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Tameside Metropolitan Borough

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HEALTH AND WELLBEING BOARD

Day: Thursday
Date: 15 June 2023
Time: 10.00 am
Place: Committee Room 1, Tameside One, Market Square, Ashton-Under-Lyne, OL6 6BH

Item No.	AGENDA	Page No
1.	**APOLOGIES FOR ABSENCE** To receive any apologies for absence from Members of the Health and Wellbeing Board.	
2.	**DECLARATIONS OF INTEREST** To receive any declarations of interest from Members of the Health and Wellbeing Board.	
3.	**MINUTES** To receive the Minutes of the meeting of the Health and Wellbeing Board held on 16 March 2023.	1 - 8
4.	**BUILDING BACK FAIRER, STRONGER, TOGETHER: REFRESH OF THE TAMESIDE LOCALITY PLAN AND JOINT HEALTH & WELLBEING STRATEGY** To consider a report of the Assistant Director of Population Health.	9 - 14
5.	**BETTER CARE FUND 2022/23 END OF YEAR RETURN** To consider a report of the Director of Adult Services.	15 - 48
6.	**BETTER CARE FUND 2023-25 PLAN** To consider a report of the Director of Adult Services.	49 - 140
7.	**DATE OF NEXT MEETING** To note that the date of the next meeting of the Health and Wellbeing Board is scheduled for 14 September 2023.	
8.	**URGENT ITEMS** To consider any additional items the Chair is of the opinion shall be dealt with as a matter of urgency.	

From: Democratic Services Unit – any further information may be obtained from the reporting officer or from Charlotte Forrest, Senior Democratic Services Officer, charlotte.forrest@tameside.gov.uk or 0161 342 2346, to whom any apologies for absence should be notified.

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HEALTH AND WELLBEING BOARD

16 March 2023

Commenced: 10.00 am **Terminated:** 11.40 am

Present:	Councillor Wills (Chair)	Executive Member for Population Health and Wellbeing
	Councillor Fairfoull	Deputy Leader (Children and Families)
	Sandra Stewart	Chief Executive
	Alison Stathers-Tracey	Director of Children's Services
	Debbie Watson	Director of Population Health
	Anna Hynes	Action Together
In Attendance:	Diane Burke	DWP
	Bjorn Burdsall	GMFRS
	Richard Hunt	GMP
	Henri Giller	Tameside Children's Safeguarding Board
Officers In Attendance:	James Mallion	Assistant Director of Population Health
	Caroline Barlow	Assistant Director of Finance
	Simon Brunet	Head of Policy, Performance and Intelligence
	Sarah Jamieson	Head of Economy, Employment and Skills
	Tom Hoghton	Policy and Strategy Service Manager

Apologies for Absence: Councillors Sweeton, Taylor and Stephanie Butterworth

19. DECLARATIONS OF INTEREST

There were no declarations of interest.

20. MINUTES

RESOLVED
The Minutes of the meeting of the Health and Wellbeing Board held on 15 September 2022 were agreed as a correct record.

21. BUILDING RESILIENCE: TACKLING POVERTY IN TAMESIDE

The Director of Population Health submitted a report that updated the Board on the progress towards the development of a system-wide strategy to tackle poverty in Tameside. The final draft of the new strategy *'Building Resilience: Tackling Poverty in Tameside'* had been circulated and the Needs Assessment that informed it was available to view on the Council's website.

Following an introduction by the Chair, the Director of Population Health informed the Board that since the last meeting of the Health and Wellbeing Board, held in January 2023, a further round of consultation had taken place on the draft recommendations with additional recommendations incorporated from Greater Manchester Poverty Action (GMPA), Citizens Advice Bureau, Action Together and members of the public.

It was reported that on 22 February 2023, GMPA published their report *'Local anti-poverty strategies – Good practice and effective approaches'* with twelve advisory recommendations for those areas embarking on the development of an anti-poverty strategy. Current work placed Tameside in a

strong position against GMPA's recommendations with the following examples of work that met the recommendations:

- Poverty Needs Assessment.
- Programme of engagement and lived experience listening.
- Poverty Truth Commission.
- Adoption of the socio-economic duty in 2022.
- Partnership approach through the Health and Wellbeing Board.
- Clear leadership with a named Executive Member (Cllr Wills).
- Development of a detailed and tracked action plan (in development now).
- Poverty dashboard (in development now building on the needs assessment).
- Pilot and implementation of Money Advice Referral Tool.

One of the recommendations that came out of the Poverty Truth Commission was for the development of a 'Poverty Charter'. It was proposed that members of the Health and Wellbeing Board signed and agreed this Charter to underline their commitment to tackling poverty in Tameside through the delivery of this Strategy.

It was further reported that work had begun on developing an Action Plan to deliver the ambitions set out in the Strategy over which the Health and Wellbeing Board would have oversight. The delivery of the Plan would be undertaken by a sub-group reporting to the Board. Work had also commenced on a dashboard, which would monitor both the levels and impact of poverty in the Borough and progress towards delivering some of the Strategy's objectives.

Members queried what data would be collated to inform the dashboard and stressed the importance of an economically active approach to reduce the focus on benefits and shift the focus onto employment.

RESOLVED:

(i) That the report be noted;

(ii) That the Health and Wellbeing Board agreed the Strategy and signed the Charter to commit to delivering on the ambitions set out in the Strategy;

(iii) That the draft action plan to monitor both the levels and impact of poverty in the Borough and progress towards delivering some of the Strategy's objectives, be brought to a future meeting of the Health and Wellbeing Board; and

(iv) That a further update on the Strategy be brought to a future meeting of the Health and Wellbeing Board.

22. TAMESIDE INEQUALITIES REFERENCE GROUP

The Head of Policy, Performance and Intelligence submitted a report, which provided an update on the work undertaken during 2022 by the Tameside Inequalities Reference Group (Tameside Inequalities Reference Group) and plans for the forthcoming year. It also included information on the Council's new Equalities Strategy 2023-27, which was appended to the report for information.

It was reported that the Tameside Inequalities Reference Group was established in November 2020 and aimed to reduce inequality in Tameside by providing advisory recommendations on tackling key issues within the community. The group does this by providing a forum for the sharing of ideas and thoughts on carrying out responsibilities under the Equality Act 2010 and the Public Sector Equality Duty. The group was chaired by Councillor Leanne Feeley, in her role as Tameside Council Executive Member with lead responsibility for equalities, with membership from Tameside Council elected Members, NHS Greater Manchester Integrated Care Tameside, Tameside & Glossop Integrated Care NHS Foundation Trust, Voluntary, Community, Faith and Social Enterprise sector and Tameside Independent Advisory Group.

The Board were informed that the Tameside Inequalities Reference Group developed a work programme centred on a number of areas of focus. These were selected based upon feedback

received from members of the public across a range of engagement activities, and reflected the expertise that members of the group bring. Work within each area of focus consisted of involving the voices of people with lived experience of the issue, the use of data and evidence, and benchmarking against other areas. This work had taken the form of assurance updates, rapid pieces of research, and in-depth reviews. Areas of focus within the Tameside Inequalities Reference Group work programme were detailed in the report and included:

- Barriers to accessing information
- Community cohesion
- Digital inclusion
- Voice of people with learning disabilities
- Young people
- Emotional Wellbeing – isolation / loneliness

The Tameside Inequalities Reference Group had met virtually on three occasions during 2022 to receive presentations on the final outputs from each strand of the work programme, as well as other work that was being conducted in the area of inequalities, such as the Tameside Poverty Truth Commission and Manchester Pride's All Equals Charter. A summary of the Tameside Inequalities Reference Group reports was included in the report and the outputs had been published on the Council's website. The recommendations from the reports had been circulated to relevant bodies, service leads, and organisations. Feedback was being sought against each recommendation from all partners and examples were provided on Tameside Council work-streams and activities that directly addressed some of the key recommendations.

The Board were notified that the Tameside Inequalities Reference Group had recently finalised the work programme for the next 12 months from nine possible topics based on the Health and Wellbeing Board work-streams of Poverty, Work and Skills and Healthy Places. The four projects chosen at the Tameside Inequalities Reference Group meeting on 15 March 2023 were:

1. Educational attainment
2. Debt
3. Private rented sector housing
4. Healthcare

The Group also intended to formalise the relationship between the Tameside Inequalities Reference Group and the Health and Wellbeing Board to ensure that future and existing reports had an appropriate platform and were promoted with key partners and would continue to capture progress on all recommendations with all partners represented on the Health and Wellbeing Board, and others where appropriate.

In terms of the Council's new Equalities Strategy 2023-27, it was reported that under the Equality Act 2010, the Local Authority had a statutory duty to publish one or more specific and measurable equality objectives on a four yearly basis. The strategy had been developed using a Local Government Association self-assessment tool, advice from an independent review of the approach to equalities in Tameside Council, engagement with the Partnership Engagement Network, Tameside Inequalities Reference Group reports and a range of consultation and engagement activities.

The nine protected characteristics identified under the Equality Act 2010 were listed as follows:-

1. Age
2. Disability
3. Gender Reassignment
4. Marriage/Civil Partnership
5. Pregnancy & Maternity
6. Race
7. Religion or belief
8. Sex

9. Sexual orientation

The Council had chosen to adopt a further seven local protected characteristics, which were as follows:-

1. Carers
2. Mental Health
3. Breastfeeding
4. Socio-Economic Disadvantage
5. Current & Former Armed Forces
6. Cared for Children
7. Care Leavers

A discussion ensued on the private rented sector and the care experience of young adults.

RESOLVED:
That the report and the Equalities Strategy 2023-27, be noted.

23. JOINT STRATEGIC NEEDS ASSESSMENT UPDATE

The Assistant Director of Population Health submitted a report that provided an update on the progress of the Joint Strategic Needs Assessment (JSNA) and the proposed next steps.

The Health and Wellbeing Board were reminded that it had been agreed at the last meeting of the Board, held in January 2023, to establish a sub-group of the Board to act as a steering group for the JSNA. The Group would be chaired by the Assistant Director of Population Health, with system-wide membership and input. It would have oversight of and drive the work plan for the JSNA to ensure that good quality products were in place as part of this suite of tools to inform strategic decision making across the system.

It was reported that the first meeting of the JSNA had taken place in February 2023 where a draft terms of reference and the core aims and functions of the Group were agreed as follows:

- Produce a robust overview of broad health outcomes to identify those areas where Tameside faces particular challenges or is an outlier.
- Provides in-depth intelligence and recommendations on key issues to inform strategic decision making and commissioning.
- Includes qualitative insight and community voice to inform intelligence in parity with quantitative data.
- Sets out a clear process for prioritisation of work to be completed (e.g. individual needs assessments for commissioning, regulatory, income purposes).

Joint data discussions and targeting support would take place with the Police and the Fire and Rescue Service. The Council's Policy and Performance team had developed a repository of data resources and assets, which would sit under the JSNA.

The Board were informed that following the first meeting of the JSNA Steering Group, a number of next steps had been agreed, which included:

- expanding the membership of the group;
- developing a prioritisation matrix for the work-plan and a clear process;
- mapping all live needs assessments already in the system to ensure accessibility and review gaps; and
- a dedicated focus on prioritising community voice into needs assessment work, including lived experience input into the wider JSNA process.

The next meeting would take place in April 2023 with ongoing reporting to the Health and Wellbeing Board and a work plan for the JSNA to come to a future meeting.

The ambitions were outlined as follows:

- To have a wide range of accessible documentation that everyone could use to inform a variety of work.
- Set quality standards for all needs assessment work to sit under the JSNA to ensure it was robust.
- To have parity of insight from communities and community voice, alongside data intelligence.
- The JSNA would be a comprehensive resource with practical recommendations to inform decision making with a continuous approach.

Members commended the improved accessibility of the JSNA and the link to the relevant webpage being included on recent documentation. The need for good engagement to build insight in a regular and meaningful way was emphasised and a communications plan was required to run alongside the JSNA. It was stressed that increased engagement was required with the schools in the Borough and that the JSNA needed to be shared with them.

RESOLVED:

(i) That the update be noted;

(ii) That regular updates on the JSNA work plan be brought to future meetings of the Health and Wellbeing Board; and

(iii) That the Assistant Director of Population Health make arrangements for engagement with Head Teachers.

24. HEALTH AND WELLBEING BOARD PRIORITY: WORK AND SKILLS

The Assistant Director of Population Health submitted a report on one of the Health and Wellbeing Board's three key priorities, Work and Skills. A series of task and finish groups had been held in the Autumn of 2022 to further define the three key priorities including a session on Work and Skills.

The Head of Economy, Employment and Skills delivered a presentation introducing work and skills and it was reported that unemployment, particularly on a long-term basis, contributed to poor health whereas being in good employment protected health. Tameside had the highest percentage (28.5%) of jobs being paid below the Living Wage in 2021 in Greater Manchester and the lowest level of attainment of NVQ Level 4 (or equivalent) in Greater Manchester; however it had the highest proportion of young people entering into trade apprenticeships.

It was reported that a particular area of focus for the team was those not in education, employment or training (NEET) as Tameside was currently the seventh worst in the country at 8.1% with care leaver NEET figures at 50%, which was a key focus. At Key Stage 4, pupils eligible for free school meals and students with SEN had lower average Attainment 8 scores than their respective counterparts and White pupils had lower average Attainment 8 scores than other racial groups. Cared for Children and those on Child Protection Plans also had lower than average Attainment 8 scores.

A recap from the task and finish groups was provided, which included:

- Job applications being more accessible was a key issue.
- Discussion about a call out to the organisations on the Health and Wellbeing Board – could they provide staff / volunteers/ senior management time to support this agenda.
- More 'real living wage' employers were needed in the borough.
- The hospital had worked to get people from diverse backgrounds into employment.
- There was a need to continue developing relationships with businesses – approach from a social value perspective / sell it as a way to get a good profile and reputation.
- Need to leverage more social value and get more out of the STAR procurement.
- Discussion about schools and children living in poverty being a barrier to education.

- Discussion around disabilities – Routes to Work programme was a small team with low capacity but with fantastic outcomes. Given economic pressures, employers are now less likely to have neuro-diverse workforces due to the extra time and support needed.

The opportunities and the role of the Health and Wellbeing Board in delivering Work & Skills was highlighted. There were a focus on post-16 and factors like pay and job design. Poverty was a separate priority but relevant as tackling poverty and improving cost of living support would help to deliver good work and skills. There were strategies already in place such as:

- Inclusive Growth Strategy;
- Business Resilience Hub;
- Tameside In Work;
- Support for Care Leavers; and
- Routes to Work Supported Employment Service.

The following actions appeared in the Tackling Poverty Strategy, which was directly linked to the priority of Work & Skills:

- Influence employers in the borough to become both Living Wage and Living Hours employers.
- Expand the capacity of the Routes to Work programme to meet demand.
- Reform Social Value to increase the weighting applied to “real living wage” and “real living hours” provider.
- Continue to identify skills gaps in the local economy and drive education and training opportunities to match.
- Further develop the Tameside-in-work progression programme.
- Promote awareness of skillsets that disabled and neuro-diverse people can offer to drive employment and reduce barriers.
- Improve access to employment opportunities and address in-work poverty for people in housing need or those at risk of becoming homeless.
- Continue to drive supply of Further Education opportunities in the borough and increase demand through improved communication and celebrating success.

The Board were informed that a variety of engagement work had been undertaken including a survey of 1,200 residents on employment with 25% of respondents saying they found it difficult to access local employment and 60% were doubtful that they would be able to access a role with a higher salary within 12 months. A lack of jobs and jobs that matched skills were the main reasons why people found accessing employment difficult and salaries of advertised jobs that would not cover expenses was seen as a barrier to employment. Disabled respondents, those earning less than £30,000 per year and unemployed people were more likely to feel there were barriers to accessing higher paying employment opportunities and the majority of those lacking the skills to access better employment had not accessed any related support services.

The next steps were outlined and the Board were told that there would be a future session to explore what more could be done and look to see how they could respond to the survey results, for example how to help residents engage with the support available for them to move into or progress in their current employment. Other areas could include recruitment pathways and whether vacancies were fully accessible to young people, in particular Care Leavers.

An in-depth discussion ensued around those in or those who had recently left the care system, Routes to Work and working with ethnic minority communities with engagement with Diversity Matters North West.

RESOLVED:
That the update be noted.

25. DATE OF NEXT MEETING

RESOLVED:

(i) That the next meeting of the Health and Wellbeing Board scheduled for 15 June 2023 be noted; and

(ii) A Development Session for Health and Wellbeing Board members be held in private immediately after the meeting on 15 June 2023.

26. URGENT ITEMS

There were no urgent items.

CHAIR

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Report to:	**HEALTH AND WELLBEING BOARD**
Date:	15 June 2023
Reporting Officer:	James Mallion, Assistant Director of Population Health
Subject:	**BUILDING BACK FAIRER, STRONGER, TOGETHER: REFRESH OF THE TAMESIDE LOCALITY PLAN AND JOINT HEALTH & WELLBEING STRATEGY**
Report Summary:	The current Locality Plan was published in January 2020 and is due to be refreshed. The current Tameside Corporate Plan, which outlines the health and wellbeing priorities for the borough, also now requires a refresh. It is now proposed to move back to having a specific Joint Health & Wellbeing Strategy for Tameside, alongside the Locality Plan. This report seeks support for the development of a single Joint Health & Wellbeing Strategy and Locality Plan and to receive direction regarding ambition and content.
Recommendations:	The Health & Wellbeing Board is asked to: ▪ Endorse the intention for a single Joint Health & Wellbeing Strategy & Locality Plan. ▪ Endorse the broad overview outlined within the report. ▪ Support the intention to produce an initial draft for consultation by the end of June 2023 and then further develop the plan with residents and system partners. Approve the proposed next steps set out in Section 3 of the report.
Corporate Plan:	Part of the statutory role of the Health & Wellbeing Board is to ensure that a local Joint Health & Wellbeing Strategy is published, which sets out the priorities for improving the health and wellbeing of the local population and how the identified needs will be addressed. For the last few years, this role has been fulfilled by the Corporate Plan, which outlines the key areas of priority across the life course including the specific outcomes and objectives under each area, which should be improved. Many of the existing priorities remain, however this plan will set out separately what the key health and wellbeing priorities will be over the coming years. The combined nature of this plan between the Joint Health & Wellbeing Strategy, and the Locality Plan will also ensure that this is viewed in partnership with integrated approaches between the NHS, the wider health & social care system, Population Health and other parts of the local authority and stakeholders. The updated plan will cut across all parts of the life course and the existing priorities set out in the Corporate Plan.
Policy Implications:	The Board should note the updated national guidance for Health & Wellbeing boards, which set out the importance of the publication of the local Joint Health & Wellbeing Strategy, as well as the vital role of partnership working and oversight from the board across the Integrated Care Partnership and other system partners.

Financial Implications: **(Authorised by the statutory Section 151 Officer & Chief Finance Officer)**	There are no direct financial implications arising from the report at this stage. The updated locality plan and joint health and wellbeing strategy that will be subject to consultation will need to include supporting details of the existing investment by partner organisations and the related benefits that are realised. These will include the financial return on the investment where appropriate and the health improvements for residents across the borough together with the impact on each partner organisation's service demand. Any future additional investment proposals to support the plan and strategy will be subject to robust business cases. These will also need to clearly articulate the expected financial return and the health and service demand improvements that will be delivered for each respective partner organisation. It should be noted that related details will be the subject of future report updates to members of the Health and Wellbeing Board.
Legal Implications: **(Authorised by the Borough Solicitor)**	There are no immediate legal implications arising from this report.
Risk Management:	This refreshed plan, combining the Joint Health & Wellbeing Strategy and Locality Plan will ensure that the Health & Wellbeing Board continues to meet its statutory obligation to publish the Joint Health & Wellbeing Strategy. The close alignment of the approach of the Integrated Care Partnership for Tameside and the Health & Wellbeing Board will reduce the risk of duplication and will promote a more integrated and collaborative approach to setting and meeting outcomes and objectives across the health and care system in the longer term in Tameside.
Access to Information:	All papers relating to this report can be obtained by contacting James Mallion, Assistant Director of Population Health.
Background Information:	The background papers relating to this report can be inspected by contacting James Mallion, Assistant Director of Population Health Telephone: 07970946485 e-mail: james.mallion@tameside.gov.uk

1. INTRODUCTION

1.1 The Tameside and Glossop Locality Plan was published in January 2020, immediately prior to the Covid-19 pandemic. Since that time Tameside and Glossop CCG has closed and been replaced by the Greater Manchester Integrated Care System. The Locality Plan is a key document to set the strategic direction of the integrated care system for Tameside.

1.2 For several years, there has not been a stand-alone Joint Health & Wellbeing Strategy for Tameside as the core priorities and objectives relating to the long-term health outcomes of residents have been outlined in the Tameside Corporate Plan. The Corporate Plan is currently being refreshed and, with the emergence of the Integrated Care System and the publication of the Greater Manchester Integrated Care Partnership Strategy, there is a need to set out a Joint Health & Wellbeing Strategy for Tameside to ensure it aligns to the Integrated Care System Priorities.

1.3 Setting out the priorities for improving the health and wellbeing of the local population is one of the core responsibilities of Health & Wellbeing Boards[1] therefore it is important to ensure the appropriate documentation is in place to reflect the health and wellbeing priorities and strategic direction for Tameside.

1.4 This report sets out the intention to refresh and combine the Tameside Locality Plan and Tameside Joint Health and Wellbeing Strategy into one whole-system document and work programme. The ambitions of the 2020 Locality Plan and Tameside Corporate Plan remain but this refresh allows the commitment to drive improvements in health and wellbeing for the population of Tameside to be re-established in response to the changing local, regional and national context and requirements.

