Better Care Fund 2022-23 End of Year Template

ASC Discharge Fund

Selected Health and Wellbeing Board:	Tameside
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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 preport 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 we 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	/ ·	Planned Expenditure	Actual Expenditure	Actual Number of Packages	Unit of Measure
	Additional or redeployed capacity from current care workers	Local staff banks	£475,000	£475,000	880	hours worked
Domicillary Care Market		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				
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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.

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/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?	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.	