

Health and Wellbeing Board (HWB) Paper

1. Reference Information

Paper tracking information	
Title:	National Hospital Discharge Funding
HWBS Priority - 1, 2 and/or 3:	<ul style="list-style-type: none"> • Priority 1 Supporting people to lead healthy lives by preventing physical ill health and promoting physical well-being • Priority 2 Supporting people's mental health and emotional well-being by preventing mental ill health and promoting emotional well-being • Priority 3 Supporting people to reach their potential by addressing the wider determinants of health
Outcomes/System Capabilities:	Linked to all outcomes
Priority populations:	Surrey-wide and all priority populations
Principles for Working with Communities (delete as appropriate):	<ul style="list-style-type: none"> • Co-designing: 'Deciding together' • Co-producing: 'Delivering together'
Interventions for reducing health inequalities (delete as appropriate):	<ul style="list-style-type: none"> • Civic (and System) Level interventions • Service Based interventions
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HWB meeting date:	21 December 2022
Related HWB papers:	N/A
Annexes/Appendices:	N/A

2. Executive summary

In the Autumn Statement, £500m was announced as an Adult Social Care discharge fund. The fund is distributed to areas via the ICB (60%) and Local Authorities (40%). The fund will be pooled into the Better Care Fund and agreed between the Integrated Care Board (ICB) and Health and Wellbeing Board (HWB) on what it needs to be spent on.

Guidance states 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.

A submission is required by 16 December detailing what Surrey plans to spend the money on. Based upon this successful submission and associated activity reporting from 30 December, the funding will be provided in 2 tranches – the first (40%) in December 2022, and the second (60%) by the end of January 2023.

Through discussion between the Chair and CEO of Surrey Heartlands ICB and the Chair and CEO of Surrey County Council and representative Executive members, it has been agreed the first priority of funding is for Discharge to Assess (D2A) in Surrey Heartlands (SH) and Frimley. The exact values required for this are subject to confirmation, but in the region of £6.3m.

The remaining value of the fund, c£2m will be spent on the following three targeted cohorts subject to business cases and a cost benefit analysis going to ICS Executives at a later stage.

- Supporting discharge for people with complex needs in Mental Health in-patient settings.
- Supporting self-funders to source ongoing care arrangements (but not fund the cost of ongoing care packages).
- Pathway 3 placements outside of D2A.

If SH or Frimley start to develop a financial gap on D2A during this financial year we will need to review our use of the c£2m on these remaining 3 schemes.

3. Recommendations

The Health and Wellbeing Board is asked to approve the following:

1. D2A will be the priority scheme funded from this grant c£6.5m
2. Any remaining monies once D2A has been funded, c£2m, will be spent on the priority cohorts of Mental Health, Self-Funders and P3 placements (outside of D2A), subject to a business case and agreement at ICS Execs.
3. If Surrey Heartlands or Frimley develop a funding gap on D2A as the year progresses, we will review the use of this £2m and potentially re-prioritise.

4. Reason for Recommendations

The schemes identified for funding within Surrey prioritise those approaches that are most effective in freeing up the maximum number of hospital beds and reducing bed days, in line with the national grant conditions.

The proposals support both the Discharge to Assess model which we know positively impacts on the flow of patients out of acute Trusts, as well as supporting some of our Surrey-specific challenges such as self-funders and mental health patients.

5. Detail

Please note, the following financial values are still indicative and subject to amendment based upon final evaluations.