1.5 The proposal is for this plan to be titled 'Building Back Fairer, Stronger, Together', however until engagement is complete and for clarity and simplicity, the Joint Health & Wellbeing Strategy and Locality Plan will be referred to simply as 'The Plan' throughout this document.

2. APPROACH TO DEVELOPING THE PLAN

2.1 It is proposed that, following discussion with the Tameside Provider Partnership and Strategic Partnership Board, key officers will progress with developing a draft for consultation by the end of June 2023. While this version of The Plan would be shared with partners, including the GM Integrated Care Board, this will not be the final version, as there will then be a series of consultation and engagement sessions with residents throughout the summer to seek their input and views on The Plan. There will then be final changes made ahead of publication in the autumn of 2023.

2.2 The Plan will reflect some of the ongoing priorities already articulated in the current Locality Plan for Tameside and the Corporate Plan. However, it will also ensure that priorities from the GM ICP Strategy are reflected, as well as the recent work of the Tameside Health & Wellbeing Board, which last year set out a Charter to ensure members were committed to the Board acting as a standing commission to tackle inequalities and focussed on the upstream wider determinants of health. The Health & Wellbeing Board established three key priorities set out to drive improvements in the health of our residents: poverty; work & skills; and healthy places. The Joint Health & Wellbeing Strategy should reflect the work plan of the Health & Wellbeing Board and will therefore align closely to these current priorities.

2.3 The document will be produced with accessibility in mind in terms of presentation and language, to ensure that this is a useful strategic plan for our partners, as well as being accessible for residents.

[1] Health and wellbeing boards – guidance - GOV.UK (www.gov.uk)

3. OUTLINE OF CONTENTS

3.1 The Plan will contain an introductory section to outline the context and current situation in Tameside relating to the health and care system and health and wellbeing outcomes across the borough. This will be presented visually and will include overviews of key data and health challenges in the borough, particularly highlighting the inequalities in Tameside. There will also be an overview of the 'Tameside journey' in terms of change in the system in recent years, and the strategic drivers for the priorities set in Tameside such as other local, regional and national strategy and the agreed principles of system working.

3.2 The vision for both the Locality Plan and Joint Health & Wellbeing Strategy will also be set out with a focus on the three key principles of Building Back Fairer; Building Back Stronger; and Building Back Together. The ambition around these principles will be articulated across the life course and considering some of the key existing work including: the Health & Wellbeing Board Charter; priorities of the Health & Wellbeing Board; the agreed outcomes metrics across system partners; mental health & wellbeing as a cross-cutting priority; and tackling inequalities. A draft of this approach is outlined in the draft plan-on-a-page below.

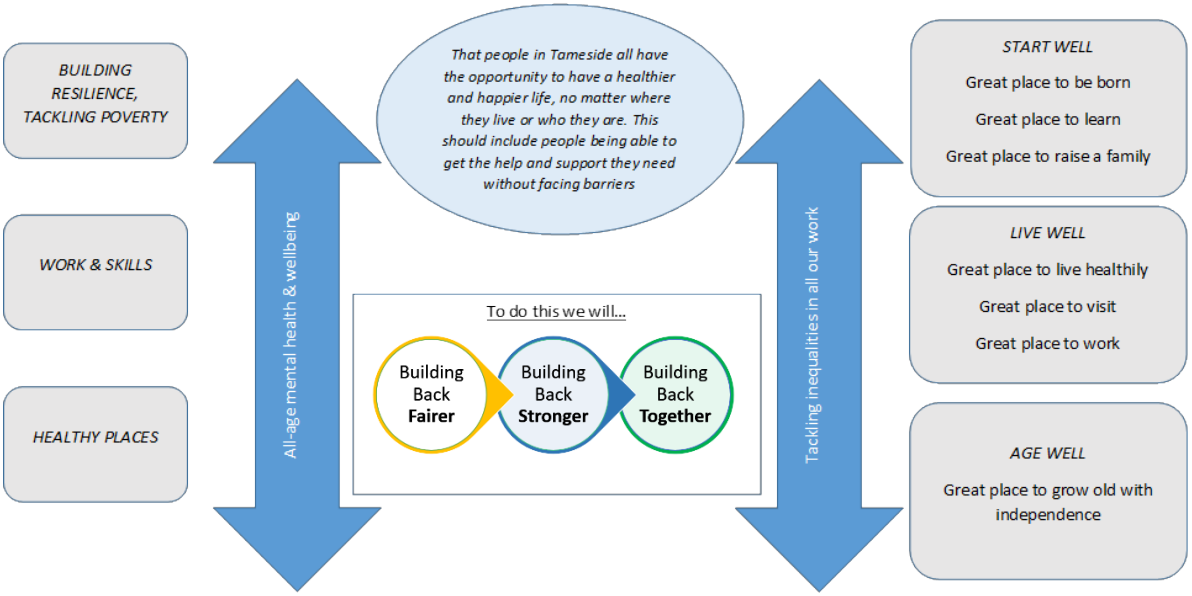

Figure 1: Draft plan-on-a-page of the Locality Plan / Joint Health & Wellbeing Strategy

3.3 The latter sections of The Plan will detail the health and care delivery model, linking this back to the key health and wellbeing priorities; and the priority work programmes, which will put in place to achieve the outcomes and ambitions. In order to deliver this, detail will be included around enablers in the system as well as the approach to improvement and oversight of all work programmes.

4. PROPOSED NEXT STEPS

4.1 The proposal is to progress with producing The Plan as outlined above with a draft for consultation by the end of June 2023, followed by a period of community consultation and engagement ahead of final publication of the Locality Plan and Joint Health & Wellbeing Strategy in September 2023.

4.2 The work to develop this plan will also engage with ongoing work to refresh the Tameside Corporate Plan and ensure they align.

4.3 Following publication of the plan, there will be oversight of this joint document in both the Tameside Strategic Partnership Board and the Health & Wellbeing Board. Each of these

Boards will produce relevant delivery plans, which will sit as part of the locality integrated care delivery in Tameside and in the form of the work plan of the Health & Wellbeing Board. These will ensure that work programmes are progressing to achieve the ambitions and outcomes set out in The Plan.

5. RECOMMENDATIONS

5.1 As set out at the front of the report.

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Report to:	**HEALTH & WELLBEING BOARD**
Date:	15 June 2023
Executive Member / Reporting Officer:	Councillor Eleanor Wills – Executive Member for Population Health & Wellbeing Councillor John Taylor - Executive Member for Adult Social Care, Homelessness and Inclusivity Stephanie Butterworth - Director of Adult Services Trish Cavanagh – Deputy Place Based Lead, Tameside Locality
Subject:	**BETTER CARE FUND 2022/23 END OF YEAR RETURN**
Report Summary:	This report provides details of the 2022/23 end of year expenditure and supporting metrics via the Better Care Fund (BCF) awarded to the Tameside locality. The fund also includes the national discharge funding that was awarded to the locality during the financial year. The core purpose of BCF is to support people to live healthy, independent and dignified lives, through joining up health, social care and housing services seamlessly around the person. The two core BCF objectives are: • Enable people to stay well, safe and independent at home for longer • Provide the right care in the right place at the right time These requirements focus the use of BCF funding on the objectives of the fund and improving performance against key metrics for working age and older adults. Ring fenced Disabled Facilities Grant (DFG) funding continues to be allocated through the BCF Locality areas are required to report on the performance of the initiatives supported via BCF investment. The end of year return is to be approved locally by Health and Wellbeing boards with subsequent confirmation sent to regional and national teams.
Recommendations:	The Health and Wellbeing Board approve the Tameside Locality Better Care Fund 2022/23 end of year return **(Appendix 1)**. The provisional return was submitted to the national Better Care Fund Team by the 23 May 2023 deadline and was subject to Health and Wellbeing Board approval. Subsequent approval confirmation will be sent to the national team.
Financial Implications: **(Authorised by the statutory Section 151 Officer & Chief Finance Officer)**	The report provides details of the Tameside locality Better Care Fund end of year return for the financial year 2022/23 (**Appendix 1**), a total locality funding allocation of £37.551m. The table below provides a summary of the funding allocated to the Council and the Integrated Care Board. The locality fully expended the total allocation awarded of £37.551m (table 1, section 2.6) refers.

	2022/23 Funding		
	Council	ICB	Total
	£ m	£ m	£ m
Revenue			
Better Care Fund	12.441	7.029	19.470
Improved Better Care Fund	12.585	0	12.585
Discharge Fund	0.962	1.685	2.647
Sub Total	25.988	8.714	34.702
Capital			
Disabled Facilities Grant	2.849	0	2.849
Total	**28.837**	**8.714**	**37.551**

More widely, the system provided for £134.611m in the 2022/23 Section 75 pooled fund, albeit this has been complicated by the incorporation of the Greater Manchester Integrated Care Board (GMICB) in July 2022.

The 2022/23 revenue funding allocations awarded to the Council are included within the 2022/23 Adult Services net revenue outturn total of £48.682m against a budget of £45.961m. The primary cause of the cost pressure (£2.721m) was due to additional demographic demand on short and long term placements compared to the budgeted level and the locality worked to manage this across the system. At year-end, the Council had delivered exceptionally to the Discharge to Assess scheme. This supports the wider system but placed additional pressure on a fragile and scarce market, particularly for short-term residential and nursing placements.

The Disabled Facilities Grant allocation was received as a capital grant by the Council and was used to support household adaptations that maximise independence and support vulnerable adults to remain in their own homes for as long as possible. In doing so, the Council delivers the right outcome for the resident at the right price, ensuring it remained as efficient as it could be in delivering vital services. The out-turn position was a use of grant to the value of £2.593m to support ongoing and enhanced activity in this area as a key opportunity to support residents effectively whilst managing the Adult Social Care revenue budget efficiently to ensure expenditure does not exceed planned resources.

The revenue and capital allocations were subject to robust monitoring within the Adult Services Directorate budgets during the 2022/23 financial year, the details of which were reported to the Council's Executive Cabinet. Each of the funding allocations were also be monitored in accordance with their related grant conditions.

The related metrics for the Tameside locality that were delivered by the investment in 2022/23 are provided in section 4 of **Appendix 1**.

It is essential that equivalent robust monitoring arrangements

	continue in 2023/24 and beyond to ensure that the expected outcomes are delivered. Mitigating actions will be required during the year where there is a risk of any adverse variance to the expected levels.
Legal Implications: **(Authorised by the Borough Solicitor)**	The Better Care Fund Framework 2022/23 is a central government initiative intended to ensuring joint working between health, social care and housing services to help older people and those with complex needs and disabilities to live at home for longer. As part of this joint working, local authorities are required to develop capacity and demand plans for intermediate care covering both admissions avoidance and hospital discharge across health and social care to help the system prepare for winter. Further details in relation to the operation of the Fund are detailed in the main body of the report.
Links to the Health and Wellbeing Strategy:	The Better Care Fund is one of the government's national vehicles for driving health and social care integration. It requires Integrated Care Board (ICB) and local government to agree a joint plan, owned by the Health and Wellbeing Board. These are joint plans for using pooled budgets to support integration, governed by an agreement under section 75 of the NHS Act (2006).
Risk Management:	This report sets out how the funding was used to avoid the risk of recovery.
Access to Information:	The background papers relating to this report can be inspected by contacting the report writer, Tracey Harrison Telephone: 0161 342 3414 e-mail: tracey.harrison@tameside.gov.uk

1. INTRODUCTION

1.1 This report details the 2022/23 Better Care Fund (BCF) end of year position for the Tameside locality, which incorporates the national discharge funding, awarded during the financial year.

1.2 The core purpose of BCF is to support people to live healthy, independent and dignified lives, through joining up health, social care and housing services seamlessly around the person. The two core BCF objectives are:

- Enable people to stay well, safe and independent at home for longer
- Provide the right care in the right place at the right time

1.3 2022/23 was a transitional period for the BCF that included engagement with Integrated Care Boards following the publication of the Integration White paper. The BCF is one of the government's national vehicles for driving health and social care integration. It requires Integrated Care Boards (ICB) and local government to agree a joint plan that is overseen by the Health and Wellbeing Board.

1.4 There were minimal changes made to the BCF in 2022/23. The 2022/23 BCF policy framework was designed to build on progress made during the COVID-19 pandemic by strengthening the integration of commissioning and delivery of services and delivering person-centred care, as well as continuing to support system recovery from the pandemic.

1.5 As in previous years, the NHS contribution to the BCF includes funding to support the implementation of the Care Act 2014. In addition, BCF includes the Disabled Facilities Grant (DFG), Improved Better Care Fund (iBCF) and the national discharge funding that was awarded during the financial year was included within the BCF reporting process.

2. BETTER CARE FUND 2022/23

2.1 The Government published the Policy Framework for the 2022/23 BCF via the following link:
https://www.gov.uk/government/publications/better-care-fund-policy-framework-2022-to-2023

2.2 At the same time, NHS England and the LGA published the Planning Requirements for the BCF via the following link:
https://www.england.nhs.uk/wp-content/uploads/2022/07/B1296-Better-Care-Fund-planning-requirements-2022-23.pdf

2.3 The national conditions for the BCF in 2022/23 were :-

- A jointly agreed plan between local health and social care commissioner, signed off by the Health and Wellbeing Board.
- NHS contribution to adult social care at Health and Wellbeing Bard level to be maintained in line the uplift to NHS minimum contribution. Page 134
- Invest in NHS commissioned out-of-hospital services.
- A plan for improving outcomes for people being discharged from hospital.
- Implementing the BCF policy objectives.

2.4 The 2022/23 end of year BCF report is provided at **Appendix 1.**

2.5 The provisional return was submitted to the national Better Care Fund Team by the 23 May 2023 deadline and was subject to Health and Wellbeing Board approval.

Subsequent approval confirmation will be sent to the national team.

2.6 **Table 1** provides details of the 2022/23 year end expenditure compared to funding awarded to the Tameside locality. The locality fully expended the total allocation awarded of £37.551m.

Table 1

	2022/23 Council			2022/23 ICB			2022/23 Total		
	Funding	**Outturn**	**Var**	**Funding**	**Outturn**	**Var**	**Funding**	**Outturn**	**Var**
	£ m	**£ m**	**£ m**	**£ m**	**£ m**	**£ m**	**£ m**	**£ m**	**£ m**
Revenue									
Better Care Fund	12.441	12.697	0.256	7.029	7.029	0	19.470	19.726	0.256
Improved Better Care Fund	12.585	12.585	0	0	0	0	12.585	12.585	0
Discharge Fund	0.962	0.962	0	1.685	1.685	0	2.647	2.647	0
Sub Total	25.988	26.244	0.256	8.714	8.714	0.000	34.702	34.958	0.256
Capital									
Disabled Facilities Grant	2.849	2.593	-0.256	0	0	0	2.849	2.593	-0.256
Total	**28.837**	**28.837**	**0**	**8.714**	**8.714**	**0**	**37.551**	**37.551**	**0**

3. RECOMMENDATIONS

3.1 As set out at the front of the report.

Better Care Fund 2022-23 End of Year Template

1. Guidance

Overview
The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2022-23, which supports the aims of the BCF Policy Framework and the BCF programme; jointly led and developed by the national partners Department of Health (DHSC), Department for Levelling Up, Housing and Communities, NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS). The key purposes of BCF reporting are: 1) To confirm the status of continued compliance against the requirements of the fund (BCF) 2) To confirm actual income and expenditure in BCF plans at the end of the financial year 3) To provide information from local areas on challenges, achievements and support needs in progressing the delivery of BCF plans 4) To enable the use of this information for national partners to inform future direction and for local areas to inform improvements BCF reporting is likely to be used by local areas, alongside any other information to help inform HWBs on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including ICB's, local authorities and service providers) for the purposes noted above. BCF reports submitted by local areas are required to be signed off by HWBs as the accountable governance body for the BCF locally. Aggregated reporting information will be published on the NHS England website in due course.
Note on entering information into this template
Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a grey background, as below:
Data needs inputting in the cell
Pre-populated cells
Note on viewing the sheets optimally
To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.

The row heights and column widths can be adjusted to fit and view text more comfortably for the cells that require narrative information.

Please DO NOT directly copy/cut & paste to populate the fields when completing the template as this can cause issues during the aggregation process. If you must 'copy & paste', please use the 'Paste Special' operation and paste Values only.

The details of each sheet within the template are outlined below.

ASC Discharge Fund-due 2nd May

This is the last tab in the workbook and must be submitted by 2nd May 2023 as this will flow to DHSC. It can be submitted with the rest of workbook empty as long as all the details are complete within this tab, as well as the cover sheet although we are not expecting this to be signed off by HWB at this point. The rest of the template can then be later resubmitted with the remaining sections completed.

After selecting a HWB from the dropdown please check that the planned expenditure for each scheme type submitted in your ASC Discharge Fund plan are populated.
Please then enter the actual packages of care that matches the unit of measure pre-specified where applicable.
If there are any new scheme types not previously entered, please enter these in the bottom section indicated by a new header. At the very bottom there is a totals summary for expenditure which we'd like you to add a breakdown by LA and ICB.

Please also include summary narrative on:
1. Scheme impact
2. Narrative describing any changes to planned spending – e.g. did plans get changed in response to pressures or demand? Please also detail any underspend.
3. Assessment of the impact the funding delivered and any learning. Where relevant to this assessment, please include details such as: number of packages purchased, number of hours of care, number of weeks (duration of support), number of individuals supported, unit costs, staff hours purchased and increase in pay etc
4. Any shared learning

Checklist (2. Cover)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF Team.

2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'

3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
5. Please ensure that all boxes on the checklist are green before submission.

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. HWB sign off will be subject to your own governance arrangements which may include a delegated authority.
3. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to:
england.bettercarefundteam@nhs.net
(please also copy in your respective Better Care Manager)
4. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

3. National Conditions

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2022-23 (link below) continue to be met through the delivery of your plan. Please confirm as at the time of completion.

https://www.england.nhs.uk/publication/better-care-fund-planning-requirements-2022-23/

This sheet sets out the four conditions and requires the Health & Wellbeing Board to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met for the year and how this is being addressed. Please note that where a National Condition is not being met, the HWB is expected to contact their Better Care Manager in the first instance.

In summary, the four national conditions are as below:
National condition 1: Plans to be jointly agreed
National condition 2: NHS contribution to adult social care is maintained in line with the uplift to NHS Minimum Contribution
National condition 3: Agreement to invest in NHS commissioned out-of-hospital services
National condition 4: Plan for improving outcomes for people being discharged from hospital

4. Metrics

The BCF plan includes the following metrics: Unplanned hospitalisation for chronic ambulatory care sensitive conditions, Proportion of discharges to a person's usual place of residence, Residential Admissions and Reablement. Plans for these metrics were agreed as part of the BCF planning process.

This section captures a confidence assessment on achieving the plans for each of the BCF metrics.
A brief commentary is requested for each metric outlining the challenges faced in achieving the metric plans, any support needs and successes that have been achieved.
The BCF Team publish data from the Secondary Uses Service (SUS) dataset for Dischaege to usual place of residence and avoidable admissions at a local authority level to assist systems in understanding performance at local authority level.

The metrics worksheet seeks a best estimate of confidence on progress against the achievement of BCF metric plans and the related narrative information and it is advised that:
- In making the confidence assessment on progress, please utilise the available metric data along with any available proxy data.
- In providing the narrative on Challenges and Support needs, and Achievements, most areas have a sufficiently good perspective on these themes and the unavailability of published metric data for one/two of the three months of the quarter is not expected to hinder the ability to provide this useful information. Please also reflect on the metric performance trend when compared to the quarter from the previous year - emphasising any improvement or deterioration observed or anticipated and any associated comments to explain.

Please note that the metrics themselves will be referenced (and reported as required) as per the standard national published datasets.

5. Income and Expenditure

The Better Care Fund 2022-23 pool constitutes mandatory funding sources and any voluntary additional pooling from LAs (Local Authorities) and NHS. The mandatory funding sources are the DFG (Disabled Facilities Grant), the improved Better Care Fund (iBCF) grant, minimum NHS contribution and additional contributions from LA and NHS. This year we include final spend from the Adult Social Care discharge fund.

Income section:
- Please confirm the total HWB level actual BCF pooled income for 2022-23 by reporting any changes to the planned additional contributions by LAs and NHS as was reported on the BCF planning template.
- In addition to BCF funding, please also confirm the total amount received from the ASC discharge fund via LA and ICB if this has changed.
- The template will automatically pre populate the planned expenditure in 2022-23 from BCF plans, including additional contributions.
- If the amount of additional pooled funding placed intothe area's section 75 agreement is different to the amount in the plan, you should select 'Yes'. You will then be able to enter a revised figure. Please enter the **actual income** from additional NHS or LA contributions in 2022-23 in the yellow boxes provided, **NOT** the difference between the planned and actual income.
- Please provide any comments that may be useful for local context for the reported actual income in 2022-23.

Expenditure section:

- Please select from the drop down box to indicate whether the actual expenditure in your BCF section 75 is different to the planned amount.
- If you select 'Yes', the boxes to record actual spend, and explanatory comments will unlock.
- You can then enter the total, HWB level, actual BCF expenditure for 2022-23 in the yellow box provided and also enter a short commentary on the reasons for the change.
- Please include actual expenditure from the ASC discharge fund.
- Please provide any comments that may be useful for local context for the reported actual expenditure in 2022-23.

