

AGENDA SUPPLEMENT

Health and Wellbeing Board

To: Councillors Runciman (Chair), Craghill, Looker and Waller
Siân Balsom – Manager, Healthwatch York
Dr Emma Broughton – Joint Chair of York Health & Care Collaborative
Zoe Campbell – Managing Director, Yorkshire, York & Selby - Tees, Esk & Wear Valleys NHS Foundation Trust
Sarah Coultman Lovell - York Place Director
Jamaila Hussain - Director of Prevention & Commissioning, City of York Council
Shaun Jones – Interim Director, Humber and North Yorkshire Locality, NHS England and Improvement
Martin Kelly - Corporate Director of Children’s and Education, City of York Council
Simon Morritt - Chief Executive, York & Scarborough Teaching Hospitals NHS Foundation Trust
Mike Padgham – Chair, Independent Care Group
Alison Semmence - Chief Executive, York CVS
Sharon Stoltz - Director of Public Health, City of York Council
Lisa Winward - Chief Constable, North Yorkshire Police

Date: Wednesday, 18 January 2023

Time: 4.30 pm

Venue: The George Hudson Board Room - 1st Floor West Offices (F045)

The Agenda for the above meeting was published on **9 January 2023**. The attached additional documents are now available for the following agenda item:

9. Urgent Business - Better Care Fund Update (Pages 1 - 12)

This paper provides the Health and Wellbeing Board with an update on the allocation of the Adult Social Care discharge funds.

The Chair has agreed to accept this item as urgent business under the Local Government Act 1972 on the grounds that the funds were allocated in December 2022 and it requires ratification before the next scheduled meeting.

This agenda supplement was published on **17 January 2023**.



Health and Wellbeing Board

18 January 2023

Report of: Jamaila Hussain Corporate Director of Adults and Integration

£500m Adult Social Care Discharge Funds Update:**Summary**

1. This paper provides the Health and Wellbeing Board with an update on the allocation of the Adult Social Care discharge funds. The Better Care Delivery Group has led on this to ensure that all partners across the system have been involved in putting forward schemes that focus on discharge and flow.
2. The application of funds is ring fenced to schemes that focus on discharge only rather than admission avoidance and the BCF Delivery Group convened a number of extraordinary meetings to ensure a single agreed approach using current data and performance metrics.

Background

3. Earlier in 2022 additional £500m funds by the Government were made available in recognition the pressure all councils were facing within Adult Social Care in terms of financial sustainability, workforce sustainability, market sustainability and social care reform implementation. Alongside this the additional introduction of a CQC assurance process commencing in April 2023.
4. There has been a delay in monies being allocated whilst further national discussions were held regarding to the administration of the funds and further health negotiations.
5. This resulted in a change in the initial allocation to council and a shift in the administered and split the funds at ICS and Council level. 60% of the funding has been made available to the ICS and 40% directly to Councils, the table below shows the funds available on a place footprint. However, the fund requirement is still to

support adult social care to discharge patients out of hospital alongside health, voluntary and community partners.

ICS York Place	£1,006,902
City of York Council	£609,834

Main/Key Issues to be Considered

6. The criteria set for the use of the fund is quite descriptive and focusses primarily on the supporting discharges out of the Acute Hospital Trust. The criteria sets out a BCF approach that recognises the support of a wider system to ensure that people are discharged from hospital in a timely way.
7. Several workshops have been held by NHSE/I and the BCF National Team to ensure systems understand the use of the monies and specific support to adult social care is embedded as part of the delivery of the fund.
8. The BCF Deliver Group has met several times and agreed a BCF system plan that will support discharge of patients out of hospital into the most appropriate care setting.
9. Although the Adult Social Care Discharge Fund constrained the use of the fund only to use for discharge. The BCF Delivery Group are committed to supporting the Health and Wellbeing Board Strategy (HWBB) as well as meeting the HICM set out in the BCF plan 22/23, and this is clearly reflected in the plan outlined in the table below.
10. A home first week also took place mid November this week enable a specific focus on what challenges are there within the trust and with partners to delays in discharge and patients returning home. The Adult Social Care Discharge Schemes put forward are also in conjunction with the learning from this week led by Anita Griffiths, social care leads, housing and health.
11. The attached return in Appendix 1 highlights a list of schemes in place.

