

Meeting of Integrated Care Board Open Board Meeting

Date: Thursday 1st December 2022

Time: 9:00 am

Location: MS Teams

Agenda Number :	6.4
Title:	Adult Social Care Discharge Fund
Purpose: Decision	
Key Points for Discussion:	
<p>On the 18 November 2022 there was an allocation to Bristol City Council, North Somerset Council, South Gloucestershire Council and BNSSG Integrated Care Board to accelerate discharges to the most appropriate setting. This paper requests delegated authority to the BNSSG ICB Chief Executive Meeting on the 15th December to agree the spending plans for submission, and the fortnightly monitoring of the activity plan to BNSSG ICB Chief Executive Meeting.</p>	
Recommendations:	<p>To approve the delegation of the agreement of the spending plans to the BNSSG ICB Chief Executive Meeting on 15th December 2022.</p> <p>The fortnightly monitoring of the activity plans will also be undertaken at the BNSSG ICB Chief Executive meetings.</p> <p>The Spending plans will also be considered via the three Health and Wellbeing Boards.</p>
Previously Considered By and feedback :	<p>The spending plans will be developed following engagement with the Care Sector, Commissioning Leads and signed off by the Directors of Adult Social Care and the Chief Operating Officers across BNSSG.</p>
Management of Declared Interest:	<p>There are no Conflicts of Interest in this paper, each of the respective statutory organisations have an agreed S75 agreement within the Better Care Fund.</p>
Risk and Assurance:	<p>The allocation is non-recurrent and schemes will need to spent on services that can be put in place quickly and terminated quickly.</p> <p>There is potential for some of the schemes to be against the direction of travel for Home First.</p> <p>The Activity Plan will be monitored at the BNSSG Chief Executive Meeting fortnightly after the first submission on 30.12.22.</p>
Financial / Resource Implications:	<p>The following allocation has been made</p>



	<p>Bristol City Council - £1,690,305 North Somerset Council - £769,955 South Gloucestershire Council -£779,205 BNSSG Integrated Care Board -£8,315,800</p> <p>The allocations must be pooled and be an extension to the Better Care Fund for 2022/23.</p>
Legal, Policy and Regulatory Requirements:	The funding will be in an extension of the Better Care Fund and pooled in the existing section 75 agreement.
How does this reduce Health Inequalities:	The additional funding will support patients being discharged earlier into the appropriate clinical environment. This will not directly reduce health inequalities.
How does this impact on Equality & diversity	The paper is requesting delegated authority as the schemes have not yet been developed to undertake an Equality Impact Assessment.
Patient and Public Involvement:	At this stage there has been no engagement with the public.
Communications and Engagement:	Communication and engagement will be undertaken via Winter Communications.
Author(s):	Lisa Manson
Sponsoring Director / Clinical Lead / Lay Member:	Lisa Manson

Agenda item:6.4

Report title: Adult Social Care Discharge Fund

1. Background

Nationally, there are challenges in ensuring timely discharge from Acute and Community Settings. An additional allocation has been made available to all systems in England. The allocation is based on two parts fair shares and a weighting to the systems with the poorest performance on discharge. Adult Social Care Discharge Fund was released to Local Authorities and Integrated Care Boards on the 18th November 2022.

The Allocation is split in the following way:-

Bristol City Council - £1,690,305
North Somerset Local Authority - £769,955
South Gloucestershire Local Authority -£779,205
Bristol, North Somerset and South Gloucestershire Integrated Care Board -£8,315,800

The allocation must be pooled and be an extension to the Better Care Fund 2022/23. Spending plans by Local Authority Area are required to be submitted by 16th December 2022 and subsequent fortnightly activity plans from 30.12.2022.

2. Process for Developing Spending Plans

The spending plans will be developed following engagement with the Care Sector and Commissioning Leads and signed off by the Directors of Adult Social Care and the Chief Operating Officers across BNSSG. At this stage all the spending plans will be non-recurrent and based on delivering measurable improvements to the following Better Care Fund Metrics:

- 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.

NB BNSSG will also submit number of NCTR in the community

The spending plans will be submitted to the BNSSG Chief Executive Meeting on the 15th December 2022 for approval and the activity monitoring will be approved via the Chief Executives meeting on a fortnightly basis from 30 December 2022.

3. Financial Proposal

The allocation to the Integrated Care Board is £8,315,800, which exceeds the delegated authority to the Chief Executive. Therefore, this paper is asking for delegated authority from the Board to the BNSSG Chief Executive Meeting on the 15th December 2022 to approve the 3 spending plans for submission on the 16th December. All 3 spending plans will also need to be considered by the 3 Health and Wellbeing Boards.

4. Legal implications

The funding will need to be pooled as a non-recurrent extension to the existing Better Care Fund for 2022/23, and will be monitored on a fortnightly basis to 31.03.23.