6. Year End Feedback

This section provides an opportunity to provide feedback on delivering the BCF in 2022-23 through a set of survey questions
These questions are kept consistent from year to year to provide a time series.
The purpose of this survey is to provide an opportunity for local areas to consider the impact of BCF and to provide the BCF national partners a view on the impact across the country. There are a total of 5 questions. These are set out below.

Part 1 - Delivery of the Better Care Fund

There are a total of 3 questions in this section. Each is set out as a statement, for which you are asked to select one of the following responses:

- Strongly Agree
- Agree
- Neither Agree Nor Disagree
- Disagree
- Strongly Disagree

The questions are:
1. The overall delivery of the BCF has improved joint working between health and social care in our locality
2. Our BCF schemes were implemented as planned in 2022-23
3. The delivery of our BCF plan in 2022-23 had a positive impact on the integration of health and social care in our locality

Part 2 - Successes and Challenges

This part of the survey utilises the SCIE (Social Care Institue for Excellence) Integration Logic Model published on this link below to capture two key challenges and successes against the 'Enablers for integration' expressed in the Logic Model.

Please highlight:
4. Two key successes observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2022-23.
5. Two key challenges observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2022-23?

For each success and challenge, please select the most relevant enabler from the SCIE logic model and provide a narrative describing the issues, and how you have made progress locally.
SCIE - Integrated care Logic Model

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rurual factors)
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users
4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
5. Integrated workforce: joint approach to training and upskilling of workforce
6. Good quality and sustainable provider market that can meet demand
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care

Department of Health & Social Care | Department for Levelling Up, Housing & Communities | Local Government Association | NHS England

Better Care Fund 2022-23 End of Year Template

2. Cover

Version 1.0

Please Note:

- The BCF end of year reports are categorised as 'Management Information' and data from them will published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.

- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.

- All information will be supplied to BCF partners to inform policy development.

- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

			Checklist Complete:
Health and Wellbeing Board:	Tameside		Yes
Completed by:	Stephen Wilde		Yes
E-mail:	stephen.wilde@tameside.gov.uk		Yes
Contact number:	07817260386		Yes
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No		Yes
If no, please indicate when the report is expected to be signed off:	Thu 15/06/2023	<< Please enter using the format, DD/MM/YYYY	Yes

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. This does not apply to

Please see the Checklist on each sheet for further details on incomplete fields

	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5. Income and Expenditure actual	Yes
6. Year-End Feedback	Yes

<< Link to the Guidance sheet

^^ Link back to top

Better Care Fund 2022-23 End of Year Template

3. National Conditions

Selected Health and Wellbeing Board: Tameside

Confirmation of Nation Conditions			
National Condition	**Confirmation**	**If the answer is "No" please provide an explanation as to why the condition was not met**	
1) A Plan has been agreed for the Health and Wellbeing Board area that includes all mandatory funding and this is included in a pooled fund governed under section 75 of the NHS Act 2006? (This should include engagement with district councils on use of Disabled Facilities Grant in two tier areas)	Yes		Yes
2) Planned contribution to social care from the NHS minimum contribution is agreed in line with the BCF policy?	Yes		Yes
3) Agreement to invest in NHS commissioned out of hospital services?	Yes		Yes
4) Plan for improving outcomes for people being discharged from hospital	Yes		Yes

Checklist

Complete:

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Care Fund 2022-23 End of Year Ten

4. Metrics

Selected Health and Wellbeing Board: Tameside

National data may be unavailable at the time of reporting. As such, please utilise data that may only be available system-wide and other local

Challenges and Support Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans

Achievements Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Metric	Definition	For information - Your planned performance as reported in 2022-23	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome	3,059.0	On track to meet target	Main challenge is workforce recruitment and operationalising SDEC	Actual was 3,015
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	93.7%	On track to meet target	Capacity / availability of workforce	Actual was 95.03%
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	642	Not on track to meet target	In 2022/23 we had a significant number of people on temporary residential contracts where a decision needed to be made on whether they are able to return home or will be take up a	The provisional figure for 2022/23 is 668.4 per 100,000 equating to 277 new
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into	76.2%	Not on track to meet target	There have been many challenges in meeting the planned performance for this indicator including providers having staffing recruitment and retention isses at times. In order to support the	The provisional figure for 2022/23 is 74.8%

Checklist Complete:
Yes
Yes
Yes
Yes

Better Care Fund 2022-23 End of Year Template

5. Income and Expenditure actual

Selected Health and Wellbeing Board: Tameside

Income

	2022-23	
Disabled Facilities Grant	£2,849,319	
Improved Better Care Fund	£12,585,188	
NHS Minimum Fund	£19,469,761	
Minimum Sub Total		£34,904,268

	Planned		Actual		
NHS Additional Funding	£0		Do you wish to change your additional actual NHS funding?	No	
LA Additional Funding	£0		Do you wish to change your additional actual LA funding?	No	
Additional Sub Total		£0			

	Planned 22-23	Actual 22-23
Total BCF Pooled Fund	£34,904,268	£34,904,268

ASC Discharge Fund

	Planned		Actual		
LA Plan Spend	£961,697		Do you wish to change your additional actual LA funding?	No	
ICB Plan Spend	£1,684,848		Do you wish to change your additional actual ICB funding?	No	
ASC Discharge Fund Total		£2,646,545			

	Planned 22-23	Actual 22-23
BCF + Discharge Fund	£37,550,813	£37,550,813

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2022-23	

Expenditure

	2022-23
Plan	£34,904,268

Do you wish to change your actual BCF expenditure?	No

Actual	£34,904,268

	ASC Discharge Fund
Plan	£2,646,545

Do you wish to change your actual BCF expenditure?	No

Actual	£2,646,545

Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2022-23	

£0

£2,646,545

Checklist

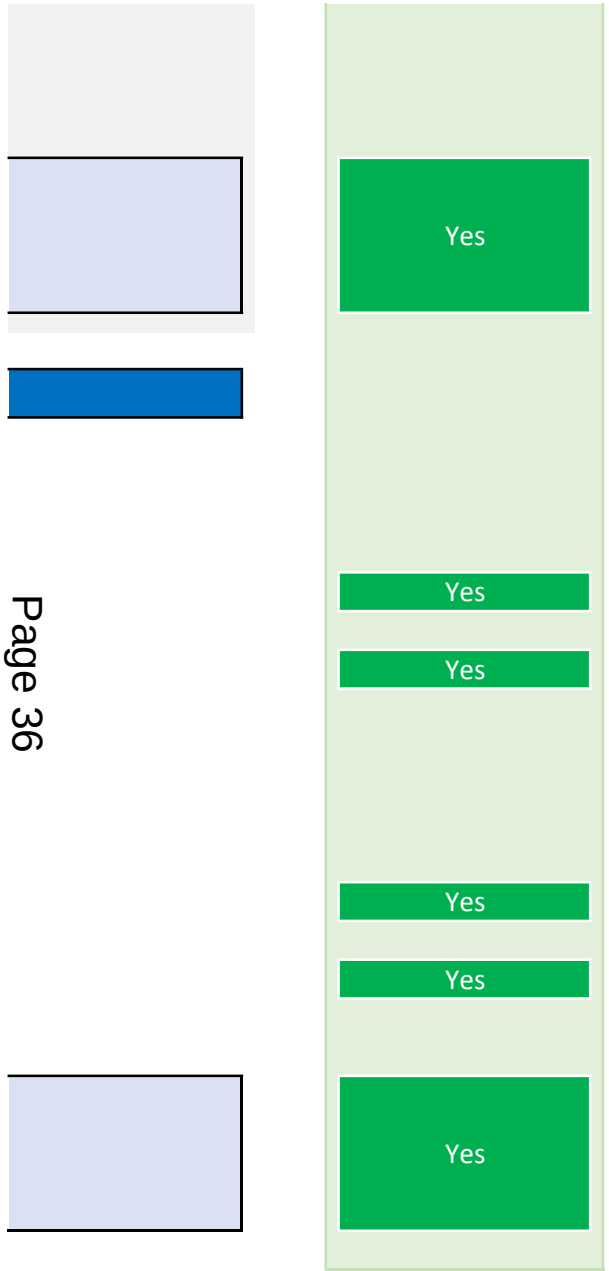
Complete:

Yes

Yes

Yes

Yes


Yes
Yes
Yes
Yes
Yes
Yes

Better Care Fund 2022-23 End of Year Template

6. Year-End Feedback

The purpose of this survey is to provide an opportunity for local areas to consider and give feedback on th
There is a total of 5 questions. These are set out below.

Selected Health and Wellbeing Board: Tameside

Part 1: Delivery of the Better Care Fund

Please use the below form to indicate to what extent you agree with the following statements and then d

Statement:	Response:
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Agree
2. Our BCF schemes were implemented as planned in 2022-23	Agree
3. The delivery of our BCF plan in 2022-23 had a positive impact on the integration of health and social care in our locality	Agree

Part 2: Successes and Challenges

Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in p
challenge in progressing.
Please provide a brief description alongside.

4. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2022-23	SCIE Logic Model Enablers, Response category:
Success 1	8. Pooled or aligned resources
Success 2	2. Strong, system-wide governance and systems leadership

5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2022-23	SCIE Logic Model Enablers, Response category:
Challenge 1	3. Integrated electronic records and sharing across the system with service users
Challenge 2	6. Good quality and sustainable provider market that can meet demand

Footnotes:

Question 4 and 5 are should be assigned to one of the following categories:

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factc
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users

4. Empowering users to have choice and control through an asset based approach, shared decision making
5. Integrated workforce: joint approach to training and upskilling of workforce
6. Good quality and sustainable provider market that can meet demand
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care
Other

e impact of the BCF.

etail any further supporting information in the corresponding comment boxes.

Comments: Please detail any further supporting information for each response	Checklist Complete:
Due to the nature of collaborative working in the locality the BCF has aimed to solidify that joined up working and approach to system wide approaches around management of investment for the betterment of system wide management of capacity within the health and care system.	Yes
The investment was implemented as agreed.	Yes
The investment supported reinforcing collaborative working which was already present within the locality.	Yes

rogressing and two Enablers which you have experienced a relatively greater degree of

Response - Please detail your greatest successes	
In relation to projecting the older population of Tameside over the next 21 years, the over 80 year old and over 90 year old population is expected to increase by 69% and 92% respectively. The over 65 population is also expected to increase by nearly 20%. This is in contrast to other age groups which see much smaller growth. The purpose of the Acute Frailty Service is to avoid unwarranted hospital admission for older people presenting with acute frailty syndromes, and to reduce their length of stay where admission does occur.	Yes
The locality have strong system wide leadership which looks to include all providers across the system and during 22/23 this was further embedded following the establishment of ICBs. The locality partnerships embedded an integrated programme approach to improvement oversee at both executive and operational levels. Collaboration and development of improvement schemes. The detailed work has been done through smaller working groups working with partners via our leads in both health and ASC with operational oversight a key feature of our locality Urgent Care board and weekly Executive LOS meeting	Yes

Response - Please detail your greatest challenges	
Data sharing continues to be a significant barrier to effective MDT approaches. The work being done around the adoption of the Greater Manchester Shared Care Record and associated digitisation of care planning should look to support this, however there is sigificant clinical governance required to support this which may look different within each neighbourhood footprint.	Yes
The Care Home and Home Care market continues to be an area of focus for our locality with the aim to create and support sustainable partners to support patient flow through the system and provide suitable options for our population. 22/23 saw provider engagment in the national fair cost of care exercise enabling a clear understanding of the challenges faced in the sector. Winter discharge funding provided some short term relief enabling the locality to stabilise the market in the short term.	Yes

ɔrs)

Better Care Fund 2022-23 End of Year Template

ASC Discharge Fund

Selected Health and Wellbeing Board: Tameside

Please complete and submit this section (along with Cover sheet contained within this workbook) by 2nd May

For each scheme type please confirm the impact of the scheme in relation to the relevant units asked for and actual expenditure. Please then provide narrative around how the fu
any changes to planned spend. At the very bottom of this sheet there is a totals summary, please also include aggregate spend by LA and ICB which should match actual total prepc
The actual impact column is used to understand the benefit from the fund. This is different for each sheme and sub type and the unit for this metric has been pre-populated. This w
scheme types.

1) For 'residential placements' and 'bed based intermediary care services', please state the number of beds purchased through the fund. (i.e. if 10 beds are made available for 12 w
column K explanation that this achieve 120 weeks of bed based care).
2) For 'home care or domiciliary care', please state the number of care hours purchased through the fund.
3) For 'reablement in a person's own home', please state the number of care hours purchased through the fund.
4) For 'improvement retention of existing workforce', please state the number of staff this relates to.
5) For 'Additional or redeployed capacity from current care workers', please state the number of additional hours worked purchased through the fund purchased.
6) For 'Assistive Techonologies and Equipment' , please state the number of unique beneficiaries through the fund.
7) For 'Local Recruitment Initiatives', please state the additional number of staff this has helped recruit through the fund.

If there are any additional scheme types invested in since the submitted plan, please enter these into the bottom section found by scrolling further down.

Scheme Name	Scheme Type	Sub Types	Planned Expenditure	Actual Expenditure	Actual Number of Packages	Unit of Measure
Discharge Lounge	Additional or redeployed capacity from current care workers	Local staff banks	£475,000	£475,000	880	hours worked
Domicillary Care Market	Home Care or Domiciliary Care	Domiciliary care packages	£599,697	£599,697	2,686	Hours of care

FP10 in UTC/ED	Other		£50,000	£50,000		N/A
Home First Initiatives	Additional or redeployed capacity from current care workers	Local staff banks	£300,000	£300,000	2,995	hours worked
Intermediate Care Step Down	Bed Based Intermediate Care Services	Step down (discharge to assess pathway 2)	£434,848	£434,848	7	Number of beds
pharmacy	Local recruitment initiatives		£150,000	£150,000	3	number of additional staff
SDEC	Other		£62,000	£62,000		N/A
Transport	Other		£75,000	£75,000		N/A

Schemes added since Plan						
	<Please Select>					
	<Please Select>					

Planned Expenditure	£2,646,545
Actual Expenditure	£2,646,545
Actual Expenditure ICB	£1,684,848
Actual Expenditure LA	£961,697

nd was utilised, the duration of care it provided and and
opulation.
ill align with metrics reported in fortnightly returns for

eeks, please put 10 in column H and please add in your

Did you make any changes to planned spending?	If yes, please explain why	Did the scheme have the intended impact?	If yes, please explain how, if not, why was this not possible and any learning	Do you have any learning from this scheme?
No		Yes	The Discharge Lounge is fully operational (10 hours per day - excluding bank holidays - total hours calculated for the final quarter in 22/23). The Discharge Lounge has supported urgent	
No		Yes	The funding was used to purchase additional reablement capacity along with paying retention payments to homecare providers to maintain existing packages and purchase additional	

No		Yes	Use of FP10s in UTC/ED releases some of the pressure on the Pharmacy service to foucs on supporting flow within the Trust.	
No		Yes	Home First has supported patients to be discharged from hospital on the day that they are medically optimised. The patients assessment takes place in their own home which	
No		Yes	Step down from hospital provides the opportunity for patients to benefit from timely discharge to our community intermediate care and complex discharge planning unit (Stamford Unit) or a	
No		Yes	Additional staff used to support flow across the site (including D/L when opened).	
No		Yes	Expanding the hours of SDEC has enabled more patients to be cared for on the unit and discharged back to their place of residence.	
No		Yes	The additional discharge vehicles has prevented delays in patients awaiting transport back to their place of residence across 7 days.	

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Report to:	**HEALTH & WELLBEING BOARD**
Date:	15 June 2023
Executive Member / Reporting Officer:	Councillor Eleanor Wills – Executive Member for Population Health & Wellbeing Councillor John Taylor - Executive Member for Adult Social Care, Homelessness and Inclusivity Stephanie Butterworth - Director of Adult Services Trish Cavanagh – Deputy Place Based Lead, Tameside Locality
Subject:	**BETTER CARE FUND 2023-25 PLAN**
Report Summary:	This report outlines the planning requirements for the Better Care Fund (BCF) 2023/25, which now incorporates the previously separate the national discharge funding. The core purpose of BCF is to support people to live healthy, independent and dignified lives, through joining up health, social care and housing services seamlessly around the person. The two core BCF objectives are: • Enable people to stay well, safe and independent at home for longer • Provide the right care in the right place at the right time These requirements focus the use of BCF funding on the objectives of the fund and improving performance against key metric for working age and older adults. This year sees the introduction of capacity and demand monitoring for the core BCF fund and fortnightly monitoring against the discharge funding streams. This to plan for and inform commissioning intentions linked to any potential gaps in capacity. Ring fenced Disabled Facilities Grant (DFG) funding continues to be allocated through the BCF Local areas are required to set out how they intend to deploy BCF and additional discharge funding, with a clear narrative plan alongside finance and data reporting. This to be approved locally by Health and Wellbeing boards prior to submission to regional and national teams.
Recommendations:	1. The Health and Wellbeing Board approve the Tameside Locality Better Care Fund Plan 2023 to 2025 that has to be submitted to the national Better Care Fund Team by 28 June 2023 2. The Health and Wellbeing Board delegate approval to the Director of Adult Services in consultation with the Executive Member for Adult Social Care, Homelessness and Inclusivity, for any subsequent revisions to the narrative

report **(Appendix 1)** or plan **(Appendix 2)** as required either in advance of or following submission to the national team by the 28 June 2023 deadline.

Financial Implications:

(Authorised by the statutory Section 151 Officer & Chief Finance Officer)

The report provides details of the Tameside locality Better Care Fund plan for the financial years 2023/24 and 2024/25.

The detailed narrative report that supports the plan is provided in **Appendix 1** with the plan, relevant schemes and supporting metrics provided in **Appendix 2**.

The plan includes the following funding allocations awarded to the Tameside locality for the two financial year period.

- **Revenue Funding**
  - Core Better Care Fund
  - Improved Better Care Fund
  - Discharge Funding
- **Capital Funding**
  - Disabled Facilities Grant

Table 1 (section 2.5 refers) details the BCF allocated to the Tameside locality in 2022/23 together with the end of year expenditure. The locality fully expended the total allocation awarded of £37.551m.

Table 2 (section 2.6 refers) provides details of the funding awarded to the Tameside Locality in 2023/24 and 2024/25 (indicative).The national Integrated Care Board contribution to the core BCF has increased in actual terms by 5.66% in 2023/24 from £19.470m (2022/23) to £20.572m. The minimum contribution to Adult Social Care (within the afore referenced values) has also increased by 5.66% from £12.441m (2022/23) to £13.145m.

The indicative core BCF allocated for 2024/25 has also increased by a further 5.66% with £21.736m awarded to the locality. The minimum contribution to Adult Social Care (again within the afore referenced value) has also increased by 5.66% to £13.889m

The 2023/24 revenue funding allocations awarded to the Council are included within the 2023/24 Adult Services net revenue budget of £41.532m. The Disabled Facilities Grant allocation will be included within the 2023/24 Adult Services capital programme.

The revenue and capital budget allocations will be subject to robust monthly monitoring within the Adult Services Directorate budgets during the 2023/24 financial year, the details of which will be reported to the Council's Executive Cabinet. Each of the funding allocations will also be monitored in accordance with their related grant conditions.

The plan is for a two year period. The indicative funding allocations for 2024/25 will be incorporated within the Council's medium term financial plan for that financial year.

Funding allocations beyond this period are not yet known. It is

therefore essential that the Directorate commence advance planning of supporting proposals to mitigate any potential reductions to the Council's funding allocations referenced in table 1 (section 2.6).

However, it is envisaged that funding allocations will continue as the majority that are included with the plan have been received by the Tameside locality for a number of years. The core Better Care Fund commenced in 2015/16, the Disabled Facilities Grant was also included within BCF plans from this date having been received as a separate ring fenced grant in financial years prior to this. The Improved Better Care Fund commenced in 2017/18 with the Discharge funding commencing in 2022/23.

Supporting details will be reported to Members as future year funding allocations are announced by the Government.

The Better Care fund is a key enabler to the delivery of integrated health and care services which are based on the high impact change model. The work is led collaboratively through the locality Integrated Care Board, Adult Social Care and Health colleagues across the system to support the continued investment and delivery in existing schemes whilst continually exploring opportunities to enhance and refine arrangements to improve outcomes for individuals. This is to ensure they receive the right care in the right place at the right time. Collaboration and development of these schemes is through the Provider Partnership Board with assurance to the locality Strategic Partnership Board and Health and Wellbeing Board.

Operational delivery is through smaller working groups working with partners via leads in both health and Adult Social Care with operational oversight a key feature of the locality Urgent Care Board that reviews system capacity and demand, patient flow, and delayed transfers of care. Key risk areas are reviewed regularly from an operational perspective at system level and actions agreed across agencies so there is system wide ownership reducing duplication.

Integrated working has been embedded for a number of years in Tameside's Integrated Urgent Care Team which ensure sufficient Adult social care and community health service capacity to deliver the national discharge requirements based on local demand. The BCF also makes provision for a housing officer and trusted assessor roles as part of the discharge function ensuring clear pathways for those with housing support needs and discharge to our Support at Home services

The related metrics for the Tameside locality that are estimated to be delivered by the schemes within the plan are provided in section 7 of Appendix 2. It is essential that equivalent robust monitoring arrangements are implemented to ensure that the expected outcomes are delivered. Mitigating actions will be required during the year where there is a risk of any adverse variance to the expected levels.