Schemes

12. Community In-reach Discharge Team. This is a multi-disciplinary team complete with therapy, social work, mental health, and liaison services. This service will in-reach in the hospital to expediate discharges. Data shows that most patients on pathways one and two take between 5/8 days to discharge and for some of the time in hospital can considerably increase if this window is not achieved. The in-reach team will look to reducing the discharge time to between 1-5 days depending on complexity. To ensure this scheme is successful the delivery group have underpinned this with several care and support schemes identified within table above.
13. Extension of additional 400 hrs of Rapid Response Home Care. This scheme is currently in place and is working well supporting the 'early discharge of patients' home within 24 hrs of referral.
14. Voluntary Sector Supported Discharge. This scheme will provide additional transport, pop in visits and safe at home arrival, this ensures homes are warm, shopping completed, and the person is settled in once discharged.
15. Local Area Co-ordination to be part of the MDT in-reach team, this will support early discharge home with community oversight.
16. Community Response Team additional care at home support complimenting rapid response but support individuals with higher care needs of 4 plus double call a day. Initially supporting 4 patients on a rolling basis 22/23 moving to 8 in 23/24. This service will link closely with reablement, brokerage and rapid response ensuring flow.
17. Additional OT support into reablement to support flow in the provision this has been a tested model and alongside the commissioner have significantly reduced reablement waits from 53 to 3.
18. Time to Think Beds, there are several patients who require further assessment however are self-funders, these beds will allow patients the opportunity to be assessed and allow long-term decision-making time.

19. Step Down Beds, additional 7 beds to support further step down and assessment to ensure longer term decisions are made in a timely way.
20. TEWV: Awaiting further information
21. Additional support to alcohol services to support early discharge and reduce LoS for people with complex needs.

All schemes outline a targeted approach to discharges. The MDT will support earlier in-reach ensuring patients who are ready for discharge are moved out of an acute setting as quickly as possible and additional provision will ensure flow and patients are supported with the right care at the right place. So schemes are likely to change as further guidance is released.

Options

22. The Health and Wellbeing Board are asked to note the report. Agreement of schemes have been reached outside of the board due to timescales and 16th December deadline for submission. All partners engaged with the BCF Delivery Group have had an opportunity to be engaged in the process.
23. The DASS and S151 Officer have delegated HWBB authority to sign off the schemes before the next HWBB.

Governance

24. There are two national templates that will have to be completed and returned to BCF National Team and NHSE/I fortunately, additional funds have been made available for administration. Updates will be provided to partners at the regular system meeting held every Friday as well as the York Health and Care Partnership and HWBB

Strategic/Operational Plans

25. The List of schemes can be found in section 1. The schemes outlined for the purpose of the report are highlighted in white. The other schemes provide an outline of other initiatives supporting discharge and admission avoidance.

Implications

26. This report is an update on previous BCF report and there are no significant implications.

27. **Financial**

Further discussion are being held with North Yorkshire to ensure that previous schemes funded at risk are appropriately costed and attributable to each organisation. For example, the Overdene beds are only utilised as an 80/20 split and therefore the York place contribution will be on a proportionate basis.

- **Human Resources (HR)**

N/A

- **Equalities**

The BCF Plan ensure equally access to all individual meeting the criteria.

- **Legal**

N/A

- **Crime and Disorder**

N/A

- **Information Technology (IT)**

Work to commence to ensure capture of discharge information is correct

- **Property**

N/A

- **Other**

N/A

Risk Management

28. The situation is quite challenging, and all schemes will be monitored weekly to ensure flow out of the acute setting.

Recommendations

The Health and Wellbeing Board are asked to:

- i. Ratify the allocation of the Adult Social Care discharge funds
- ii. Note the contents of the report
- iii. Note that updates will be provided to the partnership monthly

Reason: To keep the Board updated on the allocation of the Adult Social Care discharge funds.

Contact Details

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Report Approved Date 15/01/23

Wards Affected:

All

For further information please contact the author of the report

Appendixes:

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

Glossary

HWBB: Health and Wellbeing Board
BCF: Better Care Fund
LoS: Length of Stay
DASS: Director of Adult Social Services

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

Health and Wellbeing Board	York	
Contact name and email	Dawn Hobson	Dawn.Hobson@york.gov.uk
<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.