

Report to:	HEALTH AND WELLBEING BOARD
Date:	19 January 2023
Reporting Officer:	Stephanie Butterworth - Director of Adult Services
Subject:	BETTER CARE FUND 2022-23 – ASC DISCHARGE GRANT FUNDING
Report Summary:	This report provides an update regarding the Better Care Fund for 2022/23 following the announcement of an additional £500 million nationally to support with discharges before the end of March 2023.
Recommendations:	The Health and Wellbeing Board is asked to sign off the funding and proposed plan.
Financial Implications: (Authorised by the statutory Section 151 Officer and Chief Finance Officer)	<p>The financial implications in this report identifies additional external Discharge Grant funding that is coming into the Tameside locality and will be pooled via the Better Care Fund and section 75 agreement.</p> <p>The total amount of funding for the Tameside locality will be £2.6 million and the conditions of the grant are that it must be spent by 31 March 2023. The proposal set out in the paper is to commit £600k into the social care sector and £1.6 million into health, totalling £2.2 million. The remaining £400k will be held back to review the key challenges that will emerge during January 2023, where the locality will agree between themselves how best to deploy the resource most effectively and in a timely manner.</p>
Legal Implications: (Authorised by the Borough Solicitor)	The Better Care Fund Framework 2022-23 is a central government initiative intended to ensure 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.
Links to the Health and Wellbeing Strategy:	<p>The Better Care Fund is one of the governments' national vehicles for driving health and social care integration. It requires Integrated Care Boards and local government to agree a joint plan, owned by the Health and Wellbeing Board.</p> <p>These are joint plans for using pooled budgets to support integration, governed by an agreement under section 75 of the NHS Act (2006).</p>
Risk Management:	This report sets out how the funding is being used to avoid the risk of recovery.
Access to Information:	<p>The background papers relating to this report can be inspected by contacting the report writer, Stephen Beswick</p> <p>Telephone: 07500 572584</p> <p>e-mail: Stephen.beswick@nhs.net</p>

1. BACKGROUND

- 1.1 On 22 September 2022, the government announced its [Plan for Patients](#). This plan committed £500 million for the rest of this financial year to support timely and safe discharge from hospital into the community by reducing the number of people delayed in hospital awaiting social care and reducing the number of bed days lost to delayed discharges. The focus will be on (but not limited to) a 'home first' approach and discharge to assess (D2A).
- 1.2 This additional funding will be distributed to both local authorities and Integrated Care Boards (ICBs) to pool into the local Better Care Fund (BCF). In line with usual BCF requirements, the use of both elements of this funding must be agreed between local health and social care leaders.
- 1.3 40% (£200 million) of the £500 million Discharge Fund has been allocated to local authorities via a section 31 grant. The grant determination letter sets out the conditions and allocations governing the £200 million that is allocated to local authorities.
- 1.4 On the 17 November 2022, DHSC published how the £500 million discharge fund will be given to help free up hospital pressures and reduce strain on NHS.
 - Funding to speed up patient discharge, freeing up hospital beds to reduce ambulance handover times and improving capacity in social care
 - Key priorities including a focus on what matters most to patients, as well as putting the NHS on a more sustainable footing
- 1.5 Patients will benefit from faster access to emergency treatment following an injection of £500 million to free up hospital beds through quicker discharge, which will also help reduce ambulance handover times.
- 1.6 £300 million will be given to ICBs to improve bed capacity and £200 million for local authorities to bolster the social care workforce, increasing capacity to take on more patients from hospitals.
- 1.7 Local authorities and ICBs – organisations that bring the NHS together locally to improve health in the community – will work together to agree on spending across their regions, introducing tailored solutions, which speed up discharge and benefit patients in their area.
- 1.8 Allocations of funds have been published following the announcement that will be paid in two tranches. The first will be in December, followed by the second tranche being distributed in January 2023 that will deliver support across winter.
- 1.9 The BCF is one of the government's national vehicles for driving health and social care integration. It requires ICBs 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). In Greater Manchester (GM) we have made the case to national government over several years that the depth and breadth of our integrated arrangements, including pooled budgets, have gone beyond the policy intent of the BCF. We reaffirmed this position as part of our response to the Integration White Paper earlier this year.