Legal Implications: **(Authorised by the Borough Solicitor)**	The Better Care Fund Framework 2023-25 is a central government initiative intended to ensuring joint working between health, social care and housing services to help older people and those with complex needs and disabilities to live at home for longer. As part of this joint working, local authorities are required to develop capacity and demand plans for intermediate care covering both admissions avoidance and hospital discharge across health and social care to help the system prepare for winter. Further details in relation to the operation of the Fund are detailed in the main body of the report.
Links to the Health and Wellbeing Strategy:	The Better Care Fund is one of the government's national vehicles for driving health and social care integration. It requires ICB and local government to agree a joint plan, owned by the Health and Wellbeing Board. These are joint plans for using pooled budgets to support integration, governed by an agreement under section 75 of the NHS Act (2006).
Risk Management:	This report sets out how the funding is being used to avoid the risk of recovery.
Access to Information:	The background papers relating to this report can be inspected by contacting the report writer, Tracey Harrison Telephone: 0161 342 3414 e-mail: tracey.harrison@tameside.gov.uk

1. INTRODUCTION

1.1 This report outlines the planning requirements for the Better Care Fund (BCF) 2023/25, which now incorporates the previously separate the national discharge funding. The core purpose of BCF is to support people to live healthy, independent and dignified lives, through joining up health, social care and housing services seamlessly around the person. The two core BCF objectives are:

- Enable people to stay well, safe and independent at home for longer
- Provide the right care in the right place at the right time

1.2 The refreshed planning guidance for BCF 2023/25 follows the transitional period in 2022/23 whereby engagement with Integrated Care Boards took place following the publication of the Integration White paper. The BCF is one of the government's national vehicles for driving health and social care integration. It requires Integrated Care Boards (ICB) and local government to agree a joint plan, overseen by the Health and Wellbeing Board.

1.3 BCF planning information in 2023/25 is to be collected in a way that provides more data on the activity that BCF will fund, and the contribution of integrated working to improving outcomes for local people. This will include:

- Expected outputs from scheme types related to discharge, intermediate care unpaid carers and housing.

- Estimates of BCF expenditure on different services and activities as a proportion of all health and care expenditure on these services in the Health and Wellbeing Board (HWB) area. We are collecting this information to help better identify and articulate the contribution of BCF funding to delivering capacity, but, as estimates, these figures will not be subject to assurance.

1.4 It should be noted that the reporting requirements from 2023 have been enhanced with new data reporting requirements as well as a more detailed narrative plan that must outline the locality joint approach to the delivery and oversight of the objectives of the fund and as such aligns to Tameside's Locality Plan and integrated governance. It should include:

- An outline of particular services and schemes have been prioritised and what outcomes they are trying to achieve.

- Areas for development (based on learning from previous years).

- Any actions resulting from Intermediate Care Capacity and Demand plans.

- Approach to supporting unpaid carers.

- Joint commissioning – how the local council and ICB will work together to further join up commissioning and develop the care. This should complement planning undertaken as part of the Market Sustainability and Improvement Fund (MSIF).

1.5 The BCF policy framework sets national metrics that must be included in local BCF plans. For 2023/25, the data collected has been expanded to include capacity and demand data for intermediate care in the locality is capturing and reporting on short term capacity. This includes the wider care market, with the clear link being made to expenditure against the Market Sustainability and Improvement Fund (MSIF), which makes provision for long term social care capacity.

1.6 As in previous years, the NHS contribution to the BCF includes funding to support the implementation of the Care Act 2014. In addition, BCF includes the Disabled Facilities Grant (DFG), Improved Better Care Fund (iBCF). For 2023/24, the national discharge

funding has been aligned to the BCF reporting processes.

2. BETTER CARE FUND 2023/24

2.1 The Government published the Policy Framework for the 2023/23 BCF on 4 April 2023. It can be found at: Better Care Fund policy framework 2023 to 2025 - GOV.UK (www.gov.uk)

2.2 At the same time, NHS England and the LGA published the Planning Requirements for the BCF. These can be found at: PRN00315-better-care-fund-planning-requirements-2023-25.pdf (england.nhs.uk)

2.3 The BCF Narrative Plan for 2023/24 is provided at **Appendix 1.**

2.4 **Appendix 2** provides details of the income and expenditure plan by individual scheme together with details of the key metrics for the Tameside locality.

2.5 **Table 1** provides details of the 2022/23 year end expenditure compared to funding awarded to the Tameside locality. The locality fully expended the total allocation awarded of £37.551m.

Table 1

	2022/23 Council			2022/23 ICB			2022/23 Total		
	Funding	Outturn	Var	Funding	Outturn	Var	Funding	Outturn	Var
	£ m	£ m	£ m	£ m	£ m	£ m	£ m	£ m	£ m
Revenue									
Better Care Fund	12.441	12.697	0.256	7.029	7.029	0	19.470	19.726	0.256
Improved Better Care Fund	12.585	12.585	0	0	0	0	12.585	12.585	0
Discharge Fund	0.962	0.962	0	1.685	1.685	0	2.647	2.647	0
Sub Total	25.988	26.244	0.256	8.714	8.714	0.000	34.702	34.958	0.256
Capital									
Disabled Facilities Grant	2.849	2.593	-0.256	0	0	0	2.849	2.593	-0.256
Total	**28.837**	**28.837**	**0**	**8.714**	**8.714**	**0**	**37.551**	**37.551**	**0**

2.6 Table 2 provides details of the funding awarded to the Tameside Locality in 2023/24 and 2024/25 (indicative). The core Better Care Fund allocation awarded to the locality has increased by 5.66% in 2023/24 from £19.470m (2022/23) to £20.572m. The indicative allocation for 2024/25 has the also increased by a further 5.66% to £21.736m.

Table 2

	2023/24 Funding			2024/25 Estimated Funding		
	Council	**ICB**	**Total**	**Council**	**ICB**	**Total**
	£ m	**£ m**	**£ m**	**£ m**	**£ m**	**£ m**
Revenue						
Better Care Fund	13.145	7.427	20.572	13.889	7.847	21.736
Improved Better Care Fund	12.585	0	12.585	12.585	0	12.585
Discharge Fund	1.765	1.598	3.363	1.765	2.458	4.223
Sub Total	27.495	9.025	36.520	28.239	10.305	38.544
Capital						
Disabled Facilities Grant	2.849	0	2.849	2.849	0	2.849
Total	**30.344**	**9.025**	**39.369**	**31.088**	**10.305**	**41.393**

3. RECOMMENDATIONS

3.1 As set out at the front of the report.

HM Government

NHS England

BCF narrative plan template

This is a template for local areas to use to submit narrative plans for the Better Care Fund (BCF). All local areas are expected to submit narrative BCF plans. Although the template is optional, we ask that BCF planning leads ensure that narrative plans cover all headings and topics from this narrative template.

These plans should complement the agreed spending plans and ambitions for BCF national metrics in your area's BCF Planning Template (excel).

There are no word limits for narrative plans, but you should expect your local narrative plans to be no longer than 25 pages in length.

Although each Health and Wellbeing Board (HWB) will need to agree a separate excel planning template, a narrative plan covering more than one HWB can be submitted, where this reflects local arrangements for integrated working. Each HWB covered by the plan will need to agree the narrative as well as their excel planning template.

Cover

Health and Wellbeing Board(s).

Tameside Health and Wellbeing Board

Bodies involved strategically and operationally in preparing the plan (including NHS Trusts, social care provider representatives, VCS organisations, housing organisations, district councils).

NHS trust service representatives
Social Care Provider representatives Including Director of Adult Social Care
Local Authority Commissioners
NHS GM ICB representatives

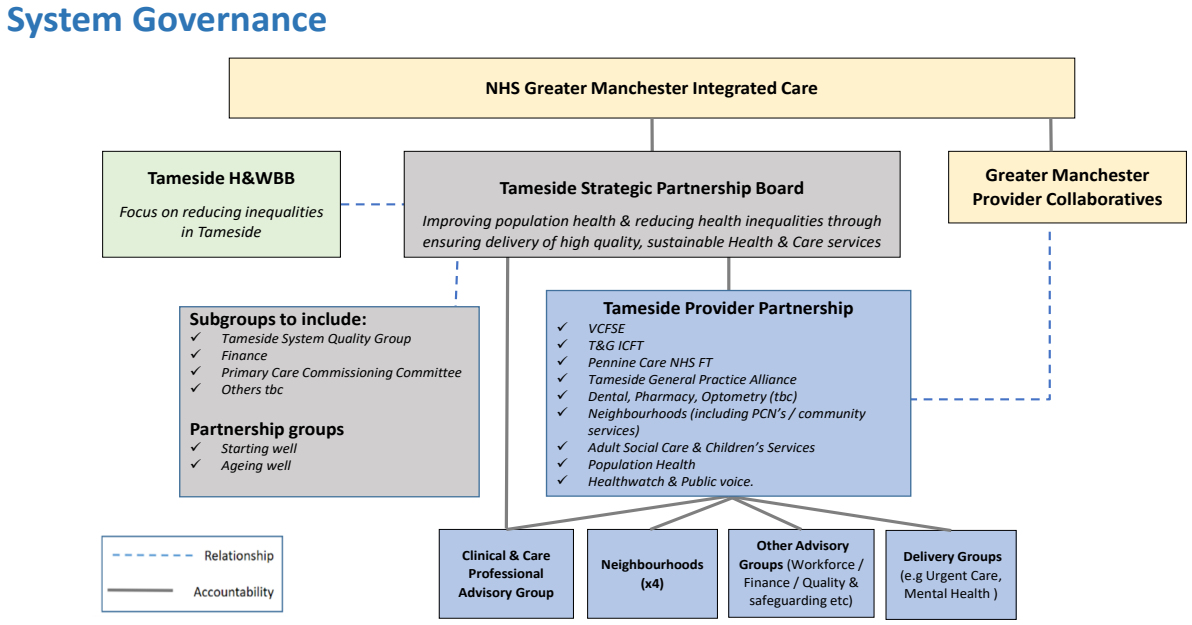
How have you gone about involving these stakeholders?

We have reviewed the impact of existing schemes against requirements, including the discharge funded elements from 2022/23 to determine where schemes should continue or be enhanced as having significant impact and/or if new schemes could/should be implemented.

This engagement has been undertaken via local authority colleagues engaging with NHS service leads, VCSE, Housing Authority, Social Care Providers and Private sector organisations through existing governance groups including contracting and operational delivery meetings. This work is also intrinsically linked to the development of Tameside Locality Plan.

Governance

Please briefly outline the governance for the BCF plan and its implementation in your area.



Executive summary

This should include:

- Priorities for 2023-25
- Key changes since previous BCF plan.

- Ensuring integrated working is maintained
- Supporting the care market to forward plan on the basis that funds are available to support pressures in the system and recruit accordingly
- Ensure that our Urgent Care Response Service has appropriately skilled care and support staff to aid management of patients within the service
- Admission Avoidance plan is enhanced and strengthen following the success of schemes developed with 2022/23 winter discharge funds
- Ensure that local services are aware of equipment and personalised care budgets to maintain patients their independence and live well at home for as long as possible

As Tameside services already work as an integrated system it is not envisaged that there will be significant change to ways of working to last year but rather sustain and improve.

Tameside's Locality Plan is currently being refreshed and due to be released in summer/autumn 2023 with a renewed focus on the vision that Tameside is a happy, healthy and ambitious place where people choose to live and work. We want to co-develop person-centred, resilient asset-rich communities that support residents to live great lives. Our principal objective is to integrate services around people and their needs. This will involve furthering the pioneering work undertaken in Tameside to integrate health and care services and creating a system of co-located professionals from all public services working together as one integrated public service across our locality and within our neighbourhoods. The integrated nature of work in Tameside to achieve this vision is reflected in the joint approach to the development and publication of the borough's Joint Health & Wellbeing Strategy alongside the refresh of the Locality Plan, both of which are being developed into one product to align our borough-wide, place-based priorities.

The priorities of the Joint Health & Wellbeing Strategy are around a golden thread of tackling the inequalities our communities face in all work and services across the system; alongside maintaining a focus on longer-term approaches to tackling and improving the wider determinants of health, putting the current priorities of the Health & Wellbeing Board at the centre of this: poverty; work & skills; and healthy places.

The Better Care fund is a key enabler to deliver integrated health and care services which are based on the high impact change model (HICM). The work is led collaboratively through ICB (Tameside), ASC and Health colleagues across the system to support the continued investment and delivery in existing schemes whilst continually exploring opportunities to enhance and refine arrangements to improve outcomes for individuals ensuring they receive the right care in the right place at the right time. Collaboration and development of these schemes is through the Provider Partnership Board with assurance to our Strategic Partnership Board and Health and Wellbeing Board.

Operational delivery is through smaller working groups working with partners via our leads in both health and ASC with operational oversight a key feature of our locality Urgent Care Board and weekly Executive LOS meeting that review system capacity and demand, patient flow, Delayed Transfers of Care. Key risk areas are reviewed regularly from an operational perspective at system level and actions agreed across agencies so there is system wide ownership reducing duplication.

Integrated working has been embedded for a number of years in Tameside's Integrated Urgent Care Team (IUCT) which ensure sufficient adults social care and community health service capacity to deliver the national discharge requirements based on local demand. The BCF also makes provision for a housing officer and trusted assessor roles as part of the discharge function ensuring clear pathways for those with housing support needs and discharge to our Support at Home services.

National Condition 1: Overall BCF plan and approach to integration

Please outline your approach to embedding integrated, person centred health, social care and housing services including:

- Joint priorities for 2023-25
- Approaches to joint/collaborative commissioning
- How BCF funded services are supporting your approach to continued integration of health and social care. Briefly describe any changes to the services you are commissioning through the BCF from 2023-25 and how they will support further improvement of outcomes for people with care and support needs.

The refreshed Locality Plan and Joint Health & Wellbeing Strategy for Tameside sets out ambitions to improve the longer-term determinants of health and wellbeing across the borough , which will remain the focus of Tameside's Health & Wellbeing Board. The Locality Plan proposes that this will be achieved by building back fairer, stronger, together across the lifecourse. This will involve a relentless focus on tackling inequalities via people and community powered health and wellbeing. Our approach will incorporate proactive, predictive and personalised prevention.

A new locality governance structure for integrated health and care is now in place which is overseen through the Tameside Strategic Partnership Board and aligns to the Tameside Health and Wellbeing Board and the Greater Manchester Integrated Care Board. This structure will ensure that the vision set by the Tameside Locality Plan and Joint Health & Wellbeing Strategy that Tameside is a happy, healthy and ambitious place where people choose to live and work is delivered. This structure creates an integrated care system at every level with revitalised strategic partnerships providing system design and assurance built around the Health & Wellbeing Board and Strategic Partnership Board. The Tameside Provider Partnership and Tameside GP Alliance seek to ensure the continued close working arrangements between Adult Social Care, Public Health and Health Care services and that 'we' work as 'one' system to invest the 'Tameside £' improving outcomes for individuals as efficiently as possible. This will be achieved through the special levels model of Strategic design (Strategic Partnership), design and delivery (Provider Partnership), and delivery (neighbourhood partnerships). In addition, there are a range of sub groups which ensure specific focus on key programmes of work such as Urgent Care delivery board. The governance and delivery of local schemes is multi agency and integrated.

Locally we have integrated plans in place for Urgent Care, LOS and discharge, out of hospital 2 hour urgent care response all of which are supported and embedded through BCF funding.

Our current priorities are:

- Increase the number of people helped to live at home
- Reduce hospital admissions due to falls
- Increase levels of self-care / social prescribing
- 'Good' and 'Outstanding' social care settings
- Prevention support outside the care system

Tameside have long-standing models of integrated Urgent Care teams which were established following the inception of the BCF and have gone on to be recognised as good practice both in GM and nationally. (National Cond. 2 for more information)

Another key principle which our integrated system will continue to work by is to be evidence informed.

The Tameside Joint Strategic Needs Assessment (JSNA) provides a suite of tools and documents that assess the health and wellbeing needs of the Tameside population. This is in place and is undergoing substantial work to develop more insight and recommendations to inform system wide decision making and resource allocation. This also builds in resident voice to ensure the intelligence is broad and not only based on data but also what it feels like to live in Tameside.

The Ageing Well JSNA has now been published and identifies that whilst Tamesides current 60+ population is smaller than the national average and statistical neighbours, we do have a larger 50-59 population suggesting a growing older population. We expect the many of our older groups in the population will increase in size over the next 20 years.

- Over 65s will increase by 20%
- Over 80s will increase by 69%
- Over 90s will increase by 92% (small numbers)
- More of this growth is expected to be among males with smaller growth in females
- In contrast to most age groups, under 50 seeing only single digit % increases

Given the ageing population, Tameside has recently published a comprehensive 5-year Housing Strategy 2021-2026 and these points, drawn from analysis that informed the strategy, highlight the particular need in relation to specialist and support housing. This will be further enhanced with a Care Market Position Statement and commissioning intentions to support market shaping activity in the locality during 2022/23. We will continue to be innovative in developing specialist accommodation support for people with specific needs such as using Disabled Facilities Grant (DFG) funding flexibly to better meet the needs of our residents.

National Condition 2

Use this section to describe how your area will meet BCF objective 1: **Enabling people to stay well, safe and independent at home for longer.**

Please describe the approach in your area to integrating care to support people to remain independent at home, including how collaborative commissioning will support this and how primary, intermediate, community and social care services are being delivered to help people to remain at home. This could include:

- steps to personalise care and deliver asset-based approaches
- implementing joined-up approaches to population health management, and proactive care, and how the schemes commissioned through the BCF will support these approaches
- multidisciplinary teams at place or neighbourhood level, taking into account the vision set out in the Fuller Stocktake
- how work to support unpaid carers and deliver housing adaptations will support this objective.

The systems we have in place, following several years of integrated working are strong and we are committed to retaining these where they continue to add value. We will continue to uphold the concept of primacy of place. We will work to the followed place-based principles to support integration and collaboration at all levels.

Principles	We will…
Partnership	✓ We will be accountable to the local population and to each other. ✓ We will co-design and co-produce services with residents and community partners.
Powered by people	✓ We will empower our population and support them to take responsibility for their own health and wellbeing. ✓ We will recognise and develop resident, voluntary, clinical, political and managerial leadership. ✓ We will empower our workforce to work in collaboration across organisational, professional and service boundaries.
Person-centred	✓ We will take a proactive and preventative approach, intervene early and respond to the person in the context of their community. ✓ We will develop place-based approaches to tackling the social determinants of health that build on the assets within our communities.
Productive	✓ We will implement ways of working that support collaboration not competition. ✓ We will work together to make best use of financial, workforce, estate and other resources. ✓ We will maximise social value and jointly manage the system budget sharing risks, deficits and surpluses.
Progressive	✓ We will create a 'can do' culture with a focus on innovation and continuous improvement. ✓ We will develop a strong learning culture where new ways of working are reviewed and evaluated.

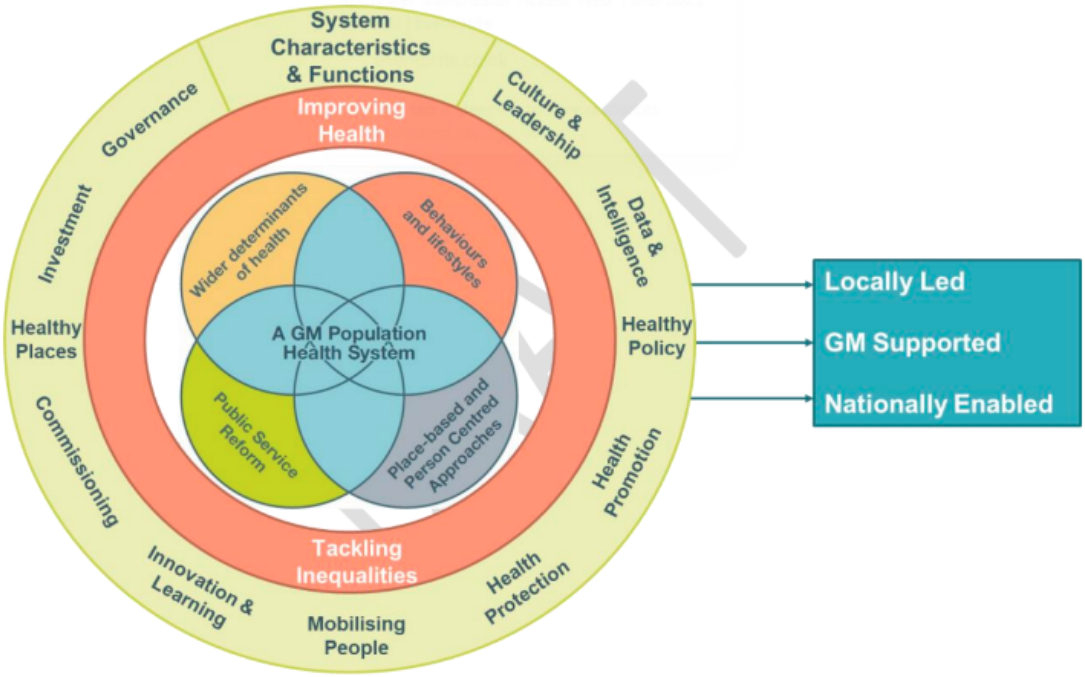
As part of the established governance structure (Tameside Strategic Partnership Board; Provider Partnership; Neighbourhood Transformation Group) there is ongoing work to ensure an evidence and data led approach to population health management. This includes direct support for primary care networks around predicted vs observed prevalence of key conditions and risk factors which drive some of the biggest outliers, inequalities and causes of morbidity and mortality in Tameside.

