City of Westminster

THE ROYAL BOROUGH OF KENSINGTON AND CHELSEA

Westminster Health & Wellbeing Board

RBKC Health & Wellbeing Board

Date:	15 July 2021
Classification:	**General Release**
Title:	Hospital Discharge and Ageing Well funding
Report of:	NHS North West London (NWL) CCG
Wards Involved:	Enter details if relevant
Financial Summary:	Details in report
Report Author and Contact Details:	Ian Robinson, Associate Director for Continuing Health Care and Louise Proctor, Director for Local Care – NHS North West London Clinical Commissioning Group

1. Executive Summary

1.1 This paper provides the Board with an update on the hospital discharge funding arrangements put in place, funded by NHS England (NHSE), in response to the Covid-19 pandemic.

1.2 The paper also updates the Board on funding decisions by NWL Integrated Care System (ICS) in relation to the Ageing Well programme.

2. Key Matters for the Board

2.1 The Board is asked to note and provide comment on the funding arrangements for hospital discharge, as well as the pressures placed on all partners in delivering requirements as a result of changes implemented due to the Covid-19 pandemic.

4. Background

3.1 Since the 19th March 2020, as a response to pressures on acute services from Covid-19, the Government has allocated specific funding to support discharge from hospital to enable quick and safe discharge and more generally reduce pressure on acute services.

3.2 From 1 April 2021, all ICSs been allocated a capped system budget. The budget will continue to be held centrally by NHS England and NHS Improvement, with clinical commissioning groups (CCGs) being reimbursed based on their actual spend. The amount each system can spend is capped. For NWL the ICS the capped budget is £10.6m. Where a system uses its allocated discharge budget in full, it will need to fund and maintain hospital discharge services from its core system budgets up to 30 September 2021.

3.3 All eight local authorities in NWL have raised concerns with the CCG about the workload and financial impact on local authorities of the hospital discharge programme in 2021/22 and their ability to assess the number of people and to input into CHC assessment. The CCG has requested additional information from the councils to demonstrate the increase against pre-Covid levels on local authority workloads based on hospital discharge numbers requiring a Care Act Assessment.

3 Options / Considerations

3.3 The Board is asked to make comment on the following proposed actions, and whether other actions should be considered.

I. Local authorities to demonstrate and evidence increase in workload compared to pre Covid levels
II. Local authorities to propose what additional staffing is required based on increase in workload
III. Understand the financial benefit on local authority budgets of not paying for the first 4/6 weeks of care, compared to pre Covid levels
IV. CCG/Local Authorities to understand the cost impact of being reimbursed for less than six weeks (beyond Quarter 1 when 6 week funding reduces to 4 weeks and then ceases), and how many cases this would apply to.
V. Ensure commitment of local authorities to support CHC assessments in a timely fashion to meet the 28-day target set for CHC by NHSE.
VI. ICS/CCG to make request to NHSE for additional funding to offset local authority cost pressures based on analysis above.

It should be noted that any expenditure above the cap, is at the CCG's risk and the CCG is not in a position to underwrite local authority costs if the request for additional funding is unsuccessful. It may be possible to repurpose other sources of funding such as schemes within the Better Care Fund.

4 Legal Implications

4.3 None

5 Financial Implications

5.3 Details of the financial envelope available on the schemes described are in the report.

Please remember that if you wish the information you are providing in this report to remain confidential, we may be able to accommodate you. Please contact tfieldsend@westminster.gov.uk or Gareth.Ebenezer@rbkc.gov.uk for guidance.

If you have any queries about this Report or wish to inspect any of the Background Papers please contact:

Ian Robinson, Assistant Director / Head of Continuing Healthcare & Complex Care (Hospital Discharge funding), NWL CCG

Louise Proctor, Director for Local Care, (Ageing Well funding), NWL CCG

Email: Ian.robinson6@nhs.net

Louise.proctor1@nhs.net

Appendix 1

Hospital Discharge – Capacity and Financial Support

Context

Since the 19th March 2020, as a response to pressures on acute services from Covid-19, the Government has allocated specific funding to support discharge from hospital to enable quick and safe discharge and more generally reduce pressure on acute services. The funding has been time limited and split into three separate schemes:

Scheme 1 - those discharged from hospital from 19th March to 31st August 2020

The Government agreed to fully fund the cost of new or extended out-of-hospital health and social care support packages, from 19th March 2020, for people being discharged from hospital or who would otherwise be admitted into it. The funding also covered the costs of additional short term residential, domiciliary, re-ablement and intermediate care capacity to reduce hospital admissions.