2. KEY PURPOSE

- 2.1 The fund will be provided to ICBs and Local Authorities to free up beds, at a time when bed occupancy is at 94%. Across GM 19% of those patients did not have a medical reason to reside in hospital.

- 2.2 In line with our devolved and data-driven approach, NHSE/DHSC is allowing local areas to determine how we can speed up the discharge of patients from hospital.
- 2.3 This might be through purchasing supportive technology, boosting domiciliary care capacity or physiotherapists and occupational therapists to support recovery at home.
- 2.4 We will also be looking closely at the impact of how funding is used and using this data to inform future decisions around funding.
- 2.5 Tameside locality will be free to spend this money on initiatives that will have the greatest impact in the area on reducing discharges into social care, which in most areas will mean prioritising home care. Funding may also be used to boost adult social care workforce capacity, through staff recruitment and retention where that will help reduce delayed discharges.
- 2.6 The Health and Social Care Secretary set out his priorities (Wednesday 16 November) for the coming months to ensure the health and care system continues to deliver for patients.
- 2.7 Key areas of focus for the months ahead will be:
- Supporting the workforce including through more staff for NHS 111 and 999
 - Focusing on recovery plans across electives, urgent and emergency care
 - Tackling the issue of delayed hospital discharge
 - Improving access to primary care
 - Ensuring a stronger future for health including maintaining momentum on the new hospital programme and investing in technology to improve patient outcomes.
- 2.8 People should be cared for in the best place for them, but discharge delays mean patients are spending too long in hospital.
- 2.9 Our discharge fund will get more people cared for in the right place at the right time. Hospitals and the social care system to work together to help patients and carers too, who often take on a lot of the burden of caring when someone leaves hospital.
- 2.10 The discharge fund will boost the social care workforce and in turn reduce pressures on the NHS and hospital staff, as it frees up beds and helps improve ambulance handover delays.

3. NATIONAL FUNDING - £500M

- 3.1 Tameside Council is to receive £961,697 as its share of the £200 million. This will be funded in two tranches. The first 40% (**£384,679**) of the grant funding will be paid to local authorities in early December 2022. The remaining 60% (**£577,018**) of the grant funding will be paid on or before 31 January 2023, subject to receipt of a completed planned spending report and weekly activity data, as set out under the 'reporting requirements' section below, and engagement with the department in a review process in January 2023.
- 3.2 Greater Manchester Integrated Care Board (GM ICB) is to receive £19.558 million of its share of £300 million. The distribution of funds will be in line with the ASC relative needs formula. The first 40% (**£674k**) of the grant will be paid in early December 2022. The remaining 60% (**£1.011 million**) will be paid on or before 31 January 2023. The total amount to Tameside Locality will be **£1.685 million**.
- 3.3 Total Funding is £2.647 million.

4. PROPOSAL / EXPENDITURE PLAN 22/23

4.1 The proposed plan for the share of the £500 million for Tameside Locality is set out below:

Adult Social Care Discharge Fund £200m Pooled	Total £000	Sector
	£000	
Home First Model (TICFT)	£300	Health
Same Day Emergency Care (SDEC) (TICFT)	£62	Health
ASC Workforce & Retention - Domiciliary Care Market	£600	Social Care
Sub Total	£962	

Adult Social Care Discharge Fund £300m Pooled	Total £000	Sector
	£000	
TICFT - Discharge Lounge	£475	Health
TICFT - Acute Frailty	£500	Health
TICFT - Pharmacy	£150	Health
TICFT - Transport	£75	Health
TICFT - FP10s in UTC/Emergency Department	£50	Health
Sub Total	£1,250	

Adult Social Care Discharge Fund £300m Pooled	Total £000	Sector
	£000	
Schemes to be agreed and allocated in January 2023 based on emerging winter pressure points	£435	Social Care/Health
Sub Total	£435	

Grand Total	£2,647	
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4.2 The Home First Model in Tameside and Glossop is well established within the locality. This scheme will focus on the expansion of the Home First Model to create increased capacity within the system to facilitate same day discharge. The Integrated Urgent Care Team, which is an integrated Health and Social care service, will benefit from additional therapists (Occupational Therapists and Physiotherapists) and health care assistants who will respond to the patient in their own home on the day of discharge, to provide a wraparound service of (health and social care needs) including the provision of equipment required. This will reduce the need for assessment to take place in the acute hospital setting.