The GM Population Health Characteristics Framework sets out the conditions, characteristics and functions required at different spatial levels for a whole system approach to population health to be in place in Greater Manchester. It recognises the importance subsidiarity and of place in determining what is required at difference spatial levels in order to maximise impact.

We will capitalise on the opportunity to implement the GM Population Health Characteristics Framework to ensure a whole-system approach to population health. This recognises what we need to do together across Greater Manchester but also what needs to be in place and be done locally in Tameside to achieve the best outcomes for people in our borough.

Some of the key local functions required at a borough level to enable this population health framework approach include:

- Everyone recognising the importance of improving health and reducing inequalities
- Our local approaches should focus on learning and improvement
- There is effective partnership working between Greater Manchester organisations (e.g. the GM Integrated Care Board, and the Greater Manchester Combined Authority) and local Health and Wellbeing Boards and VCFSE sectors
- A range of person and community centred approaches are taken to involve people living in the area in our delivery and services
- There is a vibrant and sustainable VCFSE sector
- Priority is given to investment in improving health and reducing inequalities, including shifting the balance of spend towards prevention and early intervention.



National Condition 2 (cont)

Set out the rationale for your estimates of demand and capacity for intermediate care to support people in the community. This should include:

- learning from 2022-23 such as
    - where number of referrals did and did not meet expectations
    - unmet demand, i.e. where a person was offered support in a less appropriate service or pathway (estimates could be used where this data is not collected)
    - patterns of referrals and impact of work to reduce demand on bedded services – e.g. admissions avoidance and improved care in community settings, plus evidence of underutilisation or over-prescription of existing intermediate care services);
- approach to estimating demand, assumptions made and gaps in provision identified
    - where, if anywhere, have you estimated there will be gaps between the capacity and the expected demand?

  how have estimates of capacity and demand (including gaps in capacity) been taken on board) and reflected in the wider BCF plans.

The wider JSNA will continue to be developed and drive decision making around the key areas of insight and intelligence where this provides forecasts around predicted demand; key priority outcomes to drive improvement in Tameside; and where critical service gaps are highlighted. The JSNA steering group and Health & Wellbeing Board for Tameside will drive the findings of relevant individual pieces of work to inform system wide decision making.

The recently published Ageing Well Needs Assessment for Tameside highlighted that there are some cohorts of older people who experience multiple challenges and may require a greater range and level of support. Particular risks that many people face all of include living alone, being income deprived, living in fuel poverty. There are also some groups who face particular inequalities, particularly older women, people from ethnic minority communities, and people living with a disability. This work also highlighted some key areas which may present demands and require further work to tackle inequalities and enable support including digital literacy and inclusion; awareness of support available for carers, and supporting mental health and learning disabilities.

Approach to system performance management An integrated Business Intelligence function has been developed led by The Chief Data Officer. Currently this includes analysts from T&G ICFT & GMICB Tameside who work closely with colleagues in Tameside Council.

Performance oversight and scrutiny is provided via Locality Governance including the provider Partnership, Strategic Partnership Board and Health & Wellbeing Board. An outcomes framework is under development, which will provide measurable indicators at neighbourhood, Provider and system level.

The introduction of Client Level Data Set (CLDS) for Adult social care provides the opportunity to link with NHS data and records helping us to understand more about who accesses care, how and with what impact. This alongside GM Tableau is helping the locality to better understand the capacity and demand across the system and ensure that models of care and support are planned and delivered in an integrated way.

Year End Summary 22/23

During 22/23 the system applied a key focus on hospital avoidance for our frail eldery residents by implementing our Acute Frailty Service. This service provides early proactive identification and subsequent management of over 65's with acute frailty syndromes to avoid admission in the first place or early discharge where admission is required. This service will be continued during 23/24.

Robust executive oversight has seen the numbers of delayed discharges consistently reduce during 22/23 this achieved thorugh a system wide improvement programme (see National condition 3 for more information. However we have also continued to see some challenges in the numbers of people discharged to residential care and therefore a review of D2A pathways is a key priority for 23/24.

National Condition 2 (cont)

Describe how BCF funded activity will support delivery of this objective, with particular reference to changes or new schemes for 2023-25, and how these services will impact on the following metrics:

- unplanned admissions to hospital for chronic ambulatory care sensitive conditions
- emergency hospital admissions following a fall for people over the age of 65
- the number of people aged 65 and over whose long-term support needs were met by admission to residential and nursing care homes, per 100,000 population.

Integrated Urgent Care Team

The Integrated Urgent Care Team (IUCT) is a multi disciplinary service, consisting of registrant nurses, social worker, physiotherapists, occupational therapists, technical instructors, and care support workers. The IUCT is an enabler for supporting people to remain well, safe and independent at home longer with two integrated models of care: two hour crisis response service and intermediate care. The two hour crisis response supports people who are acutely unwell that can be safely supported in their own home reducing the requirement to access urgent care services. The Intermediate Care provision in the persons own home is facilitated through multidisciplinary assessment and support package, where appropriate this can be accessed within 2 hours of referral as part of the Home First pathway or as a Crisis Response i.e. fall in the persons own home.

Expanding Intermediate Care in the persons own home will deliver better outcomes for people, evidence suggests 92% of people who access intermediate care have an improved dependency score and 72% do not move to a more dependent care setting (SCIE, 2017).

Learning from 2022/23 (Expanding intermediate Care bed provision), in many circumstances this support can be provided in the persons own home with adequate wrap around care. This reduces the requirement for increased intermediate care bed based provision but requires expansion of the multidisciplinary team within IUCT including Advanced Clinical Practitioners as demand increases so that this can be safely provided in the persons own home.

Digital Health and Community Response Service

Digital Health work in partnership with Tameside MBC and complement the Community Response Service (CRS) thus allowing and assisting with independent living in the service users own home with digital technologies to support. CRS wardens carry devices which allow the Digital Health Team to undertake timely assessments via video of patients into the hospital for a rapid and timely assessment of care and for the team to wrap care around the patient in their own homes, therefore ensuring that only those individuals who need to attend / transferred to the Emergency Department do so. As part of the Community Response Services' offer it supports those patients identified as having a high frailty indices within our local neighbourhoods, many of whom are currently unknown to service providers but are vulnerable and, with this intervention, could have hospital admissions avoided through pre-emptive intervention via the CRS team and NHS Digital Health Service.

Tameside Community Response Service is an emergency response telecare service for anyone over 18 years old, regardless of personal circumstances. We operate 24 hours a day, 365 days a year; we will respond whenever help is required. We provide a variety of different devices and sensors to suit the needs and health of the individual. Some devices are activated by the user; others are triggered automatically by sensors installed in your home.

Discharge Teams (IUCT)

Tameside's integrated discharge team (within IUCT) delivers the discharge across a range of pathways.

In 2022/23 we saw an increase in discharge to assess placements to residential care some of which inadvertently led to permanent placements. A review of discharge to assess process is underway as there needs to be further understanding of the impact of discharge to assess on the decision to make the placement permanent.

For 2023 there will be an increased focus on our Home First model, home based reablement services and Support at Home in which care providers deliver blended roles carrying out some low level health functions that individuals and family members are often shown how to do. Tameside has been a trailblazer in successfully rolling out this model across its neighbourhoods.

National Condition 3

Use this section to describe how your area will meet BCF objective 2: **Provide the right care in the right place at the right time.**

Please describe the approach in your area to integrating care to support people to receive the right care in the right place at the right time, how collaborative commissioning will support this and how primary, intermediate, community and social care services are being delivered to support safe and timely discharge, including:

- ongoing arrangements to embed a home first approach and ensure that more people are discharged to their usual place of residence with appropriate support, in line with the Government's hospital discharge and community support guidance.

- How additional discharge funding is being used to deliver investment in social care and community capacity to support discharge and free up beds.

- Implementing the ministerial priority to tackle immediate pressures in delayed discharges and bring about sustained improvements in outcomes for people discharged from hospital and wider system flow.

The services we commission provide good quality, joined up care which supports people to stay well, for longer, at home and have access to good quality advice and support in their community. When people do require hospital care, that care is safe and effective and they have a positive experience. Integrated commissioning and delivery has been in place in Tameside for some time. The newly established models around strategic design and operational design and delivery help to further support this model with clear governance and responsibilities.

Our local right care, right place model encourages residents to access care in the most appropriate setting for their needs. We have worked with partners to create a communications campaign that endorses this approach and support self-care and patient choice.

Home First

The trust has as well established Home First Pathway in place to support patients to be discharged on the day that they are medically optimised to receive their assessment and identified health and care needs met in their own home.

The IUCT team provide a 2 hour response for Home First Discharge. The challenge to the system is that demand currently outweighs capacity. This results in patients being at greater risk of being stranded in hospital awaiting assessment and domiciliary care to be put in place prior to discharge.

Increasing the availability of care hours available in the IUCT team will increase the amount of patients who can be discharged to home without delay which will support the objective of the BCF to promote greater bed availability within the hospital setting.

The Tameside Home First model does not only support a reduction in delayed transfers of care the integrated multidisciplinary team provides greater capacity for patients whose longer term needs may have been assessed as best met within a residential setting being given the opportunity to have intermediate care provided in their own home prior to making a life changing decision.

National Condition 3 (cont)

Set out the rationale for your estimates of demand and capacity for intermediate care to support discharge from hospital. This should include:

- learning from 2022-23 such as
    - where number of referrals did and did not meet expectations
    - unmet demand, i.e. where a person was offered support in a less appropriate service or pathway (estimates could be used where this data is not collected)
    - patterns of referrals and impact of work to reduce demand on bedded services – e.g. improved provision of support in a person's own home, plus evidence of underutilisation or over-prescription of existing intermediate care services);
- approach to estimating demand, assumptions made and gaps in provision identified
- planned changes to your BCF plan as a result of this work.
    - where, if anywhere, have you estimated there will be gaps between the capacity and the expected demand?

- how have estimates of capacity and demand (including gaps in capacity) been taken on board) and reflected in the wider BCF plans.

Year End Summary 22/23

During 22/23 the system applied a key focus on hospital avoidance for our frail eldery residents by implementing our Acute Frailty Service. This service provides early proactive identification and subsequent management of over 65's with acute frailty syndromes to avoid admission in the first place or early discharge where admission is required. This service will be continued during 23/24.

Robust executive oversight has seen the numbers of delayed discharges consistently reduce during 22/23 this achieved thorugh a system wide improvement programme (see National condition 3 for more information.

However we have also continued to see some challenges in the numbers of people discharged to residential care and therefore a review of D2A pathways is a key priority for 23/24. The outcome of this work my result in a reprofiling of spend against the discharge pathways to ensure that residents receive the right care in the right place at the right time.

National Condition 3 (cont)

Set out how BCF funded activity will support delivery of this objective, with particular reference to changes or new schemes for 2023-25 and how these services will impact on the following metrics:

- Discharge to usual place of residence

Expansion of Frailty SDEC to an Acute Frailty Service

Local Drivers – Our aging population:

There are just under 40,000 adults aged 65 and over living in Tameside (39,976) and a further 45,878 adults in the 50-64 age range.

In relation to projecting the older population of Tameside over the next 21 years, the over 80 year old and over 90 year old population is expected to increase by 69% and 92% respectively. The over 65 population is also expected to increase by nearly 20%. This is in contrast to other age groups which see much smaller growth.

The levels of disadvantage and socio-economic deprivation, as measured by the Index of Multiple Deprivation 2019, show that Tameside has relatively high levels of economic disadvantage across the community as a whole and falls within the group of Local Authorities that are the most disadvantaged in England.

One of the most striking differences between Tameside and its comparators is the proportion of adults aged 65+ that live alone. This is especially important for ageing because social isolation, loneliness and higher levels of deprivation are associated with living alone in later life, alongside worse mental and physical health.

The overall health of adults aged 65+ living in Tameside is largely worse than the rest of England, with significant health inequalities affecting the adult population in this age range. The data relating to this age group suggests that ill-health and disability, or the factors that lead to them, are perhaps already well-established by the age of 65 for many adults in Tameside.

Local data demonstrates that adults over the age of 65 have joint health and social care needs highlighting the importance of a CGA to identify and address areas of concern at the earliest opportunity to achieve better outcomes.

Tameside local data demonstrates that an Acute Frailty offer is paramount in our locality even more so that others considering our ageing and complex population.

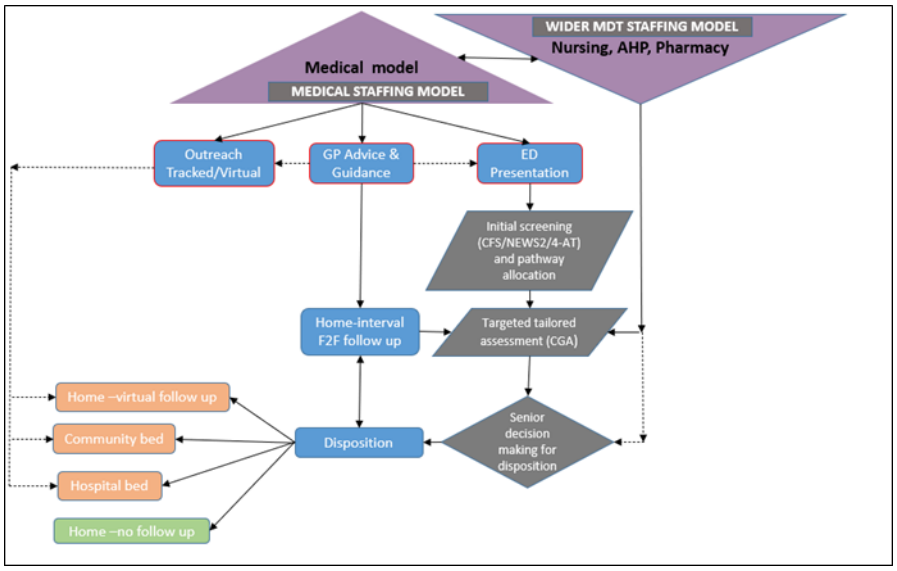
Acute Frailty Service

The aim of the Acute Frailty Service is to achieve the national standards for frailty and to locally close the gap in terms of outcomes for our aging and vulnerable population.

The vision for the Acute Frailty Service (Diagram 1) is to avoid unwarranted hospital admission for older people presenting with acute frailty syndromes, and to reduce their length of stay where admission does occur.

It seeks to achieve this by providing:

- Early proactive identification and initial assessment and management to older (aged 65 and over) patients presenting to SDEC/ED with acute frailty syndromes
- Advice and guidance to GPs and 111
- Tracking and promoting early discharge for eligible patients who require emergency admission on a shared care basis.



The acute frailty service is designed to avoid admission to hospital where a patients needs can safety be managed in the community setting and where admission is appropriate that the team facilitate discharge at the earliest opportunity avoiding prolonged hospital stay.

National Condition 3 (cont)

Set out progress in implementing the High Impact Change Model for managing transfers of care, any areas for improvement identified and planned work to address these.

Executive Length of Stay and Patient Flow Improvement Board

The Director of Adult Social Care and Chief Operating Officer jointly chair the executive length of stay meeting.

The meeting serves two purposes; to minimise the number of patients with no criteria to reside in Tameside and Glossop NHS Foundation Trust and drive transformation and efficiencies to improve transfer of care.

Currently the Executive Length of Stay is monitoring a number of improvements that are reported weekly, these include:

- Step up to Intermediate Care from Community Based services.
- Development of an education programme for hospital-based staff on the community offer.
- Develop a process for positive risk management around discharge from hospital.

- Develop detailed sitrep for social care and community services (linking into capacity meetings)
- Admissions avoidance – Expansion of services and opportunities.
- Expand the Home First Model across Tameside and Glossop.
- Reset capacity in IUCT to respond to Home First Tameside Discharges.
- Agree and implement a Trusted Assessor Model
- Implement a process for MDT system-wide Harm Reviews for all delayed discharges
- Agree the preferred reablement model to meet the needs of the system

The key driver of the executive led length of stay meeting is aligned to the national conditions of the better care plan ensuring that integrated working is central to transformation. The transformation schemes listed will be central to enabling people to stay well safe and independent at home for longer and ensure that care is provided in the right place at the right time.

National Condition 3 (cont)

Please describe how you have used BCF funding, including the iBCF and ASC Discharge Fund to ensure that duties under the Care Act are being delivered?

During 2022/23 the BCF plan was reviewed in line with the governments 10 year Strategy for care and support 'People at the Heart of Care', the Tameside locality plan and a shared vision to ensure that:

- People have choice, control and support to live independent lives
- People can access outstanding quality and tailored care and support
- People find adult social care fair and accessible

Tameside Adult Social Care 'Living well at Home' model ensures that enabling people to live at home for as long as possible is central to the care and support offered. Following a successful pilot in the summer of 2019 and a delay during the pandemic, the 'blended roles approach' is now embedded across all the zoned support at home providers and a handful of care homes, and has been recognised Nationally within the 10 year strategy for Adult Social Care 'People at the Heart of Care'. The approach, in essence, means that a number of low-level health care tasks that district nurses do, but you don't need to be a district nurse to do are delegated to care workers. Delegation is the process by which a registered nurse allocates the task to a named, competent, non-registered practitioner. The registered nurse is then accountable for their decisions to delegate tasks and duties to other people whilst remaining responsible for the overall care of the service user.

In practice, the main tasks have been pressure area care and insulin administration. The approach is based on refresher training for care staff followed by training and competency sign off for the care needs of an individual service user by a named care worker. Training and competency sign off is undertaken by the Blended Roles Facilitator, a district nurse by profession. The approach delivers a number of key outcomes:

- Improved continuity of care for the service user along with improved health and wellbeing
- Fewer knocks at the door for that person
- Improved communication between providers and DN's facilitated in part by weekly team huddles, but also via the Facilitator role
- Closer integration; the providers are valued as recognised members of an integrated neighbourhood approach
- Helps providers with recruitment and retention of staff
- Career progression; care work as a stepping stone to nurse or social work training
- Frees up DN capacity; hours repurposed working with more complex patients

As of January 2023:

- Approx 140 support at home staff trained in pressure area care with 42 staff signed off as competent to work with named individuals, freeing up approx. 13 hours per week of DN time
- Over a hundred care staff trained in insulin administration with 25 staff subsequently signed off as competent to administer insulin to ten people freeing up in the region of 26 hours per week of DN time

Trusted Assessors

Support at home providers routinely undertake 6-weekly and 12-monthly reviews of all the people they support; most undertake quarterly reviews in-between. This ensures people are receiving the level of support they need to maximise independence whilst also ensuring that providers can utilise their full capacity to pick up new POC's. One of the zoned providers notifies their neighbourhood when reviews are due allowing social workers to attend by way of meeting Care Act requirements. The intention is to refine this approach and roll out a Trusted Assessor approach to reviews across all four neighbourhoods in the coming months.

Care Sector Quality Improvement Team

The QI Team funded through BCF currently consists of social workers, nursing staff and medication management support.

Over the last 12 months the QI Team have provided numerous awareness sessions to care home staff re: pressure care, manual handling and mental capacity as well as medication audits. The team have been actively involved in supporting seven care homes who were/are under Tameside's new Escalation and Accountability Framework, as well as providing supportive audits to other care homes. The QI Team links closely with the Council's Commissioning Team to co-ordinate support to those care homes that would benefit the most.

As a result of the ongoing work of both the QI Team and the Commissioning Team over the last financial year, the CQC published ratings for care homes have improved from 84% rated 'Good' or 'Outstanding' to 89% 'Good' or 'Outstanding'.

See also Community Response service -National condition 2

Supporting unpaid carers

Please describe how BCF plans and BCF funded services are supporting unpaid carers, including how funding for carers breaks and implementation of Care Act duties in the NHS minimum contribution is being used to improve outcomes for unpaid carers.

The BCF supports unpaid carers by providing for a Carers team and associated program of activity as part of Tameside's Carers Strategy. A recent national carers survey shows that carers have felt more isolated as a result of the pandemic and so as part of recovery a strategy refresh is underway along with a revised programme of carers support.

Recently commissioned research with unpaid carers across the district explored the carers' general experience, the challenges they face and their awareness, and use, of support services. This to understand their experiences and challenges and day-to day impacts in their caring role and inform the development of Tameside's Carers Strategy which will be published in Autumn 2023. Support for unpaid carers is a key priority in the locality ASC plan and as such funding has been prioritised to ensure a 'core offer' of activity and support which a Carers Team oversees.

<u>Carer Offer</u>

All carers in Tameside are offered a Carers Assessment, following which we complete a support plan that is tailored to the individual needs of the Carer with a focus on their wellbeing. We offer a radar key, message in a bottle and Tameside Emergency Card (TEC) card along with any resources/information, signposting that is identified at assessment. Assessments are offered in a format that works for the Carer, this could either be telephone, home visits or in one of our Hubs.

There are currently five 'Hubs' up and running in the localities, to support Carers to access support in their local area if they are unable to come to Ashton for their appointment. We run a range of activity for carers (peer led and informal meetings) for Carers to drop in and meet other carers/reduce isolation/improve wellbeing that include (but not limited to):

- daily drop-in to see a Wellbeing Advisor to register as a carer, get emotional support etc.
- Peer led coffee mornings once a month
- mini market place with CRS who is available to talk to Carers about alarms/pendants for the cared for
- topic related training for carers such as support for those caring for people with Dementia which is delivered in partnership with other agencies or voluntary sector
- Carers team staff attend local networking events, coffee mornings to develop outreach opportunities in the community.

