



APPENDIX A

2024/25 DISCHARGE GRANT SCHEME/SERVICE PROPOSAL SUMMARY

1. CARRY FORWARD 23/24 DISCHARGE GRANT SCHEME COMMITMENTS @ £2,553,997:

The 23/24 Discharge Grant service and contract commitments are carried forward into 24/25:

- Voluntary, Community and Social Enterprise (VCSE) D2A Pathway 0 and 1 hospital discharge support @ £479,577.
- Discharge to Assess (D2A) Social Work Care Act Assessment (CAA) capacity @ £175,760.
- Domiciliary Care and Reablement @ £1,898,660.

OUTCOMES/BENEFITS:

- Ongoing VCSE support for low level need hospital discharge planning, minimising avoidable hospital discharge delays, and potentially avoiding higher end service demand and costs.
- Supporting CAA capacity against assessment demand, and supporting ongoing D2A performance improvements
- Supporting demand for and cost of Domiciliary packages of care

2. 2024/25 CORE BRIDGING CONTRACT RE-TENDER @ £778,352.00:

Bridging is a short-term Domiciliary service development that delivers shared system benefits. It has been in place through 23/24 and the contract now needs to be retendered for 24/25.

- Shared Bristol City Council (BCC); Bristol residents and NHS benefit:
 - Supporting BCC D2A Care Act Assessment (CAA) capacity and demand management
 - Supporting post hospital discharge best use of BCC Reablement service capacity
 - Supporting hospital discharge flow and minimising hospital discharge delays
 - Supporting post discharge Intermediate Care (Sirona) service(s) capacity and service best use.
 - The service will have an explicit promoting independence provider requirement.
 - It will be open to all D2A pathways, and post Reablement service referrals.
- BCC Reablement will remain the service referral 'gate keeper'.

OUTCOMES/BENEFITS:

- Supporting timely hospital discharges and supporting Bristol residents to return to their own homes and communities
- Supporting hospital discharge flow across D2A pathways 1, 2 and 3¹.
- Supporting Intermediate Care and Reablement service capacity use.
- Support Care Act Assessment (CAA) capacity and demand management.
- Prevent/minimise hospital discharge delays.

¹ Pathway 0– Simple discharges with no input from health / social care; Pathway 1– Support to recover at home, with input from health and / or social care; Pathway 2– Rehabilitation in a bedded setting; Pathway 3– Following a life changing event home is not an option at point of discharge.



- Promote service user recovery and independence.

3. **TRUSTED ASSESSOR (TA) SERVICE @£36,800.00 24/25 COST PRESSURES:**

The Trusted Assessor service is an innovative hospital discharge support service commissioned from VCSE organisation Care and Support West (C&SW) based in NBT (Southmead) and UHBW (BRI). C&SW Trusted assessors support patients ready for discharge to return to an existing Care Home or new Care Home placement by working alongside Residential providers and the hospital ward and facilitating affective discharge communication and coordination.

- TA service costs pressures stand @ c£36.8K because their 24/25 service cost base is c£137.8K against a flat grant budget of £101K.

OUTCOMES/BENEFITS:

- Enabling the TA service to run through 24/25
- Protect service staffing capacity and service delivery.

4. **REDFIELD LODGE P3 BED GP CONTRACT @ £18,288.00:**

BCC has a dedicated contract with Air Balloon Surgery for the provision of GP cover for 10 D2A P3 beds commissioned by the ICB from BCC.

- The GP practice previously withdrew GP cover because of a contract dispute with the ICB.
- The BCC contract ensures the P3 beds re-opened and remain open, supporting system P3 bed capacity, and protecting £360K revenue BCC receive from the ICB.
- Dedicated funding stream and cost centre required for 24/25.

OUTCOMES/BENEFITS:

- Protecting £360K BCC revenue from the ICB
- Supporting community D2A P3 bed hospital discharge flow
- Supporting system D2A P3 bed capacity
- Providing quality BCC care and support to service users who require P3 D2A pathway support.

5. **SOCIAL WORKER/SOCIAL CARE PRACTITIONER X 2WTE @ £114,700.00:**

New and additional Social Work/Social Care Practitioner capacity proposed with a Reablement service and Brain Injury Rehabilitation Unit (BIRU) dedicated focus @ c£114.7K.

NB: This figure does take account of the anticipated approval of the job evaluation outcome for Social Workers and Occupational Therapists.

OUTCOMES/BENEFITS:

- Supporting hospital discharge (BIRU) and post discharge (Reablement) Care Act Assessment (CAA) capacity.



- Dedicated promoting independence focus and outcome delivery.
- Supporting Reablement service flow and best use of capacity by completion of timely CAA's.

6. REABLEMENT LED HOSPITAL ADMISSION AVOIDANCE 'STEP UP' BEDS X 4 @ £249,600.00K:

Crisis response bed services, based in the community providing short term support with the aim of avoiding hospital admissions, maximising service user independence, and supporting a return home.

- Proposal to commission 4 'step up' hospital admission avoidance beds from Brunel Care.
- 12-month pilot to test the demand for and impact of Reablement focused 'step up' beds.

OUTCOMES/BENEFITS:

- Additional Reablement capacity supporting hospital admission avoidance.
- Promoting independence outcomes enabling people to return to their own homes and communities.

