01709 428721
	TITLE:	Adult Social Care Discharge Fund 2022/23

Background

1.	The purpose of this report is to confirm that South Yorkshire Integrated Care Board (Rotherham Place) and Rotherham Metropolitan Council (RMBC) have jointly agreed to spending plans on the funding allocation from the Adult Social Care Discharge Fund for 2022/23, which reflects local need and priorities
-----------	---

Key Issues

2.1	<p>In September 2022, the Government announced a commitment of £500 million to support timely and safe discharge from hospital into the community by reducing the number of people delayed in hospital awaiting social care over the winter period. The main focus is on, although not limited to, a ‘home first’ approach and discharge to assess (D2A).</p> <p>On 18th November 2022, the Government confirmed that a total allocation of £8.346 million has been provided to NHS South Yorkshire ICB and Rotherham Place will receive £1.652 million of this funding. Rotherham Council has also been allocated £1.121 million of the fund. Therefore, this amounts to a total of £2.773 million of funding for Rotherham Place partners for the remainder of 2022/23.</p> <p>In line with usual BCF requirements, the use of both elements of this funding needs to be agreed between local ICBs and Local Authorities. This funding can be used once both partner organisations have fully agreed to spending plans and this needs to be spent by 31st March 2023.</p> <p>Funding will be provided through grants (40% of the national fund) and distributed as a Section 31 Grant to Local Authorities and the remaining allocation via ICBs (60% of the national fund). The funding will be released in two tranches, the first was released in early December 2022 and the second in January 2023.</p> <p>The fund will be pooled into local Better Care Fund (BCF) plans and Section 75 agreements for 2022/23. The deadline for S75 agreements to be agreed and signed by both partner organisations has been extended until 31st January 2023.</p> <p>Local areas may use up to 1% of their total allocation (LA and ICB) for reasonable administrative costs associated with distributing and reporting on this funding.</p>
2.2	<p>Funding Conditions</p> <p>On 18th November 2022, an Addendum to the BCF Policy Framework and Planning Requirements has also been published which sets out conditions, monitoring and reporting arrangements.</p> <p>The funding conditions of the discharge fund include:</p>

- Local Authorities and ICB funding allocation should be pooled into local HWB BCF Section 75 agreements with plans for spend agreed by both the LA and ICB under National Condition of the Better Care Fund
- Funding should only be used on permitted activities that reduce flow pressure on hospitals, including in mental health inpatient settings, by enabling more people to be discharged to an appropriate setting, with adequate and timely health and social care support as required
- Funding should prioritise those approaches that are most effective in freeing up the maximum number of hospital beds and reducing the bed days lost within the funding available, to the most appropriate setting from hospital, including from mental health inpatient settings.
- ICBs should ensure that support from the NHS for discharges into social care is available throughout the week, including at weekends.
- A completed spending template confirming planned use of the additional funding was submitted to NHS England on 16th December 2022. This enabled the second tranche of funding to be released in January 2023.

2.3

Use of the Fund

The fund can be used flexibly on the interventions that best enable the discharge of patients from hospital to the most appropriate location for their ongoing care. The main focus will be on:

- Discharge to Assess (D2A) and provision of home care which is recognised as an effective option for discharging more people in a safe and timely manner.
- Boost general adult social care workforce capacity, through staff recruitment and retention, where that will help reduce delayed discharges. This could include, but is not limited to, measures such as retention bonuses or bringing forward pay rises ahead of the new financial year.
- Where there are particular delays to discharge of patients with long hospital stays, for instance those with particularly complex care health and care needs, short-term residential care is an option to free up hospital capacity (where appropriate).

