
To: Coventry Health and Wellbeing Board

23 January 2023

From: Peter Fahy – Director of Adult Services and Housing

Madi Parmer – Chief Finance Officer, NHS C&W ICB

Title: Adult Social Care Hospital Discharge Grant 2022/23

1 Purpose

To seek approval of the Coventry Adult Social Care Hospital Discharge Fund allocations and submissions for 2022/23.

This approval is sought retrospectively due to the DHSC submission timescales falling in advance of the required sign-off meetings and the need to make urgent progress with the grant to support the alleviation of system pressures. There is however the opportunity to reprofile or amend spend proposals as the grant period progresses.

2 Recommendations

1. Health and Wellbeing Board is asked to note the content of this report and to support the attached Discharge Fund Grant allocations for 2022/23

3 Information/Background

On 22 September 2022 the government announced a £500 million Adult Social Care Discharge Fund. On 18 November 2022 further detail on the grant allocations and conditions of use were issued via a letter from the Minister for Social Care.

The grant is to be pooled into the Better Care Funds with £300m allocated to ICBs and £200m allocated to Local Authorities.

The relative allocations from this amount are:

- Coventry City Council: £1.292m
- Warwickshire County Council: £1.862m
- Coventry and Warwickshire ICB: £6.715m

The funding will be provided in 2 tranches – the first (40%) in December 2022, and the second (60%) by the end of January 2023 for areas that have provided a planned spending report and fortnightly activity data.

The grant covers the period from 23 September 2022 to 31 March 2023 and required a completed template on usage for each Health and Well Being Board area to be submitted to the Department for Health and Social Care by 16 December 2022.

Prior to submission the template required approval from the CEO of the ICB and the City Council. Health and Well Being Board (HWBB) approval is also required but due to the timescales associated with completing the required usage template this is being sought retrospectively.

Although the funding is non-recurrent, further grant provision for 23/24 and 24/25 was announced on 17 November through the Better Care Fund to support discharge, but no detail is available yet on local allocations or the accompanying conditions.

4. Use of the Grant

The grant is expected to be used to:

‘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. Discharge to Assess (D2A) and provision of homecare is recognised as an effective option for discharging more people in a safe and timely manner. Residential care to meet complex health and care needs may be more appropriate for people who have been waiting to be discharged for a long time 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’.

A set of appropriate schemes against the grant conditions were identified and agreed between system partners resulting in the below split of funding between HWBB areas:

Place	Allocated	Proportion
Coventry City Council Grant	1,292,552	
C&W ICB Coventry Place	2,616,241	
Total Coventry Place	3,908,793	40%
Warwickshire County Council	1,862,153	
C&W ICB Warwickshire Place	4,098,443	
Total Warwickshire Place	5,960,596	60%
Total C&W Allocation	9,869,389	

The joint fund is therefore fully committed for this year as proposed and the Health and Well-Being Board split is broadly in line with the notional 'fair share' allocation as calculated using NHSE's national place-based allocation tool methodology.

5. Use of the fund

For Coventry the fund will be used across the following schemes:

5.1 Securing existing discharge capacity

To support the health and care system and enable discharge from hospital both the Local Authority and the ICB has continued to purchase care packages and care home placements to meet discharge demand. This included the continuation of capacity previously funded through the Hospital Discharge Grant which ceased on 31 March 2022 plus capacity above this level.

Colleagues at DHSC have confirmed that funding committed from the date of the policy announcement on 22 September can be set against the grant until 31 March 2023. Doing this is critical as without a funding source such capacity would be withdrawn.

In addition to this Home Support discharge capacity is at risk of being unable to maintain the level of supply required over the winter. An element of the grant will be used to provide an incentive payment to pathway 1 (Discharge to Assess (D2A) capacity providers until 31 March 2023.

5.2 Funding additional packages of care

It is important that where someone is ready for discharge from hospital but requires support from social care or health to enable that discharge that there are resources in place to fund the required package of care.

It is important to not use lack of resources as a reason for a delay, not only does efficiency in discharge support the best outcome for our residents but it secures access to hospital provision for those that need it. On that basis a significant element of the grant will be to fund additional support packages over the period of the grant. This is demand dependent and not a fixed amount and should the initial allocation be reached before the end of March 2023 a process of transferring resources between schemes will take place to maximise the impact and effectiveness.

Within this additionality is extra care and support for an individual if required to enable them to return to their original care location – this could be in the form of 'bridging support' to enable a person to return to their care home or housing with care scheme and/or additional support following returning to a care home to ensure any temporary and additional needs are met.

5.3 Dealing with the practical barriers to discharge

There are several practical issues that can be a barrier to discharge largely associated with ensuring people have a liveable home to return to. Considering that when discharged from hospital people often need a period of recovery at home the practicalities like access to food, credit for gas/electricity meters etc can present a barrier to going home. Additionally, for some people who may not need any care and support following a stay in hospital returning home is not immediately viable and a short stay in bed and breakfast accommodation would be appropriate. An element of

the grant will be allocated to ensuring that the funding of ad hoc support required to facilitate a discharge is not a barrier.

