

Report to:	EXECUTIVE CABINET
Date:	14 December 2022
Executive Member:	Councillor John Taylor – Executive Member, Adult Social Care, Homelessness and Inclusivity
Reporting Officer:	Stephanie Butterworth, Director of Adult Services
Subject:	ALLOCATION OF WINTER PRIORITISATION FUND 2022/23
Report Summary:	<p>DHSC has made additional funding available to health and social care systems to ensure required capacity and resilience across the winter period 2022/23. This takes the form of one off grant funding namely the Health Winter Prioritisation Fund.</p> <p>This reports sets out the conditions of the grant, the allocations to Tameside Adult Social Care and the recommended onward use of allocated funds</p>
Recommendations:	<p>That it be DETERMINED that:</p> <ul style="list-style-type: none"> (i) Approval is given to accept the allocation of £1.195k funding from GM Integrated Care Board as part of GM £12m Winter Pressures to Care Home and Voluntary Sector Providers to increase in capacity in the workforce to enable us to use the “available” beds we have in our system. (ii) Approval of allocation of the above funding as follows: <ul style="list-style-type: none"> • £1.15k to the care home sector as outlined in section 3.9 of this report. • £80k to support third sector providers as identified in section 3.10 of this report. (iii) That further such allocations of funding will be considered by the Locality Board chaired by the Executive Member for Health.
Financial Implications: (Authorised by the statutory Section 151 Officer)	<p>The financial implications in this report cover three separate funding streams.</p> <ul style="list-style-type: none"> • GM ICB Winter Pressures Funding £1.15m Tameside. • GM ICB Winter Pressures Funding £80k Tameside. <p>Funding has been approved through GM SORT (system operational response task force) to allocation the GM share of £12m for Winter Prioritisation between Health & Social Care and £80k to third sector providers.</p> <p>Tameside MBC has been granted the allocation of GM Winter Pressures of which funding has now been received.</p> <p>As this is a passport of funds from Health to Care Sector providers, there is no financial risk to Tameside MBC core budgets as the proposal is up to the value of the allocation.</p>
Legal Implications: (Authorised by the Borough Solicitor)	<p>This report sets out the proposal to utilise budget from separate funding streams being the GM ICB Winter Pressures Funding and DHSC National Discharge Grant Funding.</p> <p>The funding streams are intended to be passported to the care homes and voluntary sector providers through existing contracts</p>

by way of an addendum. This will be subject to any requirements for modification of those contracts, with the appropriate advice being obtained through STaR procurement.

3.12 of the report refers to a risk based sourcing exercise being carried out to provide additional transport services again with support from STaR Procurement.

Any addendum or new contract will need to ensure that adequate monitoring and clawback provisions (should the funding not be used for the purpose it is given) are included and to mirror any requirements from GM or DHSC.

It is not anticipated that any formal grant agreement will be entered into between the Council and GM or DHSC but if there is a requirement to do so, these agreements will need to be reviewed by Legal.

It is not considered that the funding being passported is a subsidy within the meaning of the subsidy control regime given

- (a) The workforce resilience funding is being allocated across the board
- (b) Funding is being given for additional services or to increase capacity

Where potentially more targeted support is being given, it would likely be considered de minimis under the provisions of the Trade and Co-operation Agreement and it would be appropriate to seek a declaration from the recipient of the funding in relation to this. Further advice in relation to this will be sought at the appropriate time from Legal services.

Policy Implications:

In line with Council Policy.

Risk Management

As set out in the Report.

Access to Information:

The background papers relating to this report can be inspected by contacting the Report Writer, Tracey Harrison:



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1.0 BACKGROUND:

- 1.1 DHSC has made additional funding available to health and social care systems to ensure required capacity and resilience across the winter period 2022/23. This reports sets out the conditions of the grant, the allocations to Tameside Adult Social Care and the recommended onward use of allocated grant funding.
- 1.2 Funding has been received through two grant allocations to the health and Social Care Sector:
 - Health Winter Prioritisation Fund
 - Adult Social Care Discharge Fund

Part One Health Winter Prioritisation Fund

- 1.3 The total funding across Greater Manchester for Winter Prioritisation is £12.029m. This paper is to support Tameside Council's allocation of this funding with the distribution of the moneys to care homes and the voluntary sector to support discharge from hospital (£1.150m for Tameside Council).
- 1.4 Funding is part of NHS England approach to ensuring a resilient system over the winter period by providing extra bed capacity and supporting staff. Currently no formal guidance describes the utilisation of the allocated £1.15m. The GM ICB governance that supports the funding allocation and "**terms of use**" will be managed through GM SORT (system operational response task force). These terms will be in line with the invited bids from localities, and SORT will manage and review progress against those plans.
- 1.5 As part of winter capacity planning and the 'green schemes', a further £80k has been paid to the local authority that will passport to third sector providers. The plan is to increase the Community Support element of our current arrangements with third sector providers (see section 3.10) locally with a specific emphasis on supporting people's discharge from hospital in a timely way thereby reducing unnecessary delays and boost the whole system through a co-ordinator.
- 1.6 The deputy placed based lead for Tameside is a member of the SORT group.