2.4

Expenditure

The Local Authority grant will be used in the following areas:

Scheme Name	Brief Description	Scheme Type	Planned Expenditure
COT Independent Sector	To increase number of COT assessments, reduce waiting list and free up home care capacity	Reablement in a person's own home	£45,000
Mental Health Agency Social Workers	To increase capacity to assess people in hospital to facilitate early discharge	Additional or redeployed capacity from current care workers	£152,625
Befriending Service	To support people who are being discharged from hospital who require low level support	Additional or redeployed capacity from current care workers	£15,000
Care Broker Service	To increase the capacity of care broker to support patients with complex needs	Additional or redeployed capacity from current care workers	£12,083
Step-down beds at Lord Hardy Court	To increase the capacity of step-down beds to support patient flow from hospital	Bed based Intermediate Care Services	£127,761
Trusted Assessor to support Integrated Discharge Team	To support IDT with their assessment responsibilities and increase capacity	Additional or redeployed capacity from current care workers	£104,032

Home Care Bridging Service	To create additional capacity in the the Borough	Additional or redeployed capacity from current care workers	£254,869
LD Discharges (Specialist Agency)	To create additional capacity to support people with LD complex cases	Additional or redeployed capacity from current care workers	£21,090
Supporting Unpaid Carers	To support unpaid carers who are providing support with hospital discharges	Additional or redeployed capacity from current care workers	£59,250
Housing Support	To support people with housing issues that are a barrier to hospital discharge	Additional or redeployed capacity from current care workers	£12,083
Administration	To cover costs of administering the fund	Administration	£11,210
Short Stay Placements	To support complex cases who require intensive short-term support	Residential Placements	£86,760
Incentive Payments for Home Care and Residential Care	To retain home care and residential care workforce	Improve retention of existing workforce	£219,310
Total	Local Authority Grant		£1,121,073

2.5

The Integrated Care Board (Rotherham Place) grant will be used in the following areas:

Scheme Name	Brief Description	Scheme Type	Planned Expenditure
Voluntary Sector – Age UK	MDT approach to discharge which ensures that further safe and well checks are completed on patients being discharged in virtual wards and will pick up areas of support such as cost of living	Reablement in a Person's Own Home	£30,000
TRFT Place Escalation Wheel	Supports oversight of system pressures to concentrate actions / escalation on discharge / flow	Assistive Technologies and Equipment	£60,500
CHC: Home Care Provider	Bring forward planned pay increases	Improve retention of existing workforce	£66,704
CHC: Care Home Provider	Bring forward planned pay increases	Improve retention of existing workforce	£137,387
Provision of Crisis Beds	Provision of 3 crisis beds in community to provide short-term crisis	Bed Based Intermediate Care Services	£60,750
Section 136 Cost Pressures	Provision of additional Section 136 urgent care workers to create resilience to preserve patient flow	Increase hours worked by existing workforce	£63,216
SYHA Discharge Support	Additional housing in-reach on to ward to support with housing issues to support discharge	Residential Placements	£15,000
Discharge Co-ordinator	Additional support with discharge planning to ensure delays are minimised	Increase hours worked by existing workforce	£10,971
Administration	To cover costs of administering the fund.	Administration	£16,520
CHC – Assessments	Increase number and speed of assessments to improve flow	Additional or redeployed capacity from current care workers	£30,400
CHC – Interim Funded Beds for Complex Patients	CHC – additional capacity for complex patients to expediate discharge	Bed Based Intermediate Care Services	£711,264
Community Equipment and	Supply and delivery of additional community-based equipment to	Assistive Technology and Equipment	£124,000

