

Health & Wellbeing Board

23rd June 2021

Hospital Discharge Programme

For Decision

Portfolio Holder: Cllr L Miller, Adult Social Care and Health

Local Councillor(s): All

Executive Director: V Broadhurst, Interim Executive Director of People - Adults

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Report Status: Public

Recommendation:

The Portfolio Holder for Adult Care and Health is given delegated authority in consultation with the Chair and Vice-Chair of the Health and Well-being Board (and following Council and CCG governance processes) to agree Dorset Integrated Care System funding for the Hospital Discharge Programme for the period April to September 2021 if needed in advance of a report coming to the Board in October 2021.

Reason for Recommendation:

National funding has been made available to support the Hospital Discharge Programme during 2020/21 and has been extended (albeit with revised criteria) for the period April to September 2021. Recently issued national guidance regarding this funding has requested that Health and Well-Being Boards should be involved in making decisions on local budgets for this programme. Note the BCP Health and Well-Being Board are considering a request for the same delegated authority.

1. Executive Summary

The Portfolio Holder for Adult Care and Health is given delegated authority in consultation with the Chair and Vice-Chair of the Health and Well-being Board (and following Council and CCG governance processes) to agree Dorset Integrated Care System funding for the Hospital Discharge Programme for the period April to September 2021 if needed in advance of a report coming to the Board in October 2021.

These decisions will be taken in conjunction with the BCP Health and Well-Being Board.

Council lead officers will set out the relevant issues alongside CCG and BCP. Council and CCG governance processes will be followed ensuring correct sign off arrangements have been completed.

A full report will be provided to the Health and Well-Being Board on the HDP funding at its meeting in October 2021.

2. Financial Implications

The financial situation in relation to the Hospital Discharge Programme from its inception to current day will be shared in the report for the Health and Well-Being Board in October 2021. There have been changes to eligibility for the funding during the period and a cap (£8.4 million) has been introduced for the current spend which the local authorities and CCG will continue to work through identifying the risks associated with this and how to mitigate these.

The local authority and the CCG continue to review the government guidance.

3. Climate implications

All partner agencies are mindful in their strategic and operational planning of the commitments, which they have taken on to address the impact of climate change.

4. Other Implications

The Hospital Discharge Programme requires NHS organisations and local authorities to provide access to safe and timely discharge seven days per week. This has led to the requirement across agencies to have suitably qualified and experienced staff available at weekends and for evening working.

It is important that people receive care and support in the most appropriate setting. This includes ensuring that people are provided with quality community treatment, care and support services so that they are not admitted to hospital when this could be avoided and also ensuring that people are discharged from hospital safely and with access to services which will support their continued recovery, at the earliest possible opportunity when they are medically fit to leave hospital.

5. Risk Assessment

The Hospital Discharge Programme was initiated in March 2020 to ensure that NHS, particularly hospital services, were able to respond to the very high demand for care and particularly hospital admissions which arose as a consequence of the COVID19 pandemic. It continues to be essential that NHS, Council, the social care sector and the voluntary sector work together to support people to receive quality, safe and care in the right setting. Pressures continue in terms of demands for NHS services, including hospital services.

Having considered the risks associated with this decision, the level of risk has been identified as:

Current Risk:

Residual Risk:

6. Equalities Impact Assessment

It is important that all partners ensure that the individual needs and rights of every person receiving treatment, care and support are respected, including people with protected characteristics so the requirements of the Equalities Act 2010 are met by all partners.

7. Appendices

N/A

8. Background Papers

N/A

Background

1. At the start of the covid-19 pandemic, a national fund was provided to support the rapid discharge of patients from hospital settings as soon as it was clinically safe to do so.
2. Initially the costs of care for all discharged patients, from the time of discharge to the point of completing assessments of care requirements, were eligible to be reimbursed. This was scheme 1 and was in place from mid-March to the start of September 2020.
3. From September 2020 until the end of March 2021, the eligibility rules changed and only the additional costs of care, for up to the first six weeks following discharge, were eligible for reimbursement. This was extended until June 2021.

4. From 1st July to end of September 2021, the eligibility rules have remained the same however the length of time has reduced from six weeks to four weeks following discharge, are eligible for reimbursement.
5. The Association of the Directors of Adult Social Services (ADASS) will be distributing a Frequently Asked Questions document related to Scheme 3 of the HDP but this is not yet available. It is anticipated that this further guidance will aid local decision-making.
6. The funding for the schemes has been managed via amendments to existing Better Care Fund Section 75 Agreements between the local authorities and the CCG, as recommended in the guidance. Details of this will be provided in the October report. Paragraph 3.4 of the guidance states that an ICS should undertake joint budget

Health and Well-Being Board Requirement

7. For clarity the requirement for the Health and Well-Being Board is set out below:

CCGs and local authorities should ensure they undertake joint planning at health and wellbeing board (HWB) level, in line with the wider funding allocation for the ICS footprint to ensure equitable distribution. This should include agreeing budgets at the HWB level where possible, as well as operational planning. ICSs will need to manage their budgets for hospital discharge to support planning at this level. Should there be concerns about the ICS allocation of funding to a HWB level, including that the funding may be exceeded, decision making to address the situation should involve both health and social care partners.