*TEC card – gives piece of mind that if something unexpected happens to the carer, such as an accident or sudden illness, help can be arranged for the person you care for as well by contacting the Tameside 24 hour emergency contact number.

*Message in a Bottle – small bottle containing all my medical and health needs for the cared for and can be the carer, the kit comes with a sticker that you put in the window so that any emergency service know there is a 'message in a bottle'

Disabled Facilities Grant (DFG) and wider services

What is your strategic approach to using housing support, including DFG funding, that supports independence at home?

Tameside Council recently launched its Housing Strategy 2022-2026. Our priorities are firmly established through our corporate plan, 'our people, our place, our plan' where housing plays a central role in achieving our vison to enable people to start well, live well and age well. Good quality housing is a vital part of creating and sustaining neighbourhoods that can support wider social change, inclusive economic growth and community wellbeing.

Our priorities for people drive how we approach solutions:

- Providing the right support, for the right person at the right time and reduce the use of residential care and inappropriate admissions to hospital.
- Supporting people to remain living in Tameside or return to Tameside.
- Enabling people to live in their own home, if possible, or for as long as possible.
- Ensuring that people live independently in their home and interdependently within their neighbourhoods.
- Creating choices about where people want to live, how they live and whether they rent or own their property.

There are approaching 100 households on the disabled housing register who need alternative or new accommodation in Tameside. Many of their homes cannot be adapted to meet their needs and we know we need to find alternative accommodation.

In many of these households care and support is provided by family members and the whole family need a new home. We will work on an individual basis to support these families into new homes and develop a pre-nomination's agreement for affordable homes so that adaptations are built into new homes bespoke to individual household needs.

We will also be promoting products that support households to find a more appropriate home so that people can continue being cared for at home and living as independently as they can.

We will continue to be innovative with our funding sources; developing specialist accommodation support for people with specific needs such as using Better Care Fund (BCF) Disabled Facilities Grant (DFG) funding flexibly to better meet the needs of our residents. For example A range of project have been agreed through the DFG which provide a range of lifting equipment to our support at home commissioned services with the aim of reducing ambulance call outs and hospital admissions.

Please also see next section for more information

Additional information (not assured)

Have you made use of the Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 (RRO) to use a portion of DFG funding for discretionary services? (Y/N)

The Council has a current Housing Financial Assistance Policy developed under the RRO. This Policy was introduced in 2018 and is undergoing a review to develop the Policy for the next 5 years.

The current active RRO Policy includes a number of discretionary grants to deliver adaptations without the need for the applicant to undergo the requirements of the mandatory grant. We have introduced: a discretionary grant where the applicant is not required to undergo a test of resources for works up to a max cost of £7,000 to reduce paperwork and speed up delivery;

- A prescription grant for lifting and hoisting equipment and special toilets to speed up delivery and where no formal application or test of resources is required;
- A hospital discharge grant to deal with property conditions (deep cleaning/ hoarding, small building repairs related to health and safety issue, etc.);
- Relocation grants for owner-occupies and tenants where adaptations are not appropriate; discretionary grant to assist with unforeseen works and contributions on approved DFG works.

As part of the discretionary grant options we also have introduced two non-adaptation grants:

- A Staying Put grant for home owners over 65 years who require essential repairs to their property.
- A home Repair grant for other vulnerable home owners where essential repairs are required.

The purpose of these grants is to arrest deterioration in a property that may lead to health issues for the occupants, thereby avoiding the need to call upon health services and/ or to reduce the need for other medical attention.

If so, what is the amount that is allocated for these discretionary uses and how many districts use this funding?

There is no specific amount allocated to the initiatives that relate to adaptations because the decision to use the various discretionary grants is taken to ensure maximum benefit is delivered to the applicant. The offers are across the whole borough.

The discretionary grant for Staying Put and Home Repair applications is limited to approx. £0.150m per year. The offers are across the Tameside locality.

Equality and health inequalities

How will the plan contribute to reducing health inequalities and disparities for the local population, taking account of people with protected characteristics? This should include

- Changes from previous BCF plan
- How equality impacts of the local BCF plan have been considered
- How these inequalities are being addressed through the BCF plan and BCF funded services
- Changes to local priorities related to health inequality and equality and how activities in the document will address these
- Any actions moving forward that can contribute to reducing these differences in outcomes
- How priorities and Operational Guidelines regarding health inequalities, as well as local authorities' priorities under the Equality Act and NHS actions in line with Core20PLUS5.

The wider determinants of health are a diverse range of social, economic and environmental factors, which influence people's mental and physical health. Variation in any of these factors constitutes social inequality, and in turn therefore drives health inequalities.

Like many areas across the UK, Tameside experiences health inequalities that disproportionately affect certain population groups. Some examples of public health inequalities in Tameside include:

- Deprivation: Tameside has higher levels of deprivation compared to the national average, and people living in more deprived areas tend to have poorer health outcomes. For instance, there are higher rates of smoking, obesity, and mental health problems in more deprived areas of Tameside.
- Ethnicity: There are significant health inequalities between different ethnic groups in Tameside. For example, the South Asian community has higher rates of diabetes and cardiovascular disease compared to the white British population.
- Age: Older people in Tameside may face health inequalities due to social isolation, lack of access to health services, and age-related health problems such as dementia.
- Gender: Women in Tameside may experience health inequalities related to reproductive health, with higher rates of teenage pregnancy, cervical cancer, and breast cancer.
- Disability: People with disabilities may experience health inequalities related to access to healthcare, social support, and employment opportunities.

Addressing these inequalities requires a multifaceted approach that addresses the underlying social determinants of health, such as poverty, housing, and education, as well as improving access to healthcare services and promoting healthy behaviours.

Aside from health inequalities across Tameside some of the biggest public health challenges include:

- Obesity: Tameside has a higher-than-average obesity rate, with approximately 1 in 3 adults being classified as obese. This can lead to a range of health problems, such as diabetes, heart disease, and some forms of cancer.

- Smoking: Despite a decline in smoking rates across the UK, Tameside still has a high proportion of smokers. Smoking is a leading cause of preventable illness and premature death.
- Mental Health: Tameside has higher than average levels of depression and anxiety, and there is a growing concern about the mental health of young people in the area.
- Alcohol Misuse: Tameside has high levels of alcohol misuse, with associated problems such as liver disease, cancer, and mental health issues.
- Poor Air Quality: Air pollution is a significant public health problem in Tameside, with the potential to cause respiratory problems, heart disease, and other health issues.

All services and pathways commissioned accessible via Health services are free at the point of access and are embedded within communities/neighbourhoods.

Social Care provision where applicable is needs assessed in line with National guidance and therefore it is expected that the application of these guidelines does not disproportionality effect any specific population group.

Services provided/enhanced through BCF are based on professionally assessed need and engagement with the locality 'system' to access these services with personalised needs considered, recorded and agreed with our population and shared with the appropriate services.

All projects relating to commissioned services are subject to Equalities Impact Assessments to outline the impact any decisions or policy have on those with protected characteristics, with the purpose of identifying and mitigating any adverse, unintended consequences of decisions and changes. One additional area which has been added to this range of protected characteristics, which are covered by the Equalities Act, is socio-economic duty, which is an additional area of consideration, linked to the socio-economic duty.

From a strategic perspective, Tameside's Health & Wellbeing Board has been assigned as a standing commission on inequalities to ensure that tackling inequalities remains a focus across the system and within all identified priorities. This is one of the core principles of the Health & Wellbeing Board Charter and particularly cuts across the priorities of the Health & Wellbeing Board around poverty; work & skills; and healthy places.

The principles around tackling inequalities are reflected in the integrated working across the system in the new structures. One of the workstreams across the transformation programme, which reports into the Tameside Provider Partnership, is around transforming long term health, with a focus on long term conditions. Some of the greatest outliers and worst outcomes can be seen in the borough's more deprived neighbourhoods and among some of our communities, particularly ethnic minority communities, which highlights the role that inequalities play in this. Therefore a focus of this work is around working with communities differently with work commissioned to co-produce different approaches to engaging with residents around health seeking behaviour and engaging with healthcare around key risk factors such as NHS Health Checks, blood pressure, atrial fibrillation and diabetes. This work has closely aligned to the Core 20 Plus 5 principles and incorporated some of the priority 'Plus 5' categories, as well as working closely across primary care to also address variation in service delivery and access.

BCF Planning Template 2023-25

1. Guidance

Overview

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background, as below:

Data needs inputting in the cell

Pre-populated cells

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to the Better Care Fund Team: england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).
3. The checklist helps identify the sheets that have not been completed. All fields that appear highlighted in red with the word 'no', should be completed before sending to the Better Care Fund Team.
4. The checker column, which can be found on each individual sheet, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'.

5. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
6. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
7. Please ensure that all boxes on the checklist are green before submission.
8. Sign off - HWB sign off will be subject to your own governance arrangements which may include delegated authority.

4. Capacity and Demand

Please see the guidance on the Capacity&Demand tab for further information on how to complete this section.

5. Income

1. This sheet should be used to specify all funding contributions to the Health and Wellbeing Board's (HWB) Better Care Fund (BCF) plan and pooled budget for 2023-25. It will be pre-populated with the minimum NHS contributions to the BCF, iBCF grant allocations and allocations of ASC Discharge Fund grant to local authorities for 2023-24. The iBCF grant in 2024-25 is expected to remain at the same value nationally as in 2023-24, but local allocations are not published. You should enter the 2023-24 value into the income field for the iBCF in 2024-25 and agree provisional plans for its use as part of your BCF plan

2. The grant determination for the Disabled Facilities Grant (DFG) for 2023-24 will be issued in May. Allocations have not been published so are not pre populated in the template. You will need to manually enter these allocations. Further advice will be provided by the BCF Team.

3. Areas will need to input the amount of ASC Discharge Fund paid to ICBs that will be allocated to the HWB's BCF pool. These will be checked against a separate ICB return to ensure they reconcile. Allocations of the ASC discharge funding grant to local authority will need to be inputted manually for Year 2 as allocations at local level are not confirmed. Areas should input an expected allocation based on the published national allocation (£500m in 2024-25, increased from £300m in 2023-24) and agree provisional plans for 2024-25 based on this.

4. Please select whether any additional contributions to the BCF pool are being made from local authorities or ICBs and enter the amounts in the fields highlighted in 'yellow'. These will appear as funding sources in sheet 5a when you planning expenditure.

5. Please use the comment boxes alongside to add any specific detail around this additional contribution.

6. If you are pooling any funding carried over from 2022-23 (**i.e. underspends from BCF mandatory contributions**) you should show these as additional contributions, but on a separate line to any other additional contributions. Use the comments field to identify that these are underspends that have been rolled forward. All allocations are rounded to the nearest pound.

7. Allocations of the NHS minimum contribution are shown as allocations from each ICB to the HWB area in question. Where more than one ICB contributes to the area's BCF plan, the minimum contribution from each ICB to the local BCF plan will be displayed.

8. For any questions regarding the BCF funding allocations, please contact england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).

6. Expenditure

This sheet should be used to set out the detail of schemes that are funded via the BCF plan for the HWB, including amounts, units, type of activity and funding source. This information is then aggregated and used to analyse the BCF plans nationally and sets the basis for future reporting.

The information in the sheet is also used to calculate total contributions under National Condition 4 and is used by assurers to ensure that these are met.

The table is set out to capture a range of information about how schemes are being funded and the types of services they are providing. There may be scenarios when several lines need to be completed in order to fully describe a single scheme or where a scheme is funded by multiple funding streams (eg: iBCF and NHS minimum). In this case please use a consistent scheme ID for each line to ensure integrity of aggregating and analysing schemes.

On this sheet please enter the following information:

1. Scheme ID:
- This field only permits numbers. Please enter a number to represent the Scheme ID for the scheme being entered. Please enter the same Scheme ID in this column for any schemes that are described across multiple rows.

2. Scheme Name:
- This is a free text field to aid identification during the planning process. Please use the scheme name consistently if the scheme is described across multiple lines in line with the scheme ID described above.

3. Brief Description of Scheme
- This is a free text field to include a brief headline description of the scheme being planned. The information in this field assists assurers in understanding how funding in the local BCF plan is supporting the objectives of the fund nationally and aims in your local plan.

4. Scheme Type and Sub Type:
- Please select the Scheme Type from the drop-down list that best represents the type of scheme being planned. A description of each scheme is available in tab 6b.
- Where the Scheme Types has further options to choose from, the Sub Type column alongside will be editable and turn "yellow". Please select the Sub Type from the drop down list that best describes the scheme being planned.
- Please note that the drop down list has a scroll bar to scroll through the list and all the options may not appear in one view.
- If the scheme is not adequately described by the available options, please choose ‘Other’ and add a free field description for the scheme type in the column alongside. Please try to use pre-populated scheme types and sub types where possible, as this data is important in assurance and to our understanding of how BCF funding is being used nationally.
- The template includes a field that will inform you when more than 5% of mandatory spend is classed as other.

5. Expected outputs
- You will need to set out the expected number of outputs you expect to be delivered in 2023-24 and 2024-25 for some scheme types. If you select a relevant scheme type, the 'expected outputs' column will unlock and the unit column will pre populate with the unit for that scheme type.
- You will not be able to change the unit and should use an estimate where necessary. The outputs field will only accept numeric characters.
- A table showing the scheme types that require an estimate of outputs and the units that will prepopulate can be found in tab 6b. Expenditure Guidance.

You do not need to fill out these columns for certain scheme types. Where this is the case, the cells will turn blue and the column will remain empty.

6. Area of Spend:
- Please select the area of spend from the drop-down list by considering the area of the health and social care system which is most supported by investing in the scheme.
- Please note that where ‘Social Care’ is selected and the source of funding is “NHS minimum” then the planned spend would count towards eligible expenditure on social care under National Condition 4.
- If the scheme is not adequately described by the available options, please choose ‘Other’ and add a free field description for the scheme type in the column alongside.
- We encourage areas to try to use the standard scheme types where possible.

7. Commissioner:
- Identify the commissioning body for the scheme based on who is responsible for commissioning the scheme from the provider.
- Please note this field is utilised in the calculations for meeting National Condition 3. Any spend that is from the funding source 'NHS minimum contribution', is commissioned by the ICB, and where the spend area is not 'acute care', will contribute to the total spend on NHS commissioned out of hospital services under National Condition 4. This will include expenditure that is ICB commissioned and classed as 'social care'.
- If the scheme is commissioned jointly, please select ‘Joint’. Please estimate the proportion of the scheme being commissioned by the local authority and NHS and enter the respective percentages on the two columns.

8. Provider:
- Please select the type of provider commissioned to provide the scheme from the drop-down list.
- If the scheme is being provided by multiple providers, please split the scheme across multiple lines.

9. Source of Funding:
- Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme from the drop down list. This includes additional, voluntarily pooled contributions from either the ICB or Local authority
- If a scheme is funded from multiple sources of funding, please split the scheme across multiple lines, reflecting the financial contribution from each.

10. Expenditure (£) 2023-24 & 2024-25:
- Please enter the planned spend for the scheme (or the scheme line, if the scheme is expressed across multiple lines)

11. New/Existing Scheme
- Please indicate whether the planned scheme is a new scheme for this year or an existing scheme being carried forward.

12. Percentage of overall spend. This new requirement asks for the percentage of overall spend in the HWB on that scheme type. This is a new collection for 2023-25. This information will help better identify and articulate the contribution of BCF funding to delivering capacity.

You should estimate the overall spend on the activity type in question across the system (both local authority and ICB commissioned where both organisations commission this type of service). Where the total spend in the system is not clear, you should include an estimate. The figure will not be subject to assurance. This estimate should be based on expected spend in that category in the BCF over both years of the programme divided by both years total spend in that same category in the system.

7. Metrics

This sheet should be used to set out the HWB's ambitions (i.e. numerical trajectories) and performance plans for each of the BCF metrics in 2023-25. The BCF policy requires trajectories and plans agreed for the fund's metrics. Systems should review current performance and set realistic, but stretching ambitions for 2023-24.

A data pack showing more up to date breakdowns of data for the discharge to usual place of residence and unplanned admissions for ambulatory care sensitive conditions is available on the Better Care Exchange.

For each metric, areas should include narratives that describe:
- a rationale for the ambition set, based on current and recent data, planned activity and expected demand
- the local plan for improving performance on this metric and meeting the ambitions through the year. This should include changes to commissioned services, joint working and how BCF funded services will support this.

1. Unplanned admissions for chronic ambulatory care sensitive conditions:
- This section requires the area to input indirectly standardised rate (ISR) of admissions per 100,000 population by quarter in 2023-24. This will be based on NHS Outcomes Framework indicator 2.3i but using latest available population data.
- The indicator value is calculated using the indirectly standardised rate of admission per 100,000, standardised by age and gender to the national figures in reference year 2011. This is calculated by working out the SAR (observed admission/expected admissions*100) and multiplying by the crude rate for the reference year. The expected value is the observed rate during the reference year multiplied by the population of the breakdown of the year in question.
- The population data used is the latest available at the time of writing (2021)
- Actual performance for each quarter of 2022-23 are pre-populated in the template and will display once the local authority has been selected in the drop down box on the Cover sheet.
- Please use the ISR Tool published on the BCX where you can input your assumptions and simply copy the output ISR:
https://future.nhs.uk/bettercareexchange/view?objectId=143133861
- Technical definitions for the guidance can be found here:
https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework/march-2022/domain-2---enhancing-quality-of-life-for-people-with-long-term-conditions-nof/2.3.i-unplanned-hospitalisation-for-chronic-ambulatory-care-sensitive-conditions

2. Falls
- This is a new metric for the BCF and areas should agree ambitions for reducing the rate of emergency admissions to hospital for people aged 65 or over following a fall.
- This is a measure in the Public Health Outcome Framework.
- This requires input for an Indicator value which is directly age standardised rate per 100,000. Emergency hospital admissions due to falls in people aged 65 and over.
- Please enter provisional outturns for 2022-23 based on local data for admissions for falls from April 2022-March 2023.
- For 2023-24 input planned levels of emergency admissions
- In both cases this should consist of:
    - emergency admissions due to falls for the year for people aged 65 and over (count)
    - estimated local population (people aged 65 and over)
    - rate per 100,000 (indicator value) (Count/population x 100,000)

- The latest available data is for 2021-22 which will be refreshed around Q4.
Further information about this measure and methodolgy used can be found here:
https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/6/gid/1000042/pat/6/par/E12000004/ati/102/are/E06000015/iid/22401/age/27/sex/4

3. Discharge to normal place of residence.
- Areas should agree ambitions for the percentage of people who are discharged to their normal place of residence following an inpatient stay. In 2022-23, areas were asked to set a planned percentage of discharge to the person's usual place of residence for the year as a whole. In 2023-24 areas should agree a rate for each quarter.
- The ambition should be set for the health and wellbeing board area. The data for this metric is obtained from the Secondary Uses Service (SUS) database and is collected at hospital trust. A breakdown of data from SUS by local authority of residence has been made available on the Better Care Exchange to assist areas to set ambitions.
- Ambitions should be set as the percentage of all discharges where the destination of discharge is the person's usual place of residence.
- Actual performance for each quarter of 2022-23 are pre-populated in the template and will display once the local authority has been selected in the drop down box on the Cover sheet.

4. Residential Admissions:
- This section requires inputting the expected numerator of the measure only.
- Please enter the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care)
- Column H asks for an estimated actual performance against this metric in 2022-23. Data for this metric is not published until October, but local authorities will collect and submit this data as part of their salt returns in July. You should use this data to populate the estimated data in column H.
- The prepopulated denominator of the measure is the size of the older people population in the area (aged 65 and over) taken from Office for National Statistics (ONS) subnational population projections.
- The annual rate is then calculated and populated based on the entered information.

5. Reablement:
- This section requires inputting the information for the numerator and denominator of the measure.
- Please enter the planned denominator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (or from hospital to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home).
- Please then enter the planned numerator figure, which is the expected number of older people discharged from hospital to their own home for rehabilitation (from within the denominator) that will still be at home 91 days after discharge.
- Column H asks for an estimated actual performance against this metric in 2022-23. Data for this metric is not published until October, but local authorities will collect and submit this data as part of their salt returns in July. You should use this data to populate the estimated data in column H.
- The annual proportion (%) Reablement measure will then be calculated and populated based on this information.

8. Planning Requirements

This sheet requires the Health and Wellbeing Board to confirm whether the National Conditions and other Planning Requirements detailed in the BCF Policy Framework and the BCF Planning Requirements document are met. Please refer to the BCF Policy Framework and BCF Planning Requirements documents for 2023-2025 for further details.
The sheet also sets out where evidence for each Key Line of Enquiry (KLOE) will be taken from.
The KLOEs underpinning the Planning Requirements are also provided for reference as they will be utilised to assure plans by the regional assurance panel.

1. For each Planning Requirement please select 'Yes' or 'No' to confirm whether the requirement is met for the BCF Plan.
2. Where the confirmation selected is 'No', please use the comments boxes to include the actions in place towards meeting the requirement and the target timeframes.