5. Risk implications

The non-recurrent allocation means that some schemes that may be identified in the 3 spending plans are not in the agreed strategic direction of home first.

6. How does this reduce health inequalities

The spending plans have not yet been developed.

7. How does this impact on Equality and Diversity?

The spending plans have not yet been developed and an Equality impact assessment will be undertaken after the 3 spending plans are agreed.

8. Consultation and Communication including Public Involvement

There will be no direct communication or consultation with the public about these plans, communication and consultation will be via winter communications.

Appendices

Adult Social Care Discharge Fund – allocations, conditions and metrics



Appendix to ASC
Discharge Fund item



To:
CEOs of Integrated Care Boards
CEOs of Local Authorities
Directors of Adult Social Services
CEOs of NHS Acute Trusts
CEOs of Mental Health Trusts
CEOs of Community Trusts

Friday 18 November 2022

Dear colleagues,

Adult Social Care Discharge Fund – allocations, conditions and metrics

I am pleased to share details of the £500 million Adult Social Care Discharge Fund (“the Fund”), which was announced as part of [Our plan for patients](#) on 22 September. I know this has been much anticipated since it was announced.

Delays to discharging people from hospital when they are fit to leave continue to be a significant issue and have been highlighted in the conversations I have had in recent weeks with local authorities (LAs), and social care and NHS providers. Not only does this mean fewer hospital beds available for those who need them; it also means people who would be better off recovering at home or in residential care are instead spending too long in hospital.

The Secretary of State and I thank you for your patience in waiting for further details.

We know all parts of the country are facing these challenges. The funding will be allocated to achieve the maximum reduction in delayed discharge:

- £200 million will be distributed to LAs, based on the adult social care relative needs formula (RNF).
- £300 million will be distributed to Integrated Care Boards (ICBs), targeted at those areas experiencing the greatest discharge delays. This is based on a combination of i) a fair-shares distribution based on 2022 to 2023 ICB weighted populations¹ (25% of ICB funding) and ii) a discharge metric flexed to reflect the size of the ICB weighted population (75% of ICB funding).

We expect you to pool the funding into the Better Care Fund (BCF). The funding will be provided in two 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 weekly activity data, and have met the other conditions.

See Annex A for more details of the distribution approach.

¹ [NHS England » Supporting spreadsheets for allocations 2022/23](#)

What the Fund will be used for

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.

Funding should prioritise those approaches that are most effective in freeing up the maximum number of hospital beds and reducing bed days lost within the funding available, 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.

Funding can also be used to boost general adult social care workforce capacity, through staff recruitment and retention, where that will contribute to reducing delayed discharges.

In some areas where there are particular delays to discharge of patients with long hospital stays – for instance those with particularly complex care needs – a concerted focus on supporting discharge of these patients may be important to free up hospital capacity.

Working together

It is crucial that health and care systems and providers work together across health and social care to meet the care needs of people and make best use of available resources. This includes coming together as joint teams involving NHS organisations, local authorities and social care provider representatives, for instance under the umbrella of Integrated Care Partnerships. The Department expects to work with NHSE and local authorities to support the sharing of good practice and assess the impact of the Discharge Fund.

Partners will need to bring together information across health and social care to monitor and improve the functioning of the discharge pathway. Along with drawing on NHS information tools, NHS bodies and LAs should make use of the Capacity Tracker, at a minimum in line with the [Adult Social Care Provider Provisions statutory guidance](#), to identify vacancies when a patient requires bed-based care and is unable to return to their usual place of residence. Further information on Capacity Tracker requirements and recommendations can be found in annex B, **Funding conditions**.

Updated Hospital Discharge and Community Support guidance will be published to explain new legal requirements around discharge and enable relevant trusts to adhere to them accurately. The guidance has been produced with NHS England to cover the duty to cooperate and the duty to involve patients and carers in discharge planning as soon as it is feasible and where appropriate. I would like to underline the importance of considering the needs of carers who may bear much of the load of caring for someone when they are discharged from hospital and who will often need to be supported by professional health and social care workers.

Upcoming publications

I want to be clear that the government recognises that discharge is just one of several pressures facing the provision of health and social care as we head into winter. For example, we also know that supporting people in their own homes is essential for the health of individuals and to avoid unnecessary admissions to hospital. We are absolutely committed to ensuring those providing and accessing care are prepared and supported to manage these

demands. We will publish our full package of support for adult social care in the coming weeks.

This will include an **Adult Social Care Winter Statement**, which will set out what steps are being taken to support the care sector this winter, and actions for local systems to ensure they are as resilient as possible during the colder months. It will include the updated **Hospital Discharge and Community Support guidance** mentioned above, and further details about the **National Discharge Frontrunners programme**. Finally, we will publish the **Workforce Recruitment and Retention Fund (WRRF) evaluation**, to support the sector to prepare for this winter and support local areas in developing their plans on how to best utilise the workforce portion of this Fund.

