

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

Health and Wellbeing Board	North Somerset	
Contact name and email	Gerald Hunt, Julie Kell	Gerald.Hunt@n-somerset.gov.uk , julie.kell1@nhs.net
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.		
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.		

6 January 2023 first activity return only - baseline capacity assessment		
Number of discharges into adult social care 01-31 October 2022	75	Includes direct from hospital and D2A
All local authority funded social care (01-31 October 2022)		
Hours of home or domiciliary care packages	17913.92	03/10-30/10 using Actuals - dom care only excluding extra care, supported living, complex, individualised shared lives and health
Hours of reablement in a person's own home	858	Weekly Average AYC Block
Number of care home beds (complex/nursing)	372	From October Cost and Volume
Number of care home bed beds (residential)	695	From October Cost and Volume
Number of intermediate care beds	63	As it stands on 31st Oct 2022

Discharges from hospital by service (previous 14 days)		<i>Reporting period: 19th December - 1st January</i>
	Home or domiciliary care	69 P1 home
	Residential care	24 P3b care home and P3 care home (new and existing residents)
	Nursing care	0 P2 hospice
	Intermediate care	22 P2 rehabilitation bed, P2 Care home
Number of discharges by service	Other pathway one or pathway three support	0 P1 other, P1 hotel

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	4336.39		0 W/C 28/11/2022 using Actuals - dom care only excluding extra care, supported living, complex, individualised shared lives and health
Hours of reablement in a person's own home	292.25		0 Weekly AYC Block Report from LAS (Abby) - Money not yet allocated
Number of care home beds (complex/nursing)	389		0 As reported on 30/12 - Money not yet allocated
Number of care home beds (residential)	706		0 As reported on 30/12 - Money not yet allocated
Number of intermediate (reablement) care beds	63+9 new=72	Yes	As it stands on 4th Jan 2023

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? Percentage [100%/75-99%/50-74%/25-49%/<25%] drop down
Home care or domiciliary care (long term)	£0	<25%
Home care or domiciliary care (short term)	£25,265	<25%
Bed based intermediate care services	£25,000	25-49%
Reablement in a person's own home	£55,453	<25%
Care home placements (residential - short term)	£0	25-49%
Care home placements (residential - long term)	£0	<25%
Residential placements (complex/nursing)	£37,500	<25%
Workforce recruitment and retention	£230,728	<25%
Assistive technology and equipment	£47,500	<25%

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
- Progress in commissioning additional domiciliary care and intermediate care capacity
- Other activity funded through this additional funding
- New/innovative initiatives

Where you have identified a shortfall in capacity, indicate the main causal factors. Communication of advanced annual uplift for domiciliary care and social media campaigns commenced., Mobilisation of other project activity now progressing.

The BNSSG Health & Care System has been under significant pressure over the last few weeks due to issues associated with recruitment, staffing over the Christmas period & strikes, which has lead to declaring a major critical incident on 30th December 2022. We have set up a number of Escalation Calls and worked collaboratively to come up with a number of innovative initiatives and extraordinary actions to generate more flow out of the acute hospitals, these included:

- Identifying extra bedded capacity across BNSSG (64 additional beds in total)
- Working together at pace with the care home providers to facilitate earlier hospital discharges into the additional beds
- Monitoring the movement of the patients into the extra bedded capacity to ensure smooth transition
- Extra stranded reviews in all areas

We have seen a significant reduction in our NCTR numbers over the last week. In North Somerset, we have implemented a significant advance uplift in domiciliary care rates of 7.9% , sufficient for providers to target a 10% increase in wages, and launched a substantial social media campaign, aimed at targeting workers in the hospitality sector to migrate into care. We are commissioning additional care home provision to utilise additional reablement capacity to offer in reach enablement. Further extensions of Wellness service and Living in Care capacity will also support reductions targeted. Extension of our TEC offer and falls prevention capacity will also encourage greater risk taking in pathway decision making and in particular scaling up of the P0 pathway.

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.

In terms of the main challenges and barriers, these include the ASC being a non-recurrent funding available, which limits the benefits realisation within the given timescales, staffing issues, increased rates of covid & flu restricting some of the initiatives, significant pressures on the health & care system leading to declaring major critical incidents. Current reporting has been difficult to analyse due to both Christmas & New Year Bank Holidays.

Assumptions made for this reporting template:

1. For data relating to the *Discharges from hospital by service (previous 14 days)*:

- We receive a week's worth of data on a Tuesday for the previous 7 days (ending on Sundays). This means that we'll always be behind on the reporting period in the templates by 4 days. Reporting period on this template: 19th December - 1st January
- The data is split by hospital, not LA. We've used other data to get a LA split which is being applied to the total number of discharges by service to get an approximate number of people discharged into those services by LA
- The discharge data headers don't match up exactly with the services listed in the template, the following matching has been done:

Home or domiciliary care refers to P1 home
Residential care refers to P3 care home and P3 care home (new and existing residents)
Nursing care refers to P2 hospice
Intermediate care refers to P2 rehabilitation bed, P2 Care home, P2 Designated setting
Other pathway one or pathway three support refers to P1 other, P1 hotel

2. For the *Hours of reablement in a person's own home we used average*

3. For the *Number of care home beds (complex/nursing) we captured 'beds used' (not commissioned)*
4. For the *Number of care home bed beds (residential) we captured 'beds used' (not commissioned)*
5. For the *Hours of home or domiciliary care packages* we used cumulative for the two weeks
6. For the *Number of intermediate care beds* we used data as it stands on 31st October & 4th January 2023 respectively

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