

Adult Social Care Discharge Fund 2022-23 First Activity Reporting Template

Health and Wellbeing Board	York	
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<p>As a condition of this funding for health and social care to improve hospital discharge, local Health and Wellbeing Board areas should report as required on the additional activity and services that have been delivered using the funding.</p>		
<p>When reporting the numbers of packages funded from the Adult Social Care Discharge Fund (ASC DF), please use this template to report on new packages and spend since the ASC DF commenced.</p>		

6 January 2023 first activity return only - baseline capacity assessment		
Number of discharges into adult social care 01-31 October 2022	45	
	All local authority funded social care (01-31 October 2022)	
Hours of home or domiciliary care packages	7623	
Hours of reablement in a person's own home	213	
Number of care home beds (complex/nursing)	7	
Number of care home beds (residential)	9	
Number of reablement stepdown beds	10	

Discharges from hospital by service (previous 14 days)		
Number of discharges by service	Home or domiciliary care	388
	Residential care	8
	Nursing care	8
	Intermediate care	20

	Other pathway one or pathway three support	0
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Packages of care booked or in use since spending under the ASC DF commenced	All local authority funded social care	Funded via ASC Discharge Fund
Hours of home or domiciliary care packages	304	0
Hours of reablement in a person's own home	0	0
Number of care home beds (complex/nursing)	6	0
Number of care home beds (residential)	2	0
Number of reablement stepdown beds	10	0

Adult Social Care Discharge Fund spending to date		
Service type	Spend (£)	With this spending, to what extent do you have the capacity to meet need to discharge people into adult social care?
Home care or domiciliary care (long term)	0	
Home care or domiciliary care (short term) - AMBER SCHEMES HERE	167,340	25-49%
Voluntary Sector - GREEN SCHEMES HERE	22,500	25-49%
Reablement in a person's own home - BROWN SCHEMES HERE	0	
Care home placements (residential - short term)- RED SCHEMES HERE	0	
Care home placements (residential - long term)	0	

Residential placements (complex/nursing)- RED SCHEMES HERE	103,550	25-49%
Workforce recruitment and retention - NAVY BLUE SCHEMES	0	
Assistive technology and equipment	0	

Narrative section 1 - Description of progress

Please use this space to describe progress made in this period to use the additional funding to improve discharge outcomes. Where possible, please also give an indication of realised or expected impact on reducing delays. This might include:

- Progress in securing additional workforce, or increasing hours worked by the existing workforce

Good progress has been made in the implementation of schemes. It is envisaged that all schemes will be in place by mid-January. The majority of schemes are already in place, in particular those supporting assessments, domiciliary care, assessment stepdown beds and the voluntary sector

- Progress in commissioning additional domiciliary care and intermediate care capacity

Good progress has been made here, the service will be fully operational by mid-January.

- Other activity funded through this additional funding

A new approach has been implemented around a push and pull model, in particular concentrating on pathway 0, 1 and 2. MDT in place to support and expedite discharges for acute wards

Please note that the figures above represent 2 different months 1 in October and the other in December.

It is important to note that although the ASC discharge fund is welcomed the total for ASC overspend is £3.3M

Data is sourced from the Covid-19 daily patient discharge sitrep and in line with the categories for discharge location required by that return, namely:-

- Domestic home*
- Care Home*
- Designated Setting*
- Hospice*
- Community Rehab Setting*
- Other Place*
- Hotel*

We have aligned these to the requested categories for this return as best possible, but have no way to split care home out into nursing / residential care, so have applied a 50/50 split. Due to the complexity of the North Yorkshire and York HWB board footprints, the Overall Acute provider data has had to be proportionally split based on the number of non-elective admissions to the main hospital provider (York & Scarborough NHS Teaching FT) by ICB Sub-Place (North Yorkshire and Vale of York), and then the 'Vale' elements (Selby and South Hambleton & Ryedale) split out based on the proportion of GP registered patients for Vale and the City of York. If there is a recommended source for this data which is more appropriate could that be conveyed through the technical guidance? Spend to date is based on costs incurred up until 31st December 2022 only and includes the impact of schemes which we went at risk for prior to funding being received. The capacity impact assessment is currently based on a subjective assessment of the corresponding impact the spend relates to, it has not yet been possible to establish and implement a robust process to identify this and it is unclear exactly what this is intended to be measuring overall impact on potential to discharge or the additionality only of these schemes.

Narrative section 2 - Information to support evaluation

Please use this section to briefly describe:

- i) Any barriers/challenges you have faced in spending the ASC DF
- ii) Level of confidence in your ability to spend the funding to impact on discharge delays.

Once completed, this activity return should be sent to england.bettercarefundteam@nhs.net by 6 January 2023.