During this time all new NHS Continuing Healthcare (CHC) activity was paused.

Local authorities were asked to pool existing funding for discharge support with this additional money. Once pooled, funding was treated as a single pooled fund under the eight section 75 agreements across NWL and used to deliver the appropriate care for individuals to be discharged under these new arrangements.

Scheme 2 - those discharged from hospital from 1st September to 31st March 2021

The Government agreed to continue to provide funding to support timely and appropriate. Under the new arrangements, new or extended health and care support was funded for a period of up to six weeks, following discharge from hospital and during this period a comprehensive care and health assessment for any ongoing care needs, including determining funding eligibility, needed to take place.

The Government also decided that CCGs must resume NHS Continuing Healthcare assessments from 1 September 2020 and work with local authorities using a trusted assessor model.

Any patients discharged from hospital between 19 March 2020 and 31 August 2020 (scheme 1 clients), whose discharge support package had been paid for by the NHS, needed to be assessed and moved to core NHS, social care or self-funding arrangements by the 31st March 2021. Additional short-term funding was made available by NHSE to pay for additional staff (Social Workers, CHC Nurses, administrative staff) to help clear the backlog of assessments from Scheme 1.

Scheme 3 - those discharged from hospital from 1st April to 30 September 2021

Guidance issued in May 2021, advised that the Government has provided a national discharge fund via the NHS, for quarters (Q) 1 and 2 of 2021/22 (1 April 2021 to 30 September 2021), to help cover some of the cost of post-discharge recovery and support services/ rehabilitation and

re-ablement care following discharge from hospital. These financial arrangements apply for patients discharged or using discharge services during that time period.

People discharged between 1 April 2021 and 30 June 2021 (inclusive) will have **up to six weeks** of funded care.

People discharged between 1 July and 30 September 2021 (inclusive) will have **up to four weeks** of funded care.

There is also a requirement for the ICS to maintain a designated site for the discharge of patients who are Covid infectious and need to be discharged to a nursing home.

From 1 April 2021, all ICSs have been allocated a capped system budget. The budget will continue to be held centrally by NHS England and NHS Improvement, with CCGs being reimbursed based on their actual spend up to the cap.

For NWL ICS, this is capped at £10.6m. Where a system uses its allocated discharge budget in full, it will need to fund and maintain hospital discharge services from its core system budgets up to 30 September 2021

ICS	Scheme 3 Allocation
North West London	10,607,000
North Central London	10,144,000
South East London	15,210,000
North East London	20,491,000
South West London	14,777,000
Total	**71,229,000**

The forecast based on current spending on hospital discharges requiring domiciliary care at home or a placement in a residential care home will exceed the capped allocation, £10,742,000. This may not include all costs that will be reclaimed by local authorities. The spend does not include additional costs to the ICS on rehabilitation. The CCG has not allocated any funding towards internal staffing or other activities and will continue to be transparent with all partners on spend.

NHSE have not yet issued specific guidance on how the scheme 3 capped allocation can be spent, and whether this includes funding for additional staffing. Further guidance is expected in July 2021.

Should the ICS exceed its capped expenditure, there may be an opportunity to request further support, though agreement is not guaranteed and will be done at the system's own risk.

There has been no announcement yet on whether there will be any additional funding post September 2021.

Capacity Issues.

All eight local authorities have raised concerns with the CCG about the workload and financial impact on local authorities of the hospital discharge programme in 2021/22 and their ability to assess the number of people and to input into CHC assessment. A request has been made to demonstrate the increased workload against pre Covid levels on local authority workloads based on hospital discharge numbers requiring a Care Act Assessment.