2 CURRENT POSITION

Care Homes

- 1.1 There are 34 operational care homes in Tameside – 25 residential homes and 9 nursing homes, with a total operating capacity of 1,469 beds.
- 1.2 As of the 24 October there were 150 vacant beds in the sector but 110 of these were not available for new placements for a variety of reasons such as:
 - Two homes with 'Inadequate' CQC ratings (32 beds)
 - One care home is undergoing major refurbishment (15 beds)
 - Three care homes had issues with recruitment (43 beds)
 - Increasing complexity of need and risk to existing residents (20 beds)

Care Sector Workforce Resilience

- 1.3 Recruitment and retention of staff is very challenging within the independent sector. The Skills for Care Adult Social Care Workforce¹ data shows that the proportion of new starters in a twelve month period was 32.4%, with 53% of the workforce being in their current post for less than 2 years.
- 1.4 Historically the workforce has seen a decline over the Christmas period as care workers don't wish to work over the festive period.

¹ [ASC-Workforce-Statistical-Appendix-2021.xlsx \(live.com\)](#)

- 1.5 The independent sector also needs to compete with other sectors when recruiting (and retaining) staff. For example, some supermarkets have increased its pay to staff with a minimum hourly rate of £11/hour². This is in excess of the National Living Wage of £9.50, which is currently paid to care sector workers.

2 PROPOSAL – HEALTH WINTER PRIORITISATION FUND:

- 3.1 The proposal for the distribution share of ‘Health Winter Prioritisation Fund’, of which £1.15m is allocated to Tameside MBC is detailed below: £462k of agreed schemes and £687k to support recruitment and retention in the care homes to sustain and bolster capacity.
- 3.2 For the care homes sector the agreed schemes are:
- 3.3 To fund an additional five care workers (in five different care homes) to ensure that vacant beds can be filled with people needing to move out of hospital;
- 3.4 To offer incentives to prospective care workers to work nights
- 3.5 To support additional residential beds for residents whose behaviours challenge services
- 3.6 To ensure continued stability of The Lakes Care Centre, as this is one of the largest care homes in the borough (77 beds) with 50 residents currently. The Council is working closely with all stakeholders to both maintain the existing provision and improve the quality of care to release the remaining beds into the system from February 2023.
- 3.7 The workforce retention payments to the care homes will be allocated in two tranches – one on the 1 December 2022 (40% of the £687k) and the second on 1 March 2023 (60% of the remaining fund). The 70% will only be paid to those staff who have worked over the winter period with the same organisation, so it is expected that staff will remain with the provider to receive this bonus.
- 3.8 A further £80k would be passported to third sector providers (see section 4). The plan would be to increase the Community Support element of our current arrangements with Age UK and to support third sector providers (section 3.10) locally with a specific emphasis on supporting people’s discharge from hospital in a timely way thereby reducing unnecessary delays and boost the whole system through a co-ordinator.
- 3.9 Tables 1 & 2 show the proposed allocation of funding for Care Home and Voluntary Sector hospital discharge support. Please note that the staffing numbers for domiciliary care are approximate and further work will be done to clarify these prior to any funding being sent to the providers.

² [Aldi increases staff pay for third time this year as cost of living soars | Aldi | The Guardian](#)

delivering an efficiency into the system).

- Improved experience of the patient arriving home with the additional support ie making sure the home is warm; a basic supply of food is available; any practical issues such as moving beds; making beds etc to ensure that the person arriving home is safe and settled.
- In addition the increased capacity would allow for additional calls and/or support to the individual for up to three weeks, to ensure that they continue to feel safe and supported and wherever possible avoid readmission to hospital.

3.12 The Project will be delivered in partnership with Age UK Tameside, Tameside, Oldham and Glossop Mind (TOG MIND) and potentially Lifeline Ambulance Service and the adult commissioning team will co-ordinate the delivery. Both Age UK and TOG MIND have current contracts in place with Adult Services, which will be varied as required with appropriate advice sought from STaR Procurement. Due to the speed required to identify potential providers, discussions took place with a number of local transport providers and Lifeline Ambulances was identified as the only provider locally with the infrastructure, skills and capacity in place to deliver the transport element of the project. This is currently being formalised through a Risk Based Sourcing exercise with the support of STAR Procurement.

3.13 The project performance will be monitored against the outcomes listed at 3.11 and reported back to GM ICB and SORT using the following KPI's:

- No of admission avoidances
- No of hospital discharges
- Length of time people are in receipt of service
- No of people referred to other services
- Spend to date against 22/23 forecast
- Case studies and good news stories
- Service user feedback

4. COMMISSIONING AND MONITORING OF THE FUNDING ALLOCATION

4.1 Funding for additional services is to be allocated to existing providers and therefore will be issued as an extension or modification to existing contracts with the appropriate advice sought from STaR Procurement.

4.2 Where funding is intended to be passported directly to the staff, or where funding is agreed to sustain or open new beds that the funding is spent as intended the providers will be required to enter into an agreement with the council confirming the purpose of the funding and that there will be clawback provisions in the event that the funding is not appropriately used.

4.3 The increase in care home provision and number of hours home support commissioned will be undertaken by Adults Services Commissioning Team by using a combination of contacting the care homes directly, the NECS Capacity Tracker and data on commissioned domiciliary care packages.

4.4 This information will be collected weekly and reported to the Director of Adults Services. Appropriate records will be kept to enable both internal and external audit as required under the conditions of the grant.

5 CONCLUSION:

5.1 The support from the two funding streams will help to alleviate the increased demand across the health and social care system by increasing capacity, as well as the historical lower staffing levels over the Christmas period, to ensure a resilient the workforce over the winter period.

5.2 It is also hoped that the retention payments will also help moral in a sector which has, for some months, been feeling the stresses/strains of the last 2½ years in trying to deliver services during very challenging times.

6 **RECOMMENDATIONS:**

6.1 As set out on the front of the report

ⁱ [NHS England » Going further on winter resilience plans](#)