

	Brent Health and Wellbeing Board 12 January 2023
	Report from Brent Integrated Care Partnership (ICP)
ASC Discharge Funding £16m	

Wards Affected:	All Brent
Key or Non-Key Decision:	N/A
Open or Part/Fully Exempt:	N/A
No. of Appendices:	N/A
Background Papers	N/A
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1.0 Purpose of the Report

1.1 The report aims to:

- 1.1.1 Inform the Board of Brent's plan and preparedness to manage the anticipated winter pressures on the local health and social care system
- 1.1.2 Inform the Board of Brent's plan and preparedness to manage the additional Adult Social Care (ASC) Discharge Funds to support winter pressures on the local health and social care system.

2.0 Recommendation(s)

- 2.1 It is recommended that the group notes and comments on our local discharge Planning initiatives, which have been identified and developed to enable more people to be discharged to an appropriate setting with adequate and timely social care support and help to free up hospital beds notes in addition to our local Winter Planning initiatives, which have been identified to look after our

residents over the winter period proactively. and reduce the number of bed days lost.

- 2.2 The Board are requested to ratify the ASC Discharge Funds and Winter Planning plan as described in Section 3.6.

3.0 Detail

- 3.1 Key stakeholders from Brent Integrated Care Partnership (ICP) have come together as a single Borough team to jointly establish various schemes to support pressures on the hospital system during Winter. Partners on the ICP include Brent Council, London North West University Hospital NHS Trust (LNWUHT), Central and North West London NHS Foundation Trust (CNWL), and Central London Community Healthcare NHS Trust (CLCH) have come together via multiple Task and Finish Groups
- 3.2 The Partnership adopted a whole system early planning approach, which entailed looking at all potential funds collectively (BCF, ASC and NWL ICB funds) in the context of a collective understanding of system pressures. The schemes that have been developed are built on existing solid joint working, including multiple initiatives supporting part of business as usual working to reduce hospital delays, including a dedicated hospital discharge team, step-down beds, Home First and several schemes supporting our Mental Health Service users.
- 3.3 There has already been much effort across the NWL system overall and Brent ICP to ensure an efficient level of beds in both hospitals and Community, best usage of the current capacity, and a reduction in A&E and urgent care demand. In addition, key representatives from each ICP partner have met to propose a long list of schemes started in July 2022. This led to further meetings to refine the schemes with clear objectives, finance, plans and key deliverables. As a result, the long list has been prioritised to create the following local schemes as depicted in the table below
- 3.4 Initial schemes developed by the joint Partnership received buy-in and support from all Brent ICP partners. The Partnership agreed that locally lodged NHS funds are used to fund these schemes, pending any allocations of Winter funding and D2A funding from NW London
- 3.5 System pressures Performance summary
- 3.6 It should also be noted that DHSC has now confirmed Brent LA will receive a direct allocation of 40%(£1.1m) and an additional (£1.2m) of the 60%, subject to robust plans submitted. This means in addition to NWL ICB funds £562k and the LA NHS lodged funds of £517k. A total of **£3.35m** has been secured across the system. Further details on the high-level allocations is set out in Appendix A and summarised below

Area	Funding Allocation	Funding
LA use of staffing overtime enhanced payments to support discharge schemes	40%	£620k
Domiciliary care packages and Direct payments	40%	£500k
Urgent response, complex care Teams supporting and facilitating hospital discharges	60%	£430k
Caseworkers/Discharge Facilitators, Trusted Assessors, Social Workers, Therapist	60%	£359k
Services Supporting MH Users (Including Step Down beds)	60%	£350k
Market quality (additional capacity in Care Homes)	60%	£15k
Total DHSC		£2.273k
D2A Mitigation Plan (due to the discontinuation of D2A funding)		£387k
PCN Primary Care Redirections		£150k
Total LA Section 256		£517k
Rapid Response, Urgent Response and Reablement, target 7 days working (Social Work)		£434k
Holistic Support, MH and Wellbeing		£128k
Total Funding NWL ICB		£562k
Total Funding Streams		£3.352m

3.7 Several fully/partially implemented schemes accept patients and referrals. This in turn is having a positive impact on our acute hospitals.