There are also concerns on the change of NHSE funding reducing from 6 weeks to 4 weeks as of the 1st July 2021. A request has been made for the CCG to consider funding for 2 weeks to maintain the 6 weeks. This would not be refundable from the NHSE capped allocation and would be a cost pressure to the CCG.

There have been separate historical arrangements under the Better Care Fund (BCF) to support health and social care systems working together across the different boroughs. Additional social workers have been funded within 2020/21 BCF section 75 schemes within Hounslow, Harrow, Hillingdon and Ealing. Under current BCF arrangements with local authorities, the CCG is contributing a total of £1,118,900 towards the costs of social workers. There are also contributions to the cost of care packages included in some BCF arrangements.

It should be noted that in the first quarter of 2021/22, the local authorities have not paid for the first 6 weeks of care for they would previously have been responsible for (both domiciliary care packages and residential placements). In months 1 to 2, local authorities have claimed reimbursements of £1,570,000 just for packages of care they have commissioned.

P1 – Months 1 to 2	**£000**	**No of cases**
Brent	300	300
Harrow	266	306
Hillingdon	139	180
Hounslow	0	0
Ealing	249	279
Westminster	165	148
K&C	98	41
H&F	353	475
Total	**1,570**	

Efforts to reduce costs

During 2020/21, in all boroughs (other than Hounslow) the local authorities commissioned packages of care and non-nursing residential care home placements, with the CHC team commissioning all nursing home placements. Following representation that local authorities are better placed to place people in lower cost (and more appropriate) nursing homes, including their block beds, it has been agreed that all placements (other than complex) will be brokered by local authorities (other than Hammersmith & Fulham and Hounslow). It is expected that this will reduce costs moving forwards.

Proposed actions:

1. Local authorities to demonstrate and evidence increase in workload compared to pre Covid levels
2. Local authorities to propose what additional staffing is required based on increase in workload
3. Understand the impact on local authority budgets of not paying for the first 4/6 weeks of care, compared to pre covid levels
4. CCG/Local Authorities to understand the difference between being reimbursed for less than six weeks and how many cases this would apply to.
5. Ensure commitment of local authorities to support CHC assessments in a timely fashion to meet the 28-day target.

Appendix 2

Ageing Well Funding

Context

The NHS Long-term Plan indicated Service Development Funding (SDF) provided for Community Healthcare services. There are a number of national Ageing Well priorities. In some of these areas NWL has already developed good models of care, and in other areas more work is needed. In addition, local NWL priorities were also considered. NWL developed a set of principles to inform allocation decisions. Crucially alongside this first year of funding system, partners agreed to participate in the detailed comparative analytical work to understand underlying gaps in service and funding to inform future funding decisions/levelling up

1.1 NWL principles

NWL agreed a number of principles to support disbursement of this funding. The system agreed a 2 year approach where we work to identify in more granular detail the gaps/inequities in historic funding and seek to support consistent offers across NWL. The principles also include:

- All new funds will resource delivery staff and on costs; not contribute to corporate overheads (NB this principle should be applied to all ICS developments across all programmes)

- Providers agree to focus the national growth allocation on the borough or place, with greatest health deprivation; not to allocate it evenly, eg CLCH focus growth on Brent, not West London, Central London or Hammersmith and Fulham.

- Priority new services, established during Covid or to meet new national standards, should be top sliced and resourced in full from the SDF. In particular, this would include the provision of comparatively sized Discharge Hubs for all acute sites, and the national expectation of Rapid Response provision 8 am to 10 pm 7 days a week. In effect, this is a 'top slice' of the SDF funding.

    - ❑ The Local Care workstream acknowledge the importance placed on the Discharge Hub service by the ICS in order to improve system flow. Baseline acute investment in discharge varies significantly, and this enables a consistent service across NWL. The funding for this service will be supported by the Community SDF for 2021/22 in order to provide certainty to the service and to give time for the ICS to determine the most appropriate and sustainable funding solution from 2022/23 onwards'.

    - ❑ NWL ICS has a signed off the rapid response common specification. With an established gap in operating hours, the investment secures 14 hours of operation 7 days a week across NWL.

