



## ADULT SOCIAL CARE ADDITIONAL DISCHARGE FUNDING – IMPACT ASSESSMENT 13.1.23

### SHEFFIELD PLACE OVERSIGHT COMMITTEE

26 JANUARY 2022

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<b>Purpose of Paper</b>	
To update the committee on the progress being made in implementing additional winter discharge schemes, utilising funding allocated to the Sheffield Place in December 2022.	
<b>Key Issues</b>	
<p>The Autumn Budget Statement on the 17 November 2022 included the announcement of a national ASC Discharge Fund in 2022/23 of £500m nationally. Additional information and limited guidance were then released to confirm local allocations to Sheffield Place of £5.6m, split £3.3m of the SYICB allocation and £2.3m directly allocated to Sheffield City Council, phased in two tranches. 40% to be made available on submission of an approved plan and the following 60% early in the new year, following NHSE oversight of the December submission.</p> <p>The funding has been allocated with very clear guidance around timescales and the allowable criteria for which it will be released. The key restrictions to note are:</p> <ul style="list-style-type: none"> <li>• The funding can only be used for interventions that best enable the discharge of patients from hospital to the most appropriate location for their ongoing care;</li> <li>• The funding may not be used for schemes aimed at admission avoidance;</li> <li>• Mental Health services may be included within plans where they are proven to support discharge;</li> <li>• The funding may not be spent upon core primary care services, acute services or to support core community or social care services, although additional capacity which can be clearly evidenced may be allowable;</li> <li>• The funding will cover services and packages of care from the date of the plans being approved to the 31 March 2023;</li> <li>• The schemes must be monitorable with fortnightly reporting around packages of care, discharges facilitated and criteria to reside numbers.</li> </ul>	
<b>Is your report for Approval / Consideration / Noting</b>	
For noting	
<b>Action Required by the Group</b>	
<p>The committee is asked to:</p> <ul style="list-style-type: none"> <li>➤ Note the progress made to identify and mobilise additional discharge schemes;</li> <li>➤ Note the approach to monitoring the impact of schemes.</li> </ul>	

**What assurance does this report provide to the Senior Management Team in relation to the Assurance Framework objectives?**

- Improve health and wellbeing;
- Improve the quality an experience of care;
- Reduce health inequalities.

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This paper has been requested by the chair of the Sheffield Urgent and Emergency Care board on behalf of all place partners to receive additional assurance over and above the NHSE required reporting arrangements to ensure demonstration of scheme impact and appropriate evaluation. **As the schemes progress and our understanding of the potential benefit of each scheme improves, more detailed updates on impact will be produced.**

#### 1. Background

As presented at the Sheffield Partnership Board on 6 December 2022 – the Autumn Budget Statement on the 17 November 2022 included the announcement of a national ASC Discharge Fund in 2022/23 of £500m nationally. Additional information and limited guidance were then released to confirm local allocations to Sheffield Place of £5.6m, split £3.3m of the SYICB allocation and £2.3m directly allocated to Sheffield City Council, phased in two tranches. 40% to be made available on submission of an approved plan and the following 60% early in the new year, following NHSE oversight of the December submission.

The funding has been allocated with very clear guidance around timescales and the allowable criteria for which it will be released. The key restrictions to note are:

- The funding can only be used for interventions that best enable the discharge of patients from hospital to the most appropriate location for their ongoing care;
- The funding may not be used for schemes aimed at admission avoidance;
- Mental Health services may be included within plans where they are proven to support discharge;
- The funding may not be spent upon core primary care services, acute services or to support core community or social care services, although additional capacity which can be clearly evidenced may be allowable;
- The funding will cover services and packages of care from the date of the plans being approved to the 31 March 2023;
- The schemes must be monitorable with fortnightly reporting around packages of care, discharges facilitated and criteria to reside numbers;

In Sheffield, we have focused our schemes on areas of risk as identified by senior operational leads and planning leads. Schemes are focused not only on discharge but also maintaining flow in key pathways in order to manage and unblock out of hospital capacity. The schemes were signed off and submitted on 16 December 2022.