Better Care Fund 2023-25 Template

2. Cover

Version 1.1.3

Please Note:

- The BCF planning template is categorised as 'Management Information' and data from them will published in an aggregated form on the NHSE website and gov.uk. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.
- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- All information will be supplied to BCF partners to inform policy development.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Tameside
Completed by:	Stephen Wilde
E-mail:	stephen.wilde@tameside.gov.uk
Contact number:	07817260386
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	Yes
If no please indicate when the HWB is expected to sign off the plan:	

	Role:	**Professional Title (e.g. Dr, Cllr, Prof)**	**First-name:**	**Surname:**	**E-mail:**
***Area Assurance Contact Details:**	Health and Wellbeing Board Chair		Eleanor	Wills	eleanor.wills@tameside.gov.uk
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off		Sandra	Stewart	sandra.stewart@tameside.gov.uk
	Additional ICB(s) contacts if relevant		Not relevant	Not relevant	Not relevant
	Local Authority Chief Executive		Sandra	Stewart	sandra.stewart@tameside.gov.uk
	Local Authority Director of Adult Social Services (or equivalent)		Stephanie	Butterworth	stephanie.butterworth@tameside.gov.uk
	Better Care Fund Lead Official		Martin	Ashton	martinashton@nhs.net
	LA Section 151 Officer		Ashley	Hughes	ashley.hughes@tameside.gov.uk
*Please add further area contacts that you would wish to be included in official correspondence e.g. housing or trusts that have been part of the process -->					

Question Completion - When all questions have been answered and the validation boxes below have turned green, please send the template to the Better Care Fund Team england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your Better Care Manager.

#NAME?

	Complete:
2. Cover	Yes
4. Capacity&Demand	#NAME?
5. Income	Yes
6a. Expenditure	No
7. Metrics	Yes
8. Planning Requirements	Yes

<< Link to the Guidance sheet

^^ Link back to top

Better Care Fund 2023-25 Template

3. Summary

Selected Health and Wellbeing Board: Tameside

Income & Expenditure

Income >>

Funding Sources	Income Yr 1	Income Yr 2	Expenditure Yr 1	Expenditure Yr 2	Difference
DFG	£2,849,319	£2,849,319	£2,849,319	£2,849,319	£0
Minimum NHS Contribution	£20,571,750	£21,736,111	£20,571,750	£21,736,111	£0
iBCF	£12,585,188	£12,585,188	£12,585,188	£12,585,188	£0
Additional LA Contribution	£0	£0	£0	£0	£0
Additional ICB Contribution	£0	£0	£0	£0	£0
Local Authority Discharge Funding	£1,764,424	£1,764,424	£1,764,424	£1,764,424	£0
ICB Discharge Funding	£1,597,830	£2,457,964	£1,597,830	£2,457,964	£0
Total	**£39,368,511**	**£41,393,006**	**£39,368,511**	**£41,393,006**	**£0**

Expenditure >>

NHS Commissioned Out of Hospital spend from the minimum ICB allocation

	Yr 1	Yr 2
Minimum required spend	£5,816,491	£6,145,704
Planned spend	£8,285,866	£8,754,846

Adult Social Care services spend from the minimum ICB allocations

	Yr 1	Yr 2
Minimum required spend	£10,953,068	£11,573,012
Planned spend	£13,144,980	£13,888,986

Metrics >>

Avoidable admissions

	2023-24 Q1 Plan	2023-24 Q2 Plan	2023-24 Q3 Plan	2023-24 Q4 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (Rate per 100,000 population)	254.0	206.0	257.0	222.0

Falls

		2022-23 estimated	2023-24 Plan
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Indicator value	1,812.0	1,797.6
	Count	751	745
	Population	41445	41445

Discharge to normal place of residence

	2023-24 Q1 Plan	2023-24 Q2 Plan	2023-24 Q3 Plan	2023-24 Q4 Plan
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	94.0%	94.3%	91.9%	94.2%

Residential Admissions

		2021-22 Actual	2023-24 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	593	659

Reablement

		2023-24 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	74.8%

Planning Requirements >>

Theme	Code	Response
NC1: Jointly agreed plan	**PR1**	Yes
	PR2	Yes
	PR3	Yes
NC2: Social Care Maintenance	**PR4**	Yes
NC3: NHS commissioned Out of Hospital Services	**PR5**	Yes
NC4: Implementing the BCF policy objectives	**PR6**	Yes
Agreed expenditure plan for all elements of the BCF	**PR7**	Yes
Metrics	**PR8**	Yes

3. Capacity & Demand

Selected Health and Wellbeing Board:

Guidance on completing this sheet is set out below, but should be read in conj

3.1 Demand - Hospital Discharge

This section requires the Health & Wellbeing Board to record expected monthly
Data can be entered for individual hospital trusts that care for inpatients from tl
The template aligns tothe pathways in the hospital discharge policy, but separat

If there are any trusts taking a small percentage of local residents who are admi
The table at the top of the screen will display total expected demand for the are
Estimated levels of discharge should draw on:

- Estimated numbers of discharges by pathway at ICB level from NHS plans for
- Data from the NHSE Discharge Pathways Model.
- Management information from discharge hubs and local authority data on rec

You should enter the estimated number of discharges requiring each type of sup

3.2 Demand - Community

This section collects expected demand for intermediate care services from comı
number of people requiring intermediate care or short term care (non-discharge

Further detail on definitions is provided in Appendix 2 of the Planning Requirem
The units can simply be the number of referrals.

3.3 Capacity - Hospital Discharge

This section collects expected capacity for services to support people being disc

- Social support (including VCS)
- Reablement at Home
- Rehabilitation at home
- Short term domiciliary care
- Reablement in a bedded setting
- Rehabilitation in a bedded setting
- Short-term residential/nursing care for someone likely to require a longer-ter

Please consider the below factors in determining the capacity calculation. Typic
Caseload (No. of people who can be looked after at any given time)
Average stay (days) - The average length of time that a service is provided to pe
Please consider using median or mode for LoS where there are significant outlie
Peak Occupancy (percentage) - What was the highest levels of occupany expres
many people, on average, that can be provided with services.

At the end of each row, you should enter estimates for the percentage of the se

3.4 Capacity - Community

This section collects expected capacity for community services. You should inpu
You should include expected available capacity across these service types for eli
split into 7 types of service:

- Social support (including VCS)
- Urgent Community Response
- Reablement at home
- Rehabilitation at home
- Other short-term social care
- Reablement in a bedded setting
- Rehabilitation in a bedded setting

Please consider the below factors in determining the capacity calculation. Typic
Caseload (No. of people who can be looked after at any given time)
Average stay (days) - The average length of time that a service is provided to pe
Please consider using median or mode for LoS where there are significant outlie
Peak Occupancy (percentage) - What was the highest levels of occupany expres
take into account how many people, on average, that can be provided with serv

At the end of each row, you should enter estimates for the percentage of the se

Virtual wards should not form part of capacity and demand plans because they
Appendix 2 of the BCF Planning Requirements.

Any assumptions made.
Please include your considerations and assumptions for Length of Stay and average numbers of hours committed to a homecare package that have been used to derive the number of expected packages.

3.1 Demand - Hospital Discharge

!!Click on the filter box below to select Trust first!!

Trust Referral Source (Select as many as you need)
TAMESIDE AND GLOSSOP INTEGRATED CARE NHS FOUNDATION TRUST
TAMESIDE AND GLOSSOP INTEGRATED CARE NHS FOUNDATION TRUST
TAMESIDE AND GLOSSOP INTEGRATED CARE NHS FOUNDATION TRUST
TAMESIDE AND GLOSSOP INTEGRATED CARE NHS FOUNDATION TRUST
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TAMESIDE AND GLOSSOP INTEGRATED CARE NHS FOUNDATION TRUST
TAMESIDE AND GLOSSOP INTEGRATED CARE NHS FOUNDATION TRUST

3.2 Demand - Community

3.3 Capacity - Hospital Discharge

Service Area
Social support (including VCS)
Reablement at Home
Rehabilitation at home
Short term domiciliary care
Reablement in a bedded setting
Rehabilitation in a bedded setting
Short-term residential/nursing care for someone likely to require a longer-

3.4 Capacity - Community

Service Area
Social support (including VCS)
Urgent Community Response
Reablement at Home
Rehabilitation at home
Reablement in a bedded setting
Rehabilitation in a bedded setting
Other short-term social care

2023-24 Capacity & Demand Template

Tameside

unction with the guidance in the BCF planning requirements

demand for supported discharge by discharge pathway.
he area. Multiple Trusts can be selected from the drop down list in column F. You will then be able to ente
es Pathway 1 (discharge home with new or additional support) into separate estimates of reablement, reh

tted to hospital, then please consider aggregating these trusts under a single line using the '**Other**' Trust op
a by discharge pathway and by month.

2023-24

quests for care and assessment.

oport for each month.

munity sources, such as multi-disciplinary teams, single points of access or 111. The template does not coll
e) each month, split by different type of intermediate care.

ents.

harged from acute hospital. You should input the expected available capacity to support discharge across t

m care home placement

ally this will be (Caseload*days in month*max occupancy percentage)/average duration of service or lengt

ople, or average length of stay in a bedded facility
rs
sed as a percentage? This will usually apply to residential units, rather than care in a person's own home. F

rvice in question that is commissioned by the local authority, the ICB and jointly.

t the expected available capacity across the different service types.
gible referrals from community sources. This should cover all service intermediate care services to support

ally this will be (Caseload*days in month*max occupancy percentage)/average duration of service or lengt

ople, or average length of stay in a bedded facility
rs
sed as a percentage? This will usually apply to residential units, rather than care in a person's own home. F
vices.

rvice in question that is commissioned by the local authority, the ICB and jointly.

represent acute, rather than intermediate, care. Where recording a virtual ward as a referral source, pease

Awaiting further clarity from the national bcf team

Demand - Hospital Discharge
Pathway
Social support (including VCS) (pathway 0)
Reablement at home (pathway 1)
Rehabilitation at home (pathway 1)
Short term domiciliary care (pathway 1)
Reablement in a bedded setting (pathway 2)
Rehabilitation in a bedded setting (pathway 2)
Short-term residential/nursing care for someone likely to require a longer-term care home placement

Demand - Intermediate Care
Service Type
Social support (including VCS)
Urgent Community Response
Reablement at home
Rehabilitation at home
Reablement in a bedded setting
Rehabilitation in a bedded setting
Other short-term social care

apacity - Hospital Discharge
Metric
Monthly capacity. Number of new clients.
Monthly capacity. Number of new clients.
Monthly capacity. Number of new clients.
Monthly capacity. Number of new clients.
Monthly capacity. Number of new clients.
Monthly capacity. Number of new clients.
Monthly capacity. Number of new clients.

Capacity - Community
Metric
Monthly capacity. Number of new clients.
Monthly capacity. Number of new clients.
Monthly capacity. Number of new clients.
Monthly capacity. Number of new clients.
Monthly capacity. Number of new clients.
Monthly capacity. Number of new clients.
Monthly capacity. Number of new clients.

r the number of expected discharges from each trust by Pathway for each month.
ıabiitation and short term domiciliary care)

ɔtion.

ect referrals by source, and you should input an overall estimate each month for the

:hese different service types:

h of stay

For services in a person's own home then this would need to take into account how

t recovery, including Urgent Community Response and VCS support. The template is

h of stay

For services in a person's own home then this would need to

e select the relevant trust from the list. Further guidance on all sections is available in

	Complete:
3.1	#NAME?
3.2	#NAME?
3.3	#NAME?
3.4	#NAME?

Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
25	25	25	25	25	25	25
145	142	163	168	180	173	156
109	115	122	124	128	124	116
25	20	29	34	44	35	27

Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
33	33	33	33	33	33	33
119	120	123	135	125	130	134
34	20	17	45	49	27	21
12	12	13	13	13	13	13

Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
32	32	32	32	32	32	32
40	40	40	40	40	40	40
15	15	15	15	15	15	15
124	125	128	140	130	135	140
56	57	56	57	57	56	57

Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
48	48	48	48	48	48	48
125	140	140	140	155	155	155
40	40	40	40	40	40	40
9	10	9	10	10	9	10

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
25	25	25	25	25
140	130	145	132	139
105	121	105	98	105
25	30	33	26	30

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
33	33	33	33	33
140	146	151	134	141
21	19	34	33	36
13	13	13	13	13

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
32	32	32	32	32
40	40	40	40	40
15	15	15	14	15
146	152	157	139	147
56	57	57	52	57

Commissioning r commis
ICB
100%

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
48	48	48	48	48
160	165	165	160	155
40	40	40	40	40
9	10	10	9	10

Commissioning r commis
ICB
100%

esponsibility (% of each service type sioned by LA/ICB or jointly	
LA	Joint
100%	
100%	
100%	
100%	

esponsibility (% of each service type sioned by LA/ICB or jointly	
LA	Joint
100%	
100%	
100%	

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Better Care Fund 2023-25 Template

4. Income

Selected Health and Wellbeing Board: Tameside

Local Authority Contribution		
Disabled Facilities Grant (DFG)	Gross Contribution Yr 1	Gross Contribution Yr 2
Tameside	£2,849,319	£2,849,319
DFG breakdown for two-tier areas only (where applicable)		
Total Minimum LA Contribution (exc iBCF)	**£2,849,319**	**£2,849,319**

Local Authority Discharge Funding	Contribution Yr 1	Contribution Yr 2
Tameside	£1,764,424	£1,764,424

ICB Discharge Funding	Contribution Yr 1	Contribution Yr 2
NHS Greater Manchester ICB	£1,597,830	£2,457,964
Total ICB Discharge Fund Contribution	£1,597,830	£2,457,964

iBCF Contribution	Contribution Yr 1	Contribution Yr 2
Tameside	£12,585,188	£12,585,188
Total iBCF Contribution	**£12,585,188**	**£12,585,188**

Are any additional LA Contributions being made in 2023-25? If yes, please detail below	No

Local Authority Additional Contribution	Contribution Yr 1	Contribution Yr 2	Comments - Please use this box to clarify any specific uses or sources of funding
Total Additional Local Authority Contribution	**£0**	**£0**	

NHS Minimum Contribution	Contribution Yr 1	Contribution Yr 2
NHS Greater Manchester ICB	£20,571,750	£21,736,111
Total NHS Minimum Contribution	**£20,571,750**	**£21,736,111**

Are any additional ICB Contributions being made in 2023-25? If yes, please detail below	No

Additional ICB Contribution	Contribution Yr 1	Contribution Yr 2	Comments - Please use this box clarify any specific uses or sources of funding
Total Additional NHS Contribution	**£0**	**£0**	
Total NHS Contribution	**£20,571,750**	**£21,736,111**	

	2023-24	2024-25
Total BCF Pooled Budget	**£39,368,511**	**£41,393,006**

Funding Contributions Comments Optional for any useful detail e.g. Carry over

Better Care Fund 2023-25 Template

5. Expenditure

Selected Health and Wellbeing Board: Tameside

<< Link to summary sheet

Running Balances	2023-24 Income	2023-24 Expenditure	2023-24 Balance	2024-25 Income	2024-25 Expenditure	2024-25 Balance
DFG	£2,849,319	£2,849,319	£0	£2,849,319	£2,849,319	£0
Minimum NHS Contribution	£20,571,750	£20,571,750	£0	£21,736,111	£21,736,111	£0
iBCF	£12,585,188	£12,585,188	£0	£12,585,188	£12,585,188	£0
Additional LA Contribution	£0	£0	£0	£0	£0	£0
Additional NHS Contribution	£0	£0	£0	£0	£0	£0
Local Authority Discharge Funding	£1,764,424	£1,764,424	£0	£1,764,424	£1,764,424	£0
ICB Discharge Funding	£1,597,830	£1,597,830		£2,457,964	£2,457,964	£0
Total	**£39,368,511**	**£39,368,511**	**£0**	**£41,393,006**	**£41,393,006**	**£0**

Required Spend

This is in relation to National Conditions 2 and 3 only. It does NOT make up the total Minimum ICB Contribution (on row 33 above).

	2023-24 Minimum Required Spend	2023-24 Planned Spend	2023-24 Under Spend	2024-25 Minimum Required Spend	2024-25 Planned Spend	2024-25 Under Spend
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£5,816,491	£8,285,866	£0	£6,145,704	£8,754,846	£0
Adult Social Care services spend from the minimum ICB allocations	£10,953,068	£13,144,980	£0	£11,573,012	£13,888,986	£0

Checklist

Column complete:

Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No

>> Incomplete fields on row number(s):

#NAME?

									Planned Expenditure						
Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Expected outputs 2023-24	Expected outputs 2024-25	Units	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding
1	Telecare/Telehealth	continuation of investment in telehealth services to support individuals to live	Assistive Technologies and Equipment	Assistive technologies including telecare				Number of beneficiaries	Community Health		NHS			Private Sector	Minimum NHS Contribution
2	Community response	Community Response and Emergency Control Service	Community Based Schemes	Integrated neighbourhood services					Community Health		NHS			Local Authority	Minimum NHS Contribution
3	Community assessment	Community Assessment and Rapid Access (CARA)	Community Based Schemes	Integrated neighbourhood services					Community Health		NHS			NHS Community Provider	Minimum NHS Contribution
4	Integrated Community Equipment Service	Investment in assitive equipnment to support hospital discharge and	Assistive Technologies and Equipment	Community based equipment				Number of beneficiaries	Community Health		NHS			Private Sector	Minimum NHS Contribution
5	Integrated Care models to support hospital discharge	Integrated Care models to support hospital discharge and integrated care planning	Integrated Care Planning and Navigation	Care navigation and planning					Community Health		NHS			NHS Community Provider	Minimum NHS Contribution
6	Wheelchairs	Investment in the wheelchairs contract	Assistive Technologies and Equipment	Community based equipment				Number of beneficiaries	Community Health		NHS			Private Sector	Minimum NHS Contribution
7	Integrated Care models to support hospital discharge	Integrated Care models to support hospital discharge and integrated care planning	Integrated Care Planning and Navigation	Care navigation and planning					Community Health		NHS			NHS Community Provider	Minimum NHS Contribution
8	Integrated Response and Intervention	Integrated Response and Intervention Service (IRIS)	Community Based Schemes	Integrated neighbourhood services					Community Health		NHS			NHS Community Provider	Minimum NHS Contribution

9	Carer Breaks (Adults)	Carer Breaks (Adults)	Carers Services	Respite services				Beneficiaries	Social Care		NHS			Private Sector	Minimum NHS Contribution
10	Integrated Urgent Care Team	Integrated Urgent Care Team	Integrated Care Planning and Navigation	Care navigation and planning					Social Care		Joint	33.0%	67.0%	NHS Acute Provider	Minimum NHS Contribution
11	Home based IC services (including crisis response)	Home based IC services (including crisis response)	Other		Home based IC				Community Health		NHS			NHS Community Provider	Minimum NHS Contribution
12	Reablement Services	Reablement Services	Other		Reablement service accepting community and				Social Care		LA			Local Authority	Minimum NHS Contribution
13	Community Occupational Therapists to	Community Occupational Therapists to undertake timely assessments and	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to Assess				Hours of care	Social Care		LA			Local Authority	Minimum NHS Contribution
14	Investment in Community and Residential	Investment in Community and Residential Mental health Services	Community Based Schemes	Integrated neighbourhood services					Social Care		LA			Private Sector	Minimum NHS Contribution
15	Adult Social Care - Community based Services (Inc care	Adult Social Care - Community based Services (Inc care Homes)	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as					Social Care		LA			Private Sector	Minimum NHS Contribution
16	Integrated care fund innovation	Integrated care fund innovation	Community Based Schemes	Integrated neighbourhood services					Social Care		LA			Local Authority	Minimum NHS Contribution
17	Telecare/Telehealth	Digital Health subcontracting	Assistive Technologies and Equipment	Community based equipment				Number of beneficiaries	Community Health		LA			NHS Acute Provider	Minimum NHS Contribution
18	Disabled Facilities Grant	Disabled Facilities Grant	DFG Related Schemes	Adaptations, including statutory DFG grants				Number of adaptations funded/people	Social Care		LA			Private Sector	DFG
19	In house Home Care Service	management and staffing & through the night programme	Home Care or Domiciliary Care	Domiciliary care packages				Hours of care	Social Care		LA			Local Authority	iBCF
20	Additional Social Work Capacity	Team to ensure prompt response to support admissions avoidance and	Integrated Care Planning and Navigation	Care navigation and planning					Social Care		LA			Local Authority	iBCF
21	Housing Officer post based in the Urgent Integrated	Housing Officer post based in the Urgent Integrated Care Team	Housing Related Schemes		Housing related support				Social Care	Housing related support	LA			Private Sector	iBCF
22	Trusted assessor Role	These posts will build relationships with care providers and carry out	High Impact Change Model for Managing Transfer of Care	Trusted Assessment					Social Care		LA			Local Authority	iBCF
23	Voluntary Sector Support	to support the purpose of avoiding social isolation and thus avoiding primary care	Community Based Schemes	Other	Voluntary sector support				Social Care		LA			Charity / Voluntary Sector	iBCF
24	Use of i-BCF recurrent funding to fund a range of	Use of i-BCF recurrent funding to fund a range of key social care services which	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as					Social Care		LA			Private Sector	iBCF
25	Care Home Contract	Funding to support fee increases	Residential Placements	Care home	Fee increase to support local provider market			Number of beds/Placements	Social Care		LA			Private Sector	iBCF
26	Third Sector Capacity/Investment	Third Sector Capacity/Investment	Community Based Schemes	Other	Mixed voluntary sector partners				Social Care		LA			Charity / Voluntary Sector	iBCF
27	Autism Social Worker	Specialist Social Work post	Community Based Schemes	Integrated neighbourhood services	Specialist social work post				Social Care		LA			Local Authority	iBCF
28	Quality Assurance Team	Works closely with Care Homes to improve standards of care across Tameside	Residential Placements	Care home	Quality improvements in Care Homes			Number of beds/Placements	Social Care		LA			Local Authority	iBCF
29	Shared Lives - additional Social Work capacity	Shared Lives - additional Social Work capacity	Community Based Schemes	Other	Shared Lives- live-in support				Social Care		LA			Local Authority	iBCF