- Designate funding to boroughs which do not have core services against the Ageing Well/current NWL priorities.

- ❑ Recognise that these are not yet fully developed specifications but 'gap analysis' shows where key gaps are in anticipatory care, care home support and community diabetes

- Use the historical 'weighted primary care lists' as a means to allocate remaining funding by borough/ICP, via a lead community provider for each borough, in return for explicit commitments from all providers to meet the requirement of the national Aging Well priorities:-

  - ❑ By accepting their share of the SDF, each borough community healthcare provider commits to delivering on the Local Care priorities for 2021/22 and meeting all national requirements of the Aging Well allocations. This includes two hour rapid response, NWL enhanced health in care homes, anticipatory care. Definition of delivery to be agreed via ICS (see draft below).

  - ❑ Where more than one provider in a Borough, the lead Provider will agree appropriate allocations, to deliver the Aging Well requirements (see annex 1 for lead providers).

- In return for this pragmatic approach to Year One of the SDF, all providers commit that Year Two allocations, which are significantly greater, will be prioritised on the boroughs with greater deprivation and lower investment in community services/worse outcomes. This supports progress on the ICS commitment to fair shares and levelling up community services.

  - ❑ During 2021/22, the providers and ICS/CCG will undertake comparisons of financial allocations for key services, which, alongside the PHM strategic work, will inform where greater investment is required. These outcomes by the end of Q3 will inform 2022/23 plans. This work will include consistent productivity as well as absolute cost of activity

  - ❑ The approach ensures investment is released and funds staff, increased activity and improved outcomes in 2021/22 whilst recognising the need for a wider review of value in each borough

- Agreed outcomes are defined against each funded priority – where these are not yet finalised they will be jointly developed in the remainder of Q1 (see slide 11 below).

1.2 Distribution of recurrent funding

	NWL total	CL	WL	H&F	Brent	Harrow	Hillingdon	Ealing	Hounslow
Discharge Hubs	£2,124,000								
Rapid Response	£1,007,901	£306,403	£395,096	£306,403					£385,400
Care Homes	£700,000	£100,000			£200,000	£200,000			£200,000
Anticipatory Care	£1,900,000	£300,000		£300,000	£500,000	£500,000			£300,000

Diabetes	£2,000,000				£500,000	£1,000,000	£500,000		
Fair shares of remainder	£1,811,099	£173,932	£186,622	£211,928	£292,381	£183,519	£225,360	£304,966	£232,391
TOTAL (recurrent funding)	**£10,243,000**	**£880,335**	**£581,718**	**£818,331**	**£1,492,381**	**£1,883,519**	**£725,360**	**£304,966**	**£1,117,791**

- Central London and West London facing discharge hubs (Imperial and Chelsea) receive a share of the Discharge Hub funding designated as system wide
- There is an established gap in commissioned hours for the Rapid response service – allocated funding enable hours of operation from 8 am to 10 pm seven days a week
- West London and some Central London care homes benefit currently from the Imperial Frailty Nursing service, and in West London the My Care My Way team have a responsibility to support care homes. Hence funding solely for Central London where there are gaps in service. Central London does not have equivalent proactive case management support service for frail over 65s and therefore receives funding for anticipatory care
- Both Central London and West London have historically well resourced community diabetes services and therefore receive no funding.

It should be noted that some of this funding will not be utilised until part way through 2021/22. We have agreed that the 'underspend' in year generated should be targeted against locally agreed in year priorities. These may include, but are not limited to, waiting lists, post Covid support and discharge to assess.

1.3 Next steps

During July, each borough community healthcare provider has been asked, working with local partners, to develop a delivery plan on how the funding allocated against specific areas will be deployed and where the 'fair shares' funding will be targeted. There is a requirement to demonstrate that the funding is delivering 'additionality' and so plans will require measurable outcomes/impact.

Funding is currently provided for Q 1 and 2 and we will need to demonstrate robust plans to continue funding into Q 3 and 4.

There is work underway on the data collection to inform the work for year two and a more worked up disbursement of the funding, aligned to agreed principles of targeting growth to where there is the greatest need.