#### 2. Current Position

- We have 37 submission lines covering 43 individual schemes;
- 19 of the 37 are in place and delivering;
- 18 are in development/progress.

More detail of each of the submission lines can be found in the enclosed summary spreadsheet (App 1). The funding is distributed by provider as follows:

	Total Value of Schemes as per December Submission £'000's	Administration Costs of Monitoring and Reporting £'000's	Consultancy £'000's	EOLC Providers £'000's	Independent Sector Providers £'000's	Local Authority Services £'000's	Primary Care Providers £'000's	Technological Contracts £'000's	VCSE Providers £'000's
Amount of funding within the plan	5,575	56	480	245	640	2,141	150	270	1,593

In addition, in recognition of the high risks associated with rapid planning and mobilisation and extremely short term non-recurrent funding, we are also working up “B schemes” that will be ready in case of slippage eg; continuation of capacity in additional IC beds to maintain current capacity to end of March. On 6 January 2023 the first NHSE reporting template was submitted.

### 3. System Risks and Issues

	Risk/Issue	RAG	Mitigation	RAG
1	Risk that timescales for planning and mobilisation (and exit) will limit impact		Careful selection of achievable schemes. Planning expedited wherever possible to ensure rapid mobilisation.	
2	Risk that we will not be able to access workforce required within timescale		Collaborative approach wherever possible. Care taken not to de-stabilise other established schemes	
3	Issue that wider system challenges such as current market position and IPC challenges impact on delivery		System partnership approach in place to manage risks in order to minimise impact on scheme delivery	
4	Issue that ongoing industrial action within a number of professional groups eg ambulance, nursing impact on delivery		System partnership approach in place to manage additional pressure /risk in order to minimise impact on scheme delivery	
5	Risk that NHSE change reporting requirements and established data capture processes not sufficient to enable local submission		Task and finish group established to proactively manage reporting requirements	

The risks associated with the short-term nature of the funding means that rapid evaluation and exit strategies where required need to be robust.

NHSE have released some information regarding further, more long-term funding however we await further detailed guidance. We are aware that our priorities for further funding in line with planned discharge system re-design may not reflect the short-term funding proposals and therefore it should not be presumed that any of these schemes are supported in the longer term.

### 4. Impact

We have sub-divided schemes into **four main categories**:

- Impact on direct discharge;
- Enabler to discharge;
- Post discharge wrap around support;
- Admin to monitor the schemes (max 2% of total allowed).

In addition, some schemes have an added benefit in supporting admission avoidance or support for the wider transformation of the homecare market.

As of 13 January 2023:

Category of Scheme	Number of Schemes in December Submission	Focus of the Scheme				Other Additional Benefit	
		Impact on Direct Discharge by In Reach /Pull of patients	Enabler to Discharge	Post Discharge Wrap Around Support	Admin to monitor schemes	Admission Avoidance	Transformation of Homecare Market
Schemes are In place and delivering	19	7	15	9	2	9	8
Schemes are In progress and will deliver in month	18	11	16	8	0	9	8
Total	37	18	31	17	2	18	16

There is a focused piece of work underway locally to attribute impact (additional discharges, discharges enabled etc) at scheme level which can also be aggregated at system level. This should enable a more detailed prospective impact assessment in due course. There is further information expected at the DH webinar on Monday 16 January.

Processes are currently underway to transfer funds including the establishment of grant contracts with our VCS partners. For the VCS this will enable flexibility in the use of funding to reflect demand.

It is accepted that the funding will enable the testing of approaches in the short term however work to rapidly evaluate in order to inform future plans is required if we are to ensure any learning is captured and incorporated into future planning.

## **5. Reporting Requirements**

- a) National template – App2. There are fortnightly NHSE template submissions from 6 January;
- b) Local template (DRAFT) – App 3. This will be used to ensure required data is captured for each scheme weekly so that we can continue to assure/refine impact assessment.

## **6. Monitoring/Governance**

The monitoring and assurance associated with the ASC Additional Discharge funding is being overseen by the Urgent and Emergency Care Group. This arrangement has been in place for a number of discharge support funding streams, most recently the £3.4m allocated winter beds funding.

**13 January 2023**

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