The past few years have been some of the most challenging those working in our health and care sector have faced, and you have shown incredible commitment and resilience throughout. Thank you for all that you do.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'Helen Whately', with a large, sweeping flourish at the end.

Helen Whately MP
Minister for Social Care

Annex A

Summary of ASC Discharge Fund distribution approach

The Adult Social Care Discharge Fund will be pooled into the Better Care Fund (BCF) and divided as follows:

- £300 million will be allocated to ICBs using NHS England's methodology based on a combination of i) a fair-shares distribution based on 2022 to 2023 ICB weighted populations² (25% of ICB funding) and ii) a discharge metric flexed to reflect the size of the ICB weighted population (75% of ICB funding). For the 75% of ICB funding based on discharge data, the allocation shares are calculated as the ICB weighted population share weighted by the proportion of occupied beds with patients remaining in hospital who no longer meet the criteria to reside relative to the England proportion. All allocations are then rescaled by the same factor, to ensure the total matches the available quantum. We have used the published management information on the number of patients remaining in hospital who no longer meet the criteria to reside³ and the number of adult general and acute occupied beds⁴. We have used the July to September averages, limited to acute trusts with published discharge data (acute trusts with a type 1 A&E department and excluding specialist trusts). Where there is only data published at trust level (e.g., occupied beds), we have used the 1-1 published trusts to ICBs mapping for financial planning and reporting purposes⁵, in line with the published discharge data.
- £200 million will be allocated to local authorities based on the Adult Social Care Relative Needs Formula. Where there have been LA boundary changes, we have used the same ASC RNF allocation shares as those in the Department of Levelling Up, Housing and Communities (DLUHC) final local government finance settlement for 2021 to 2022. This applies to the LA geography changes in April 2019 (Dorset, and Bournemouth, Christchurch and Poole unitary authorities) and in April 2021 (North Northamptonshire and West Northamptonshire unitary authorities).

A full list of the Fund's allocations can be found at

<https://www.gov.uk/government/publications/adult-social-care-discharge-fund-local-authority-and-integrated-care-board-icb-allocations>.

² [NHS England » Supporting spreadsheets for allocations 2022/23](#)

³ [Statistics » Hospital discharge data \(england.nhs.uk\)](#)

⁴ [Statistics » Critical care and General & Acute Beds – Urgent and Emergency Care Daily Situation Reports 2022-23 \(england.nhs.uk\)](#)

⁵ [Other NHS organisations - NHS Digital](#)

Annex B

Funding conditions

We have set out the conditions for receipt of Funds in an addendum to the BCF framework. LAs and ICBs will be requested to use the Fund 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.

To demonstrate this, LAs and ICBs will be asked to work together to provide:

- a plan for spending the funding, which will be an addition to existing BCF plans, due 4 weeks after funding conditions are published. This should outline how the LA plans to increase expenditure on discharge in comparison to their BCF plan. The Department expects to receive one planned spending report per LA;
- fortnightly activity reports, setting out what activities have been delivered in line with commitments in the spending plan. Spending plans should be submitted by 16 December 2022, and the first activity report should be submitted on 30 December 2022; and
- a final spending report provided to the Department alongside the wider end of year BCF reports by 2 May 2023.

The second tranche is contingent on receipt of an initial completed planning template (to be submitted 4 weeks after details of the Fund are published) and meeting of the funding conditions.

As a condition of funding, all local authorities, ICBs and trusts will need to engage with a review in January 2023. Where there are significant challenges, local areas will be offered a package of support to encourage improvement. In these cases, the expectation will be that local areas will implement the recommendations provided by the support programme teams.

There will also be an expectation that all ICBs, trusts and LAs fulfil any existing data collections and continue to engage with data improvement programmes already under way. This forms part of the requirements for receiving the second tranche of funding.

As a minimum social care providers must keep the required Capacity Tracker data updated in line with the [Adult Social Care Provider Provisions statutory guidance](#), however it is acknowledged that more frequent updates to bed vacancy data is essential for operational purposes. We recommend updating bed vacancy data daily, where possible, as this information can be used by local discharge and brokerage teams when planning patient

discharges. Keeping this data up to date is imperative for ensuring that patients are discharged to the right place for their specific care needs. It also assists with keeping both staff and residents as safe as possible by ensuring providers can accept admission of residents whose specific care needs can be met.

Annex C

Monitoring

Along with returns on the number of care packages purchased, the Fund will be monitored using the following metrics:

- 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); and
- the proportion (%) of the bed base occupied by patients who do not meet the criteria to reside, by trust.

These metrics have been selected because they are robust, timely, and minimise new burdens. Due to the nature of the Fund allowing for flexibility to respond to local challenges, we have not set overall targets for each of these metrics. Rather, these metrics should guide decisions on how systems spend the funding and will provide a picture during and after winter of the impact of that spend.