Transport - Medequip / TRFT	increase ability to discharge faster		
Discharge Lounge Support and Co-ordinators	Additional capacity to support timely and responsive discharge of patients with needs met	Additional or redeployed capacity from current care workers	£216,719
Pharmacy Cover – weekend (2 hours Saturday/Sunday)	Additional capacity to support timely and responsive discharge of patients with correct medication	Additional or redeployed capacity from current care workers	£29,393
Voluntary Sector – VAR	MDT approach – additional safe and well checks completed on patients discharged from virtual wards	Reablement in a Person's Own Home	£29,176
Hospice – Clinical Nurse Specialist	Accelerate the recruitment and start date of a Clinical Nurse Specialist which will enable increased community activity allowing the management of discharged hospital patients	Additional or redeployed capacity from current care workers	£20,000
Hospice – Hospice at Home	Increased capacity in the Hospice at Home Team through existing staff working additional hours (overtime/bank)	Reablement in a Person's Own Home	£5,000
Hospice – Care Support Worker	Additional Health Care Support Worker resource will support the co-ordination of increased activity via the 24/7 advice line	Increase hours worked by existing workforce	£10,000
Hospice – Increased Inpatient Unit	Improve the management of discharge from the hospice thus increasing bed availability	Additional or redeployed capacity from current care workers	£15,000
Total	NHS South Yorkshire ICB Grant		£1,652,000

2.6

Underspends

If any underspend is identified within the Local Authority and Integrated Care Board (Rotherham Place) grants the following approach will be taken:

- Divert these to support the market with workforce retention – financial incentives / rewards

2.7

Reporting Requirements

ICBs and Councils confirmed the agreed distribution of their allocations across the Health and Wellbeing Board in their area when plans were submitted to NHS England on 16th December 2022.

Reporting of additional activity, as a result of this funding, will be on a fortnightly basis for each local authority footprint which will include what activities have been delivered in line with commitments in the spending plan.

NHS England has published two templates (Appendices 1 and 2) which are designed for systems to confirm their spending plans for this funding by 16th December 2022. This funding should complement plans for improving discharge outcomes under National Condition 4 of the main BCF plan.

2.8

Metrics and Monitoring

	<p>The Addendum to the BCF Policy Framework and Planning Requirements also sets out conditions, monitoring and reporting arrangements.</p> <p>The impact of the additional funding will be measured by the following metrics:</p> <ul style="list-style-type: none"> • the number of people discharged to their usual place of residence (existing BCF metric) • the absolute number of people 'not meeting criteria to reside' (and who have not been discharged) • the number of 'Bed days lost' to delayed discharge by trust (from the weekly acute sitrep) • the proportion (%) of the bed based occupied by patients who do not meet the criteria to reside, by trust • the number of care packages purchased for care homes, domiciliary care and intermediate care (to be collected through a new template which will be published at a later date) • In addition, the data on length of stay will be monitored regionally and nationally and this data will continue to be available on the Better Care Exchange.
--	--

Key Actions and Relevant Timelines

<p>3.</p>	<ul style="list-style-type: none"> • The Rotherham HWB and South Yorkshire ICB Discharge funding templates (Appendix 1 and 2) to NHS England have now been submitted on 16th December 2022 • Complete fortnightly templates which will focus on activity and spend. The first submission date is planned on 6th January 2023. • Health and Wellbeing Board to sign off the Section 75 Agreement on 25th January 2023 • The ICB (Rotherham Place) and RMBC grant allocations need to be included into the Section 75 Agreement which needs to be signed and agreed by 31st January 2023 • Complete end of year report by 2nd May 2023
------------------	--

Implications for Health Inequalities

<p>4.</p>	<p>There is a recognition by the South Yorkshire ICB that tackling Health Inequalities (HI) is integral to everything the system needs to do to keep people healthy and independent and reduce statutory service demand.</p> <p>BCF funded schemes which reduce health inequalities includes:</p> <ul style="list-style-type: none"> • Social Prescribing programme which provides interventions on tobacco, weight, alcohol, physical activity, obesity reduction, smoking cessation and diabetes prevention programmes. • Breathing Space is also delivering respiratory services within the Right Care pathway. • Project support for the implementation of Population Health Management (PHM) priorities
------------------	---

Recommendations

<p>5.1</p>	<p>That the Health and Wellbeing Board notes the:</p> <p>(I) Documentation for submission to NHS England (NHSE) on 16th December 2022</p>
-------------------	--