Specific allocation will be made available for equipment enabling people to access this in temporary situations to support recovery, this might include a period of respite with family or in more formal settings.

5.4 Incentivising Care and Support staff

The social care market has high turnover of staff. This is a particular risk to the ability of social care services that support discharge. High levels of vacancies for care staff will reduce the ability to facilitate discharges and to mitigate this and provide an incentive for care and support staff over the grant period a voucher incentive scheme is proposed In Coventry. The detail and application of this is still being determined.

5.5 Providing additional staff resource

The provision of increasing levels of care and support and maintaining existing provision so that performance does not deteriorate is of course a legitimate and important use of the grant. However, making effective use of capacity is also critical.

The additional staffing proposals that will be progressed using the grant and rationale are:

- Integrated Discharge Team (IDT) – this is a UHCW team that support wards with ward led discharges where no or limited social care is required. Additional staff resource will reduce the time taken to achieve hospital led discharges.
- Community Discharge Team – this is the City Council adult social work team based at UHCW working extended hours including weekends. Increasing the capacity in the team, combined with the ability to source additional care where required will help reduce the duration of any delays.
- Occupational Therapy and Physiotherapy support – increasing therapy support will both reduce the length of stay in D2A services (hence creating capacity to provide a service to more people) and reduce the need to source ongoing care and support services
- Mental Health Social Work – increasing the mental health social work support available will enable individuals to be worked with more intensely to arrange a safe and effective discharge and enable further consideration of the potential for discharge to assess models.
- Community social work – increasing capacity specifically focussed on this area of activity will improve move on once in a D2A service. This will free up capacity for further discharges.

6. Contribution to meeting the aims of the ICS

Improving outcomes in population health and healthcare: The Hospital Discharge Grant as part of the BCF underpins a number of integrated schemes in delivering national planning priorities and in improvements on delivery of urgent care.

Tackling unequal outcomes, experience and access: The plan includes schemes to manage accessibility to support tackling unequal outcomes by enabling discharge.

Enhancing Productivity and value for money: An integrated approach to supporting Discharge and Acute performance/productivity with reviews to be undertaken prior to longer term investment decisions. Joint reviews with Councils have been undertaken.

Supporting the broader social and economic development of Coventry and Warwickshire: Plans include work programmes across wider partners and providers.

7. Progress so far

The DHSC have previously confirmed that spending plans could progress as soon as agreed locally and, on that basis, from the point that spend proposals were agreed on completion of the template submission required by 16 December the City Council and the ICB have been working to secure the required resources across all areas of the plan. Due to system pressures some flexibility has been exercised in usage of the grant in order to achieve the overall grant objectives of supporting discharges. These flexibilities have remained broadly within the schemes described in Section 5.

Since the use of the grant was agreed additional care home beds have been secured to support discharge over this period along with additional home support hours. Social Care supply that specifically supports discharges that was at risk over the winter period has also been secured. The availability of staff has been a limiting factor to some proposals however recruitment agencies were engaged early with some additional Occupational Therapist and Social Work capacity secured.

8. Management, Monitoring and Review

The fund will be pooled within the existing Better Care Fund on a ring-fenced basis, with funds budgeted scheme by scheme as contained within the DHSC submission template (appendix 1). All schemes are also included within master tracking workbook held by the ICB which will be used to monitor spend and impact/progress.

For schemes that are funded via the ICB allocation but not delivered by the ICB cash can be drawn down and reimbursed by the delivery organisation against each scheme as proven expenditure is incurred; this process will be managed and authorised by ICB CFO/CEO. For agreed schemes delivered by the ICB an internal fund transfer will be made as spend is incurred. Any slippage against any scheme will be held centrally at ICB level.

For schemes funded through the local authority allocation and delivered by the local authority evidence of spend and impact will be provided to the ICB. Any proposals for reallocation of funding from either the local authority or ICB elements will be jointly agreed as is normal practice for BCF related spend.

Schemes that are delivering significant benefits against the measurable KPIs and likely to overspend against the initial allocation may be considered for additional funds against slippage through a process to be managed by the ICB in conjunction with the Local Authority.

DHSC will also require fortnightly reporting in terms of effective impact against the schemes with the first template for return on 6 January 2023. The completion of the template will be managed via the ICB with the metrics associated with the fund being:

- the number of care packages purchased for care homes, domiciliary care and intermediate care (to be collected via a new template);
- 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 base occupied by patients who do not meet the criteria to reside, by trust.

DHSC have not set overall targets for each of these metrics but will provide a picture during and after winter of the impact of the spend.

As the grant is only confirmed until 31 March 2023 schemes will be managed in a way that minimises the risk of ongoing unbudgeted services being in place beyond this date. A full assessment of recurrent costs and impact will be conducted and a prioritisation process will be undertaken to agree the prioritisation of schemes which can continue beyond 31 March 2023 subject to confirmation of grant provision for 2023/24 and 2024/25.

9. Options Considered and Recommended Proposal

Coventry Health and Well Being Board is recommended to approve the Adult Social Care Hospital Discharge Fund Plan 22/23.

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