4.3 Same Day Emergency Care has benefitted the organisation by rapidly assessing and treating patients who would otherwise have been admitted to hospital. This scheme aims to expand the opening times of the service and increase capacity to see greater number of patients who would benefit from accessing this service. Increased registered nurse and medical provision is required to realise these benefits. This model is not commissioner funded therefore this service is a cost pressure to the Trust, the winter monies will support the additional requirements to expand rather than the elements that remain unfunded.

4.4 ASC Workforce & Retention – Domiciliary Care Market. This scheme will focus on two key elements; recruitment and retention and boosting Community Reablement capacity.

- Recruitment and Retention of support staff across the providers – providers will

increase already rigorous recruitment drives, but importantly will pay existing staff retention bonuses in December with a second payment for staff still in place in March 2023.

- Boosting Community Reablement capacity to support timely discharge from hospital to people's homes, providing intensive support to enable people to regain skills lost prior to admission and support assessment of any ongoing support required to meet need. This additional reablement capacity will be purchased on a block contract arrangement with a local provider.

- 4.5 Funding for the two funding allocations will be subject to meeting the purpose of the grant as detailed in section 5 of this report along with confirmation how the money is to be spent. Providers will be required to provide information in relation to how the money has been spent, what has been achieved in the time-period, and how this has supported the health and social care economy over the period.
- 4.6 In relation to the boost to the capacity for reablement there will be a requirement to monitor the number of people supported, support package at the start and completion of their involvement, and how quickly they have responded to support people out of hospital beds.
- 4.7 Tameside Integrated Care Foundation Trust (TICFT) plan over winter is to support enhanced capacity that will facilitate discharge with:
- Open a Discharge Lounge.
 - Additional transport will be provided to increase capacity, reducing delays associated with transport issues.
 - Satellite Pharmacy (Ladysmith/Stamford Unit) and additional support in dispensary, which supports discharges in a more timely manner.
 - Additional Transport (3rd) and vehicle / staffing.
 - FP10s usage to speed up delays in Emergency Department (ED) and UTC.
- 4.8 The establishment of the Discharge Lounge will improve discharge efficiency and expedite bed availability to create improved patient flow within the organisation. A multidisciplinary team (including pharmacy support) will be established to operationalise this service over winter.
- 4.9 The Acute Frailty Service including Frailty SDEC commenced in November 2022 as a pressure. A frailty screen is completed for patients over the age of 65 who present in ED so that the multi-disciplinary team can identify those who with the completion of a comprehensive geriatric assessment (CGA) and acute intervention to medical optimise the person, can be safely discharged from hospital on the same day with the ongoing support of community services.
- 4.10 The internal transport service will be enhanced to provide a third vehicle, staffed to support a greater number of discharges. This will also increase and expand the hours that the internal transport service is available to the Trust. Currently the Trust cannot accommodate transport requests for scoop transfers, this enhanced service will include training and additional staffing required to facilitate these transfers reducing the wait for private providers availability.
- 4.11 Satellite Pharmacy and access to FP10s in ED/Urgent Care to reduce delays in access to medication. The two satellite pharmacies will enable urgent access to medications required for discharge without the requirement of needing to be dispensed by central pharmacy.
- 4.12 Tameside locality is proposing to hold back £435k from the Discharge Grant to be able to review what additional schemes will be required based on emerging pressures. As a locality we know that the second and third week in January is usually a very busy time for the system to managing winter demands and will allow resources to be deployed

effectively and in a timely way.

5. ELIGIBLE EXPENDITURE / PURPOSE OF THE GRANT

- 5.1 Local authorities must only use this funding, up to 31 March 2023.
- 5.2 Enable more people to be discharged to an appropriate setting, including from mental health inpatient settings, with adequate and timely social care support as required.
- 5.3 Prioritise those approaches that are most effective in freeing up the maximum number of hospital beds and reducing bed days lost within the funding available, including from mental health inpatient settings. D2A and provision of homecare is recognised as an effective option for discharging more people in a safe and timely manner. Residential care to meet complex health and care needs may be more appropriate for people who have been waiting to be discharged for a long time.
- 5.4 Boost general adult social care workforce capacity through recruitment and retention activity where that will help to reduce delayed discharges from hospital. This could include, but is not limited to, measures that increase hours worked by existing workforce; improve retention of existing workforce; provide additional or redeployed capacity from current care workers; or support local recruitment initiatives. Local authorities will need to satisfy themselves what steps they take to boost workforce capacity align with their functions under the Care Act 2014, and each local authority will need to take into account any legal, employment law, equality, or tax considerations that may arise.

