

**Meeting date:** 14 March 2023

**Report to:** Health and Wellbeing Board

**Report title:** Adult Social Care Discharge Fund 2022/23

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**Wards affected:**

- All Wards |  Bickenhill |  Blythe |  Castle Bromwich |  Chelmsley Wood |  Dorridge/Hockley Heath |  Elmdon |  Kingshurst/Fordbridge |  Knowle |  Lyndon |  Meriden |  Olton |  Shirley East |  Shirley South |  Shirley West |  Silhill |  Smith's Wood |  St Alphege
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**Public/private report:** Public

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**1. Executive Summary**

- 1.1 This report is to advise the Health and Wellbeing Board of the introduction of new government funding to support hospital discharges from December 2022 to March 2023. It explains the policy direction behind this funding and the requirement to submit a plan for approval, linking this to the Better Care Fund arrangements already in place.
- 1.2 The crisis in hospital capacity has become increasingly apparent, with problems in helping people in need of social care to move out when medically fit cited as one of the causes. The government announced additional funding to increase the immediate availability of social care to improve the timeliness of hospital discharges over the winter period. The adult social care discharge fund is to be used to achieve demonstrable improvements in the time waiting for discharge by increasing the availability of capacity to support people with social care at home, or in a care home for continued recovery and/or assessment and long term planning.

**2. Decision(s) Recommended**

- 2.1 Health and Wellbeing Board is asked to note the chair's approval of the discharge fund plan submission.

**Report Title:** Enter report title here

### **3. Matters for Consideration**

- 3.1 On 22<sup>nd</sup> September 2022 the government announced a £500 million Adult Social Care Discharge Fund ('the fund') as part of the NHS plan, [Our plan for patients](#).
- 3.2 The fund recognised that delays to discharging people from hospital when they are fit to leave continues to be a significant issue, leaving fewer hospital beds available for those who need them, which means also that people who would be better off recovering at home or in residential care are instead spending too long in hospital.
- 3.3 The funding distribution was announced on November 18<sup>th</sup> 2022 and was allocated in order to achieve the maximum reduction in delayed discharge:
  - £200 million was allocated to local authorities, based on the adult social care relative needs formula (RNF)
  - £300 million was allocated to integrated care boards (ICBs), targeted at those areas experiencing the greatest discharge delays.
- 3.4 The government expected that local areas would pool the discharge funding into the Better Care Fund (BCF). The funding is to 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 and have met the other conditions.
- 3.5 The discharge funding is to be used flexibly on the interventions that best enable the discharge of patients from hospital to the most appropriate location for their ongoing care. Local areas are required to prioritise use of the fund to invest in those approaches that are most effective in freeing up the maximum number of hospital beds and reducing bed days lost, including from mental health inpatient settings. This would include the familiar Discharge to Assess (D2A) and care at home provision already recognised as effective options for discharging more people in a safe and timely manner.
- 3.6 The funding may also be used to boost general adult social care workforce capacity, through staff recruitment and retention, where this will contribute to reducing delayed discharges.
- 3.7 The government communicated an expectation of close collaboration and co-operation between partners in the health and care system to meet the care needs of people and make best use of available resources.
- 3.8 It was expected that partners would bring together information across health and social care to monitor and improve the functioning of the discharge pathway and demonstrate reduction in delay by the use of the funding. The government also stressed the importance of involving patients and carers in discharge planning as soon as it is feasible and appropriate. The particular needs of carers were stressed, since they bear much of the load of caring for someone when they are discharged from hospital and may need to be supported by professional health and social care

workers.

**4. What options have been considered and what is the evidence telling us about them?**

4.1 Completion of the ASC Funding Template, agreed by health and social care partners, and approved by the HWB, was a condition for eligibility to receive funding. This condition has been met, and is presented to the Health and Wellbeing Board for information. To meet the requires submission deadline, approval of the chair outside the usual meeting schedule was necessary.

**5. Reasons for recommending preferred option**

5.1 As above.

**6. Implications and Considerations**

6.1 State how the proposals in this report contribute to the priorities in the [Council Plan](#):

Priority:	Contribution:
<p>People and Communities:</p> <ol style="list-style-type: none"><li>1. Improving outcomes for children and young people in Solihull.</li><li>2. Good quality, responsive, and dignified care and support for Adults in Solihull when they need it.</li><li>3. Take action to improve life chances and health outcomes in our most disadvantaged communities.</li><li>4. Enable communities to thrive.</li></ol>	<p>The use of the Funding is intended to improve the outcomes for adults who have received hospital treatment and are ready to leave with additional care and support.</p>
<p>Economy:</p> <ol style="list-style-type: none"><li>5. Develop and promote the borough's economy, with a focus on revitalising our town and local centres.</li><li>6. Maximising the opportunities of UK Central and HS2.</li><li>7. Increase the supply of affordable and social housing that is environmentally sustainable.</li></ol>	<p>N/A</p>
<p>Environment:</p> <ol style="list-style-type: none"><li>8. Enhance our natural environment, improve air quality and reduce net carbon emissions.</li></ol>	<p>N/A</p>
<ol style="list-style-type: none"><li>9. Promote employee wellbeing</li></ol>	<p>N/A</p>

## 6.2 Consultation and Scrutiny:

6.2.1 The use of the Discharge Funding has not been presented to Health and Adult Social Care Scrutiny. No formal consultation was necessary, but engagement with NHS and social care providers did take place to identify the best use of the funds.

## 6.3 Financial implications:

6.3.1 The allocation of the funding directly made to the local authority is £725,297. In addition, Solihull's share of the ICB allocation amounts to £818,748, making £1,544,045 in total. As indicated above, the fund will be paid in two tranches, the second being dependent on compliance with the funding conditions and submission of the required reporting templates.

## 6.4 Legal implications:

6.4.1 It is expected that the pooling of the available ASC discharge fund will be included in a Section 75 agreement by January 2023. This original Section 75 agreement for the Better Care Fund arrangements has been amended and is in the process of formal approval by the Council and the ICB.

## 6.5 Risk implications, including Risk Appetite:

6.5.1 Failure to comply with the funding conditions would result in the second tranche of funding being withheld.

## 6.6 Equality implications:

6.6.1 All aspects of the use of the fund must take account of the diverse needs of the people for whom social care upon hospital discharge is needed. This includes older people, those leaving hospital after a mental health crisis, and others whose complex health issues or disability require additional support. The fund is also to be used to support workforce recruitment and retention. Particular care has been taken to understand the issues affecting the workforce, including the fact that this is a predominantly female workforce, and in some areas recruits heavily from South East Asian communities. Methods of recruitment and retention support will be tailored accordingly.

## 6.7 Linkages to our work with the West Midlands Combined Authority (WMCA), Local Enterprise Partnership or the Birmingham & Solihull Integrated Care System (ICS):

6.7.1 Close involvement with ICS partners is required in delivering this plan and

demonstrating impact of the investment on the health care system.

**7. List of appendices referred to**

7.1 Appendix 1: BCF Discharge Fund Planning Template Solihull Submission

**8. Background papers used to compile this report**

8.1 N/A

**9. List of Other Relevant Documents**

9.1 N/A