

Health and Wellbeing Board Response

1. Will Godfrey questioned whether the increase in the number of discharges from hospital was due to the money or new capacity. He stressed the need for a breakdown of how much capacity was already in the system which could be used more effectively and how much was due to extra money. He confirmed it was important to understand the system as if it was just due to the additional money, it would not be sustainable once the funding stopped. Laura Ambler responded that it was a combination of process and money but acknowledged that it was important to identify what made a difference. Gary Guest undertook to look into this issue.

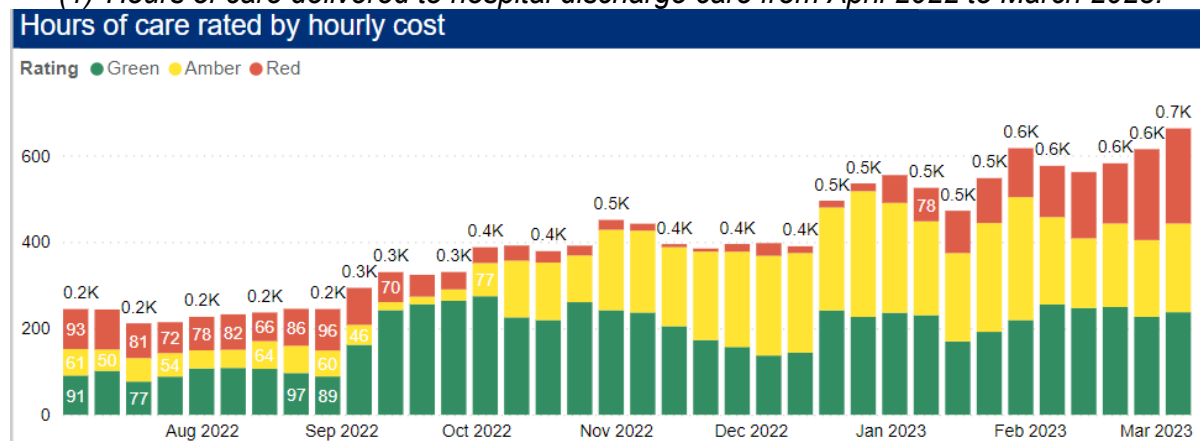
Both funding and capacity were catalysts for the increased number of discharges. Please see responses below:

Funding

Before the ASC Discharge Fund was used to supplement the budget, we were working purely from the BCF money. I had £400k to cover 9 months of care, from the point that the money was awarded in July, to the end of the financial year. This equated to roughly 400 hours of care per week at the average cost of care at the time, which was around £25.00 per hour. For the next 6 months, the BCF budget code (KGB58) was carefully monitored to ensure that an average of 400 hours per week were being utilised, thus maximising the utilisation of the discharge funding while also ensuring we weren't overreaching or overspending.

Then in January, the ASC discharge fund injected an additional sum into the KGB58 budget code. This meant we were able to lift the "limit" of 400 hours per week to ensure that more people could be discharged.

(1) Hours of care delivered to hospital discharge care from April 2022 to March 2023.



As the table shows, utilisation grew from around 200 hours per week to 400 between July 2022 and October 2022. This averaged around 400 hours until January 2023, at which point it grew rapidly with the injection of additional funding.

Capacity

Throughout 2022/23, we have brought a number of new providers onto the framework.

(2) Providers on framework in each financial year

	Total Providers	Active Providers	% Of providers active
End of 2021/22 Financial Year	31	18	58%
End of 2022/23 Financial Year	44	31	70%

Through increased engagement with providers, increasing our reach to invite providers from neighbouring authorities to work in B&NES, and the obvious financial incentive from our very competitive Fair Price of Care, we have significantly increased the number of providers on our framework, while not increasing the number of “dormant providers” who are active on the framework but have not picked up care for at least 6 months.

A number of these providers have been able to pick up interim care packages that facilitate hospital discharge. For example:

- As of the week commencing 20/03/23, there are 59 active packages that have directly discharged a service user from hospital.
- 30 of these have been picked up by providers who have joined the framework in the past 9 months.
- Two of these providers in particular (Blakehill and Abihealth) are responsible for 20 of these and have only been on the framework for approximately 3 months.

Conclusion

It is evident that the injection of additional cash was hugely influential in increasing the levels of discharge. Graph (1) shows that hospital discharge packages tripled in the space of a year, and nearly doubled between January (when the funding came in and we lifted the cap) from around 400 to over 700.

However, as the above data shows, around 50% of discharge packages are being picked up by new providers. The conclusion from this therefore, is that the increase in discharges would not have been possible without the funding, but the level of increase would not have been possible without the capacity.