6. CONDITIONS OF THE GRANT

- 6.1 This funding is provided by the department on the condition that every local authority:
 - Pools this funding into the local BCF with plans for health and social care spend (including mental health) agreed by the local authorities and ICB, chief executives and signed off by the Health and Wellbeing Board under national condition 1 of the BCF.
 - Works with their ICB to provide a planned spending report by 4 weeks after details of the fund are published (by 16 December 2022), confirming planned use of this grant against their BCF plan, and that the use of the funding has been agreed by the local authority and the ICB.
 - Demonstrates how they have used the funding provided in this grant via fortnightly activity reports and a final spending report provided to the department alongside the wider end of year BCF reports, as set out in the 'reporting requirements' section below.
 - Works with their ICB and hospital trusts in their local area to improve all existing NHSE discharge data collections including related Situation Reporting Data and discharge data submitted as part of the Commissioning Data Set, specifically on the date that a person is ready for discharge. From 2023, this data will be used as a basis for a metric linked to delayed discharge in the BCF.
 - Ensures that as a minimum social care providers must keep the required Capacity Tracker data updated in line with the Adult Social Care Provider Provisions statutory guidance - however, it's acknowledged that more frequent updates to bed vacancy data is essential for operational purposes. We recommend updating bed vacancy data daily, where possible, as this information can be used by local discharge and brokerage teams when planning patient discharges. Keeping this data up to date is

imperative for ensuring that patients are discharged to the right place for their specific care needs. It also assists with keeping both staff and residents as safe as possible by ensuring providers can accept admission of residents whose specific care needs can be met.

- Does not use this funding to compensate for expenditure already incurred, activities for which the local authority has already earmarked or allocated expenditure, or to fund inflationary pressures.
- Does not use this funding for activities, which do not support the primary purpose of this grant.
- Engages with a progress review across all areas in January 2023. Where there are persistent challenges or non-compliance with funding conditions, or if funds are not being spent in accordance with the agreed plan, NHS England and the department, in collaboration with the National Discharge Taskforce, will follow up with local areas to challenge the planning approach and provide additional scrutiny of spending. Local areas are expected to engage fully with this process where necessary.

6.2 A progress review across all areas will take place in January 2023. Where there are persistent challenges or non-compliance with funding conditions, or if funds are not being spent in accordance with the agreed plan, NHS England and the department, in collaboration with the National Discharge Taskforce, will follow up with local areas to challenge the planning approach and provide additional scrutiny of spending. Local areas are expected to engage fully with this process where necessary.

7. REPORTING REQUIREMENTS

7.1 Local authorities will be required to work with their ICB to provide the following:

- A report detailing how the local authority plans to spend all of their allocation over the winter period, due by 16 December 2022, 4 weeks after details of the fund are published. This should outline how the local authority plans to increase expenditure on discharge in comparison to their BCF plan. A template will be made available through the BCF exchange. The DHSC expects to receive one planned spending report per local authority.
- Fortnightly activity reports, setting out what activities have been delivered in line with commitments in the spending plan. The first report will need to be submitted 2 weeks after spending plans have been submitted on the 16 December 2022, due on 30 December 2022, but since moved to the 6 January 2023 due to the Christmas period.
- The metrics are;
 1. The number of people discharged to their usual place of residence.
 2. The number of people 'not meeting criteria to reside' and who have not been discharged.
 3. The number of 'bed days lost' by delayed discharge.
 4. The proportion of bed based occupied patients who do 'not meet criteria to reside'.
 5. The number of care packages purchased for care homes, domiciliary care, and intermediate care.
- A final spending report provided to the department alongside the wider end of year BCF reports, by 2 May 2023.

7.2 A local authority must provide a planned spending report, and meet the conditions set out above, in order to receive the remaining 60% of their allocation. The DHSC has the right to withhold the second tranche of funding until the local authority provides this report.

8. RECOMMENDATIONS

8.1 As set out at the front of the report.