30	LD Employment Services	LD Employment Services	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as	Supporting LD clients into paid employment				Social Care		LA			Local Authority	iBCF
31	Direct Payment Capacity	Direct Payment Capacity	Personalised Budgeting and Commissioning						Social Care		LA			Local Authority	iBCF
32	AMHP & CoP Capacity	Approved Mental Health Practitioner and COP capacity to support and review DOL's	Care Act Implementation Related Duties	Independent Mental Health Advocacy					Social Care		LA			Local Authority	iBCF
33	PMO/Demographic Pressures	PMO/Demographic Pressures	Community Based Schemes	Other	Meeting increased demand for				Social Care		LA			Private Sector	iBCF
34	Preparing for Adulthood - Team Manager	Preparing for Adulthood - Team Manager	Prevention / Early Intervention	Other	Demand management				Social Care		LA			Local Authority	iBCF
35	Safeguarding Lead	Safeguarding Lead	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as					Social Care		LA			Local Authority	iBCF
36	Long Term Support - Assistant Team	Long Term Support - Assistant Team Manager	Community Based Schemes	Integrated neighbourhood services					Social Care		LA			Local Authority	iBCF
37	Neighbourhoods - Assistant Team Manager	Neighbourhoods - Assistant Team Manager	Community Based Schemes	Integrated neighbourhood services					Social Care		LA			Local Authority	iBCF
38	Neighbourhoods - Assistant Team Manager	Neighbourhoods - Assistant Team Manager	Community Based Schemes	Integrated neighbourhood services					Social Care		LA			Local Authority	iBCF
39	Neighbourhoods - OOB Social Worker	Neighbourhoods - OOB Social Worker	Community Based Schemes	Integrated neighbourhood services					Social Care		LA			Local Authority	iBCF
40	IUCT - Assistant Team Manager	IUCT - Assistant Team Manager	Integrated Care Planning and Navigation	Care navigation and planning					Social Care		LA			Local Authority	iBCF
41	Proposed Innovation Funding	Proposed Innovation Funding	Other		New schemes to be confirmed				Social Care		LA			Local Authority	iBCF
42	Care Homes - Residential Placements	Additional packages of care to facilitate early discharge to residential care homes	Residential Placements	Care home				Number of beds/Placements	Social Care		LA			Private Sector	Local Authority Discharge
43	Care Homes - Nursing Placements	Additional packages of care to facilitate early discharge to nursing care homes	Residential Placements	Nursing home				Number of beds/Placements	Social Care		LA			Private Sector	Local Authority Discharge
44	Home Care - Packages	Additional packages of care to facilitate early discharge for Support at Home	Home Care or Domiciliary Care	Domiciliary care packages				Hours of care	Social Care		LA			Private Sector	Local Authority Discharge
45	Acute Frailty	Assessment of patient 65+ and completion of comprehensive geriatric	Workforce recruitment and retention						Community Health		NHS			NHS	ICB Discharge Funding
46	Discharge Lounge	Facilitate a timely discharge to promote flow across the system	Other						Community Health		NHS			NHS	ICB Discharge Funding
47	FP10 in UTC/ED	Maximise capacity across D2A to facilitate a greater amount of home first	Other						Community Health		NHS			NHS	ICB Discharge Funding
48	Intermediate Care Step Down	Enhanced step down capacity for intermediate care bed base.	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with reablement accepting step up and step				Number of Placements	Community Health		NHS			NHS	ICB Discharge Funding
49	Pharmacy	Maximise capacity across D2A to facilitate a greater amount of home first	Workforce recruitment and retention						Community Health		NHS			NHS	ICB Discharge Funding
50	Transport	Maximise capacity across D2A to facilitate a greater amount of home first	Other						Community Health		NHS			NHS	ICB Discharge Funding

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Further guidance for completing Expe

Schemes tagged with the following will count towards the
- **Area of spend** selected as 'Social Care'
- **Source of funding** selected as 'Minimum NHS Contribut

Schemes tagged with the below will count towards the pla
- **Area of spend** selected with anything except 'Acute'
- **Commissioner** selected as 'ICB' (if 'Joint' is selected, onl
- **Source of funding** selected as 'Minimum NHS Contribut

2023-25 Revised Scheme types

Number	Scheme type/ services
1	Assistive Technologies and Equipment
2	Care Act Implementation Related Duties
3	Carers Services
4	Community Based Schemes

5	DFG Related Schemes
6	Enablers for Integration
7	High Impact Change Model for Managing Transfer of Care
8	Home Care or Domiciliary Care
9	Housing Related Schemes

10	Integrated Care Planning and Navigation
11	Bed based intermediate Care Services (Reablement, rehabilitation in a bedded setting, wider short-term services supporting recovery)
12	Home-based intermediate care services
13	Urgent Community Response

14	Personalised Budgeting and Commissioning
15	Personalised Care at Home
16	Prevention / Early Intervention
17	Residential Placements
18	Workforce recruitment and retention
19	Other

Scheme type
Assistive Technologies and Equipment
Home Care and Domiciliary Care
Bed Based Intermediate Care Services
Home Based Intermeditate Care Services
Residential Placements
DFG Related Schemes
Workforce Recruitment and Retention
Carers Services

nditure sheet

planned **Adult Social Care services spend** from the NHS min:

ion'

anned **Out of Hospital spend** from the NHS min:

ly the NHS % will contribute)
ion'

Sub type
1. Assistive technologies including telecare 2. Digital participation services 3. Community based equipment 4. Other
1. Independent Mental Health Advocacy 2. Safeguarding 3. Other
1. Respite Services 2. Carer advice and support related to Care Act duties 3. Other
1. Integrated neighbourhood services 2. Multidisciplinary teams that are supporting independence, such as anticipatory care 3. Low level social support for simple hospital discharges (Discharge to Assess pathway 0) 4. Other

1. Adaptations, including statutory DFG grants 2. Discretionary use of DFG 3. Handyperson services 4. Other
1. Data Integration 2. System IT Interoperability 3. Programme management 4. Research and evaluation 5. Workforce development 6. New governance arrangements 7. Voluntary Sector Business Development 8. Joint commissioning infrastructure 9. Integrated models of provision 10. Other
1. Early Discharge Planning 2. Monitoring and responding to system demand and capacity 3. Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge 4. Home First/Discharge to Assess - process support/core costs 5. Flexible working patterns (including 7 day working) 6. Trusted Assessment 7. Engagement and Choice 8. Improved discharge to Care Homes 9. Housing and related services 10. Red Bag scheme 11. Other
1. Domiciliary care packages 2. Domiciliary care to support hospital discharge (Discharge to Assess pathway 1) 3. Short term domiciliary care (without reablement input) 4. Domiciliary care workforce development 5. Other

1. Care navigation and planning
2. Assessment teams/joint assessment
3. Support for implementation of anticipatory care
4. Other

1. Bed-based intermediate care with rehabilitation (to support discharge)
2. Bed-based intermediate care with reablement (to support discharge)
3. Bed-based intermediate care with rehabilitation (to support admission avoidance)
4. Bed-based intermediate care with reablement (to support admissions avoidance)
5. Bed-based intermediate care with rehabilitation accepting step up and step down users
6. Bed-based intermediate care with reablement accepting step up and step down users
7. Other

1. Reablement at home (to support discharge)
2. Reablement at home (to prevent admission to hospital or residential care)
3. Reablement at home (accepting step up and step down users)
4. Rehabilitation at home (to support discharge)
5. Rehabilitation at home (to prevent admission to hospital or residential care)
6. Rehabilitation at home (accepting step up and step down users)
7. Joint reablement and rehabilitation service (to support discharge)
8. Joint reablement and rehabilitation service (to prevent admission to hospital or residential care)
9. Joint reablement and rehabilitation service (accepting step up and step down users)
10. Other

1. Mental health /wellbeing 2. Physical health/wellbeing 3. Other
1. Social Prescribing 2. Risk Stratification 3. Choice Policy 4. Other
1. Supported housing 2. Learning disability 3. Extra care 4. Care home 5. Nursing home 6. Short-term residential/nursing care for someone likely to require a longer-term care home replacement 7. Short term residential care (without rehabilitation or reablement input) 8. Other
1. Improve retention of existing workforce 2. Local recruitment initiatives 3. Increase hours worked by existing workforce 4. Additional or redeployed capacity from current care workers 5. Other

Units
Number of beneficiaries
Hours of care (Unless short-term in which case it is packages)
Number of placements
Packages
Number of beds/placements
Number of adaptations funded/people supported
WTE's gained
Beneficiaries

Description
Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Community based equipment, Digital participation services).
Funding planned towards the implementation of Care Act related duties. The specific scheme sub types reflect specific duties that are funded via the NHS minimum contribution to the BCF.
Supporting people to sustain their role as carers and reduce the likelihood of crisis. This might include respite care/carers breaks, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence.
Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood/PCN level (eg: Integrated Neighbourhood Teams) Reablement services should be recorded under the specific scheme type 'Reablement in a person's own home'

The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes. The grant can also be used to fund discretionary, capital spend to support people to remain independent in their own homes under a Regulatory Reform Order, if a published policy on doing so is in place. Schemes using this flexibility can be recorded under 'discretionary use of DFG' or 'handyperson services' as appropriate
Schemes that build and develop the enabling foundations of health, social care and housing integration, encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes. Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning. Schemes could be focused on Data Integration, System IT Interoperability, Programme management, Research and evaluation, Supporting the Care Market, Workforce development, Community asset mapping, New governance arrangements, Voluntary Sector Development, Employment services, Joint commissioning infrastructure amongst others.
The eight changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system. The Hospital to Home Transfer Protocol or the 'Red Bag' scheme, while not in the HICM, is included in this section.
A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.
This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.

Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches such as Anticipatory Care, which aims to provide holistic, co-ordinated care for complex individuals. Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams. Note: For Multi-Disciplinary Discharge Teams related specifically to discharge, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.
Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups.
Provides support in your own home to improve your confidence and ability to live as independently as possible
Urgent community response teams provide urgent care to people in their homes which helps to avoid hospital admissions and enable people to live independently for longer. Through these teams, older people and adults with complex health needs who urgently need care, can get fast access to a range of health and social care professionals within two hours.

Various person centred approaches to commissioning and budgeting, including direct payments.
Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this scheme type.
Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.
Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.
These scheme types were introduced in planning for the 22-23 AS Discharge Fund. Use these scheme decriptors where funding is used to for incentives or activity to recruit and retain staff or to incentivise staff to increase the number of hours they work.
Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.

Better Care Fund 2023-25 Template

6. Metrics for 2023-24

Selected Health and Wellbeing Board: Tameside

8.1 Avoidable admissions

*Q4 Actual not available at time of publication

		2022-23 Q1 Actual	2022-23 Q2 Actual	2022-23 Q3 Actual	2022-23 Q4 Plan	Rationale for how ambition was set	Local plan to meet ambition
Indirectly standardised rate (ISR) of admissions per 100,000 population (See Guidance)	Indicator value	331.0	289.7	391.1	771.0	Taking into consideration the local population health inequalities and this ambition reflects confidence in the Better Care Fund plan to stem a growth in demand.	Crisis response service, supporting patients who become acutely unwell who can be safely supported in their own home. Place based services - integrated working with the Primary Care Networks. Access to Same Day Emergency Care (Frailty, medical and surgical). Increased provision of Admission Avoidance Service.
	Number of Admissions	794	695	938	-		
	Population	225,197	225,197	225,197	225,197		
		2023-24 Q1 Plan	2023-24 Q2 Plan	2023-24 Q3 Plan	2023-24 Q4 Plan		
	Indicator value	254	206	257	222		

>> link to NHS Digital webpage (for more detailed guidance)

8.2 Falls

			2021-22 Actual	2022-23 estimated	2023-24 Plan	Rationale for ambition	Local plan to meet ambition
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Indicator value		1,989.1	1,812.0	1,797.6	This ambition reflects confidence in the local plan to reduce falls in Tameside. The ambition is also reflective of challenges in recruiting to the workforce.	Increased provision of Intermediate Care in the persons own home. System wide falls strategy. Integrated working between the Community Response Service and Digital Health Service for patients who have fallen but do not need to access urgent care services.
	Count		755	751	745		
	Population		40,703	41445	41445		

Public Health Outcomes Framework - Data - OHID (phe.org.uk)

8.3 Discharge to usual place of residence

*Q4 Actual not available at time of publication

		2022-23 Q1 Actual	2022-23 Q2 Actual	2022-23 Q3 Actual	2021-22 Q4 Plan	Rationale for how ambition was set	Local plan to meet ambition
Percentage of people, resident in the HWB, who are	Quarter (%)	93.3%	93.3%	91.5%	93.9%	Increased Home First provision will increase opportunity for people to be discharged to their usual place of residence.	Home First Model. Investment in hospital discharge team. Executive led length of stay meeting.
	Numerator	4,863	4,863	4,952	4,718		
	Denominator	5,210	5,214	5,412	5,023		

discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)		2023-24 Q1 Plan	2023-24 Q2 Plan	2023-24 Q3 Plan	2023-24 Q4 Plan	Greater opportunity for integrated working between IUCT and reablement.	
	Quarter (%)	94.0%	94.3%	91.9%	94.2%		
	Numerator	4,995	5,015	5,073	4,826		
	Denominator	5,314	5,319	5,520	5,124		

8.4 Residential Admissions

		2021-22 Actual	2022-23 Plan	2022-23 estimated	2023-24 Plan	Rationale for how ambition was set	Local plan to meet ambition
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	592.9	641.8	668.4	659.3	Between 2020 and 2022 we saw a reduction in the number of people aged 65+ in a permanent residential/nursing care settings. However we had a significant number of people on temporary residential contracts where a decision	Across the adult social care system there are increasing numbers of people needing to access the service and this includes permanent residential care. We are seeing more people with very complex needs and more and bigger packages of care being
	Numerator	237	266	277	277		
	Denominator	39,976	41,445	41,445	42,011		

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2018 based Sub-National Population Projections for Local Authorities in England:
https://www.ons.gov.uk/releases/subnationalpopulationprojectionsforengland2018based

8.5 Reablement

		2021-22 Actual	2022-23 Plan	2022-23 estimated	2023-24 Plan	Rationale for how ambition was set	Local plan to meet ambition
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	73.2%	76.2%	74.8%	74.8%	There have been many challenges in meeting the planned performance for this indicator. Those challenges included our reablement staff collaboratively supporting the provider sector and front door to ASC, to provide home care to clients with	The Reablement service will locally pull in a wrap around service with IUCT and or digital health or the Extensivists typically take their scope of practice beyond the hospital and into the home or other settings, with a focus on keeping patients
	Numerator	197	205	238	238		
	Denominator	269	269	318	318		

Please note that due to the demerging of Cumbria information from previous years will not reflect the present geographies.

As such, the following adjustments have been made for the pre-populated figures above:
- Actuals and plans for Cumberland and Westmorland and Furness are using the Cumbria combined figure for all metrics since a split was not available; Please use comments box to advise.
- 2022-23 and 2023-24 population projections (i.e. the denominator for **Residential Admissions**) have been calculated from a ratio based on the 2021-22 estimates.

	Code	Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)	Confirmed through
NC1: Jointly agreed plan	**PR1**	**A jointly developed and agreed plan that all parties sign up to**	Has a plan; jointly developed and agreed between all partners from ICB(s) in accordance with ICB governance rules, and the LA; been submitted? *Paragraph 11* Has the HWB approved the plan/delegated approval? *Paragraph 11* Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan? *Paragraph 11* Where the narrative section of the plan has been agreed across more than one HWB, have individual income, expenditure and metric sections of the plan been submitted for each HWB concerned? Have all elements of the Planning template been completed? *Paragraph 12*	Expenditure plan Expenditure plan Narrative plan Validation of submitted plans Expenditure plan, narrative plan
	PR2	**A clear narrative for the integration of health, social care and housing**	Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that describes: • How the area will continue to implement a joined-up approach to integration of health, social care and housing services including DFG to support further improvement of outcomes for people with care and support needs *Paragraph 13* • The approach to joint commissioning *Paragraph 13* • How the plan will contribute to reducing health inequalities and disparities for the local population, taking account of people with protected characteristics? This should include - How equality impacts of the local BCF plan have been considered *Paragraph 14* - Changes to local priorities related to health inequality and equality and how activities in the document will address these. *Paragraph 14* The area will need to also take into account Priorities and Operational Guidelines regarding health inequalities, as well as local authorities' priorities under the Equality Act and NHS actions in line with Core20PLUS5. *Paragraph 15*	Narrative plan
	PR3	**A strategic, joined up plan for Disabled Facilities Grant (DFG) spending**	Is there confirmation that use of DFG has been agreed with housing authorities? *Paragraph 33* • Does the narrative set out a strategic approach to using housing support, including DFG funding that supports independence at home? *Paragraph 33* • In two tier areas, has: - Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory DFG? or - The funding been passed in its entirety to district councils? *Paragraph 34*	Expenditure plan Narrative plan Expenditure plan

NC2: Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	**PR4**	**A demonstration of how the services the area commissions will support people to remain independent for longer, and where possible support them to remain in their own home**	Does the plan include an approach to support improvement against BCF objective 1? *Paragraph 16* Does the expenditure plan detail how expenditure from BCF sources supports prevention and improvement against this objective? *Paragraph 19* Does the narrative plan provide an overview of how overall spend supports improvement against this objective? *Paragraph 19* Has the intermediate care capacity and demand planning section of the plan been used to ensure improved performance against this objctive and has the narrative plan incorporated learnings from this exercise? *Paragraph 66*	Narrative plan Expenditure plan Narrative plan Expenditure plan, narrative plan
Additional discharge funding	**PR5**	**An agreement between ICBs and relevant Local Authorities on how the additional funding to support discharge will be allocated for ASC and community-based reablement capacity to reduce delayed discharges and improve outcomes.**	Have all partners agreed on how all of the additional discharge funding will be allocated to achieve the greatest impact in terms of reducing delayed discharges? *Paragraph 41* Does the plan indicate how the area has used the discharge funding, particularly in the relation to National Condition 3 (see below), and in conjunction with wider funding to build additional social care and community-based reablement capacity, maximise the number of hospital beds freed up and deliver sustainable improvement for patients? *Paragraph 41* Does the plan take account of the area's capacity and demand work to identify likely variation in levels of demand over the course of the year and build the workforce capacity needed for additional services? *Paragraph 44* Has the area been identified as an area of concern in relation to discharge performance, relating to the 'Delivery plan for recovering urgent and emergency services'? If so, have their plans adhered to the additional conditions placed on them relating to performance improvement? *Paragraph 51* Is the plan for spending the additonal discharge grant in line with grant conditions?	Expenditure plan Narrative and Expenditure plans Narrative plan Narrative and Expenditure plans
NC3: Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	**PR6**	**A demonstration of how the services the area commissions will support provision of the right care in the right place at the right time**	Does the plan include an approach to how services the area commissions will support people to receive the right care in the right place at the right time? *Paragraph 21* Does the expenditure plan detail how expenditure from BCF sources supports improvement against this objective? *Paragraph 22* Does the narrative plan provide an overview of how overall spend supports improvement against this metric and how estimates of capacity and demand have been taken on board (including gaps) and reflected in the wider BCF plans? *Paragraph 24* Has the intermediate care capacity and demand planning section of the plan been used to ensure improved performance against this objective and has the narrative plan incorporated learnings from this exercise? *Paragraph 66* Has the area reviewed their assessment of progress against the High Impact Change Model for Managing Transfers of care and summarised progress against areas for improvement identified in 2022-23? *Paragraph 23*	Narrative plan Expenditure plan Narrative plan Expenditure plan, narrative plan Expenditure plan Narrative plan

NC4: Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	**PR7**	**A demonstration of how the area will maintain the level of spending on social care services from the NHS minimum contribution to the fund in line with the uplift to the overall contribution**	Does the total spend from the NHS minimum contribution on social care match or exceed the minimum required contribution? *Paragraphs 52-55*	Auto-validated on the expenditure plan

Agreed expenditure plan for all elements of the BCF	**PR8**	**Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?**	Do expenditure plans for each element of the BCF pool match the funding inputs? *Paragraph 12* Has the area included estimated amounts of activity that will be delivered, funded through BCF funded schemes, and outlined the metrics that these schemes support? *Paragraph 12* Has the area indicated the percentage of overall spend, where appropriate, that constitutes BCF spend? *Paragraph 73* Is there confirmation that the use of grant funding is in line with the relevant grant conditions? *Paragraphs 25 – 51* Has an agreed amount from the ICB allocation(s) of discharge funding been agreed and entered into the income sheet? *Paragraph 41* Has the area included a description of how they will work with services and use BCF funding to support unpaid carers? *Paragraph 13* Has funding for the following from the NHS contribution been identified for the area: - Implementation of Care Act duties? - Funding dedicated to carer-specific support? - Reablement? *Paragraph 12*	Auto-validated in the expenditure plan Expenditure plan Expenditure plan Expenditure plan Expenditure plan Narrative plans, expenditure plan Expenditure plan
Metrics	**PR9**	**Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?**	Have stretching ambitions been agreed locally for all BCF metrics based on: - current performance (from locally derived and published data) - local priorities, expected demand and capacity - planned (particularly BCF funded) services and changes to locally delivered services based on performance to date? *Paragraph 59* Is there a clear narrative for each metric setting out: - supporting rationales for the ambition set, - plans for achieving these ambitions, and - how BCF funded services will support this? *Paragraph 57*	Expenditure plan Expenditure plan