Proposed use of Surrey’s National Hospital Discharge Fund:

Surrey Heartlands ICB		Frimley ICB		Surrey County Council	Total funding to be spent in Surrey
Total funding allocation	Of which agreed to be spent in Surrey	Total funding allocation	Of which agreed to be spent in Surrey	Total funding allocation	

Grant allocations	£5,036,462	£5,036,462	£887,009	£187,624	£3,328,864	£8,552,950
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Schemes						
Mental Health		£250,000			£250,000	
Support for self-funders		£66,667			£66,667	
Surrey Heartlands Discharge to Assess model		£4,719,795		£1,408,425	£6,128,220	
CHC/Fast track discharges		£0			£0	
ASC pathway 3 discharges outside of D2A				£1,920,439	£1,920,439	
Frimley Discharge to Assess costs				£187,624	£187,624	
Total planned schemes		£5,036,462		£187,624	£3,328,864	£8,552,950

1. Funding Discharge to Assess (D2A) in Surrey Heartlands (SH) and Frimley .

- D2A is a package of care which supports patients to be discharge from hospital to place of residence where an assessment on their ongoing care needs takes place (instead of assessment taking place in hospital).
- During Covid, all patients – regardless of funding position – were provided D2A for 6 weeks.
- Surrey’s D2A model is that patients eligible for LA funding are provided D2A support for 4 weeks post discharge.
- We propose to spend c£6.3m of the fund on delivering the D2A model across Surrey County Council, Surrey Heartlands and Frimley.

- Currently SH is positioned 21/42 ICS' based on the Criteria to Reside performance metric; we would want to improve on this position utilising this additional funding.

Once Surrey Heartlands and Frimley D2A model is funded, the remaining value of the fund, c£2m will be spent on the following three targeted cohorts subject to business cases and a cost benefit analysis going to ICS Executives at a later stage.

2. Supporting discharge for people with complex needs in Mental Health (MH) in-patient settings.

- We plan to spend c£250k on supporting the discharge of patients from Mental Health inpatient settings which in turn will enable flow of MH patients out of ED departments and into acute MH beds.
- The funding will be targeted towards specific cohorts of patients with clear criteria attached and include funding of reablement services and additional home based care capacity.

3. Supporting self-funders to source ongoing care arrangements (but not fund the cost of ongoing care packages)

- Approximately 40% of patients in acute settings meet the eligibility criteria to fund their ongoing care (those eligible for ASC funding is 30%) therefore often require additional support to facilitate their discharge.
- We plan to spend c£66k on family liaison workers to support the patient and their family to navigate an unfamiliar provider market, at a time where they feel particularly vulnerable, and understand the quickest route to identifying a suitable place of residence.

4. Pathway 3 placements outside of D2A

- Pathway 3 patients are those with complex and multiple needs e.g. those with dementia, delirium.
- We plan to spend c£1.9m on incentivising the provider market to accept these complex patients – including complex mental health patients – for a 2 week period to enable greater level of assessment.
- There is capacity within the provider market to enable this to be implemented immediately, and it is estimated this would free up an additional ~50 beds. We will carry out further work on releasing these beds and over what duration.
- Across Surrey there is discrepancy in the number of step-down or reablement beds provided. In North West Surrey, we provide 60 beds which, based on our assessment, is sufficient capacity. However, in East Surrey we provide 28 beds; a different of 32. This funding will enable the gap to be closed with the obvious source of capacity being within the Care Home sector.
- Whilst we recognise and value the importance of enabling discharge from the acute, we will also continue our work supporting discharge avoidance, such as virtual wards and the development of Neighbourhood teams. We welcome this aspect of prevention and system transformation to be looked at as part of the Hewitt review and devolved to local decision making.

- It is important we look at performance measures which incorporate how and what we measure for all types of funded patients who are ready to be discharged from hospitals, and that this data is validated.

6. Challenges

Once the initial submission is made on 16 December, fortnightly activity returns are required from 30 December. The data templates have still not been released and it will be challenging to ensure we meet these data requirement within the timeframe.

7. Timescale and delivery plan

The submission has to be made to NHSE by 16 December then fortnightly data returns from 30 December.

8. What communications and engagement has happened/needs to happen?

- Surrey Heartlands ICB
- Frimley ICB
- Surrey Health and Wellbeing Board

9. Next steps

- Submit the template on 16 December detailing our planned spend of the money.
- Complete data returns (template not yet available) from 30 December fortnightly.

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