7. ORION LICENCE COST SHARING AGREEMENT @ £16,250.00K:

The Orion software is a shared IT platform that all health and social care stakeholders (Local Authorities/Acute Hospitals/Sirona) can access to monitor patient discharge referrals and actions. Licence for the Orion software renewal to support continuation and up-date.

- Agreed as a cost share between BCC/ICB/Sirona/North Somerset Council (NSC) in November '23 @ **£16.25K** per annum.
- Requires dedicated funding for 24/25.

OUTCOMES/BENEFITS:

- Supports BCC facing patient hospital discharge tracking and flow.
- Enabler for timely and coordinated hospital patient discharge.

8. D2A COMMISSIONING CAPACITY COSTS @ £132,974.00:

Continue funding for interim Discharge to Assess (D2A) Commissioning Transformation Manager. This covers the current interim arrangements through to September '24, and then moving to a fixed term contract October – March '25.

OUTCOMES/BENEFITS:

- Dedicated D2A strategic commissioning capacity.
- Cement and re-enforce 23/24 budget; performance; reputational and relationship gains.
- BCC strategic and operational bridge between commissioning and operational services, delivering improved joined up and coordinated development and service delivery.
- Holding and supporting system relationships, communication, coordination and BCC reputation
- Change management capacity and support.
- Wide sector and BCC specific experience and subject matter expertise.
- Portfolio and performance management of Discharge Grant schemes.



- Supporting BCC financial position by best use of budgets and resources.

9. WE CARE HOME IMPROVEMENT @ £75,000.00:

We Care Home Improvement is a not-for-profit independent Home Improvement Agency (MIA) with charitable status. The funding is to continue a hospital discharge support service for council tenants mainly related to accommodation deep cleans, decluttering and emergency repairs.

- Council tenant house clearance to support patients/service users to return home and prevent avoidable hospital discharge delays
- Funding to support a current funding gap for one year pending service retender.

OUTCOMES/BENEFITS:

- Support patients/service users to return home on a timely basis and prevent hospital discharge delays.
- Support service user wellbeing and independence.
- Support maintaining tenancies.

Risks and Issues

- **USE OF GRANT:**

- Ensuring appropriate use of the grant based on grant purpose and specified use of grant conditions set out in www.gov.uk/government/publications/discharge-fund-grant-determination-2024-to-2025/discharge-fund-grant-determination-2024-to-2025
- Use of the grant will be subject to internal audit and potentially external audit from the Department for Levelling Up, Housing and Communities.

- **FINANCIAL SHORT-TERMISM:**

- The Discharge Grant has been made available to Local Government for a specific investment purpose re: Reablement services and supporting timely hospital discharge.
- BCC faces significant organisational financial pressures. However, if we are to ameliorate demand and resulting cost pressures we need to invest in services and approaches that deliver demand/capacity/outcome management change.

- **REPUTATIONAL DAMAGE:**

- NHS system partners have an expectation and need that BCC use the Discharge Grant for grant intended and agreed purposes.
- If we visibly fail to do so, our reputation as a trusted, transparent and pro-active system partner will be compromised going forwards.

- **DECISION PATHWAY REPORT TIME-SCALES, SERVICE/CONTRACT TIME-SENSITIVITY, SYSTEM GOVERNANCE REQUIREMENTS:**



There are service/contract proposals that are time sensitive and need a timely decision outside of the revised BCC Committee decision pathway process and the timescales to ensure:

- Current service continuity.
- Service and capacity improvements continue.
- Minimise the risk of service user support being compromised.

Further, the Discharge Grant, although distinct, is part of the BCC Better Care Fund (BCF). The 24/25 BCF will require Health and wellbeing Board sign off by June 10th 2024.

- **FINANCIAL RISKS:**

- Funding for the proposed Bridging Service contract retender may be insufficient to meet Winter Pressures. The grant requirements do require funding Local Authorities to take account of this. Capacity modelling for Bridging has taken account of 23/24 Winter Pressure demand.

Mitigation:

- Care Act Assessment performance improvements are insufficient, and Winter Pressures in excess of the 23/24 modelling, this will be discussed at D2A system level for further NHS funding for Bridging.
- Discharge Grant funding is currently for 24/25. It has been recurring and the current business assumption is that it will carry on into 25/26. However, given the pending General Election there is a degree of uncertainty about this. This presents some financial commitment risks to BCC if the funding ends.

Mitigation:

- The majority of significant spend commitments e.g. Link Workers; Bridging; C&SW TA service; Reablement Step Up beds are targeted 24/25 one-year contractual commitments only at this stage.
- Reablement/BIRU SW costs can be absorbed by service/team vacancy factor if Discharge Grant funding unavailable in 25/26.

Exception

A number of Discharge Grant proposals have required decisions outside of the new decision pathway process due to the impact of implementation timescales. Most fall below the financial decision threshold with the exception of the Bridging contract proposals:

1. BRIDGING CONTRACT RE-TENDERING @ £778.4K:

- A decision to proceed needs an immediate response given the re-tendering procurement time-scales and ensuring BCC do not breach procurement rules and current contracts.
- Ensuring there is no service provision gap between the current core contract ending and the proposed new contract starting.
- To support this Commissioning have delegated authority to recommission the service under the approved Single Framework and September 5th 2023 cabinet report.