3.7.1 Discharges from the hospital; under the ASC DF initiatives are starting to impact Brent's patients, as reported through the Local A&E Delivery Board. Performance data submitted to the DHSC on January 6 2023, reported that patients were supported as follows; Home or Domiciliary care 12, residential care 1, nursing care 1, and other pathways home first 51.

3.7.2 Packages of care booked or in use since spending under the ASC DF commenced have increased for the following hours of home or

domiciliary care packages (570), hours of reablement in a person's own home (144), care home beds (5 complex/nursing), and the number of care home beds (6 residential).

- 3.7.3 D2A Local Mitigation Plan (due to discontinuation of D2A funding)
Four out of the ten step-down beds proposed have been commissioned for the winter period. The remaining six beds, especially for those with complex needs and who are challenging to place are being sought from an alternative care home due to operational challenges in acceptance criteria. The four beds are fully occupied.
 - 3.7.4 Holistic Support and Wellbeing: Community response and support for urgent Mental Health Crisis Support. Service has commenced at Ashford Place, supporting Early interventions for patients at higher risk of experiencing a mental health crisis.
 - 3.7.5 Holistic Support and Wellbeing: Bereavement Support by Providing group and individual counselling to improve emotional and mental wellbeing and support for those experiencing loss and bereavement. The service has accepted 65 referrals to date, and 53 assessments have been undertaken
 - 3.7.6 Take home and settle Service Monday – Friday: This is a reactive discharge service that supports the discharge of patients predominantly aged 50 and older across the hospital. The service supports transport to get the patient home and a staff member to settle them back at home and ensure appropriate follow-ups are in place/ the patient and/or their carer have been signposted to relevant third-sector organisations to obtain more comprehensive support for the long term. At the end of November 2022, 31 patients were supported from LNWHT to their usual place of residence at home.
- 3.8 Supporting Mental Health Service Users: The following are schemes dedicated to supporting Mental Health service users.
- 3.8.1 Mental Health Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge: This scheme supports earlier discharge from general acute and mental health wards, working from admission through to discharge. Multi-Disciplinary agency and Hospital discharge support workers based in inpatient wards, working alongside the acute team to facilitate early discharge for patients deemed clinically appropriate. This scheme is now fully operational and accepting referrals.
 - 3.8.2 Northwick Park Hospital Adult Mental Health Emergency Centre (7-day working): The Mental Health Emergency Centre will be funded on a 7-day working basis, staffed by three MH workers and two outreach

workers who will work to offer contact at the point of admission. The outcome of this scheme is to reduce avoidable admission to general acute or mental health and facilitate earlier discharge from A&E. The joint team would work to support and divert people to settings that better meet their needs while improving patients' experience. This scheme is now fully operational and accepting referrals. The service accepted 41 referrals in November and 35 in December. The exact numbers for Brent are to be confirmed.

3.8.3 Community Places for People with Mental Health Issues and at Risk of Homelessness: This scheme stabilises patients in step-down beds, works closely with community outreach workers and supports patients towards living as independently as possible. The aim is to prevent patients from using A&E as the only place of safety, preventing avoidable Urgent and Emergency Care (UEC) admissions. There are currently four step-down beds occupied.

4.0 Financial Implications

4.1 Total funding secured for the Discharge Planning Schemes is **£ 3.352 million**.

5.0 Legal Implications

5.1 N/A

6.0 Equality Implications

6.1 N/A

6.2. N/A

7.0 Consultation with Ward Members and Stakeholders

7.1 All Winter Planning and ASC Discharge Planning Schemes have been worked through and agreed upon by all Brent key partners.

8.0 Human Resources/Property Implications (if appropriate)

8.1 N/A

Report sign-off:

Phil Porter

Corporate Director - Adult Social Care and Health