Discharge fund 2022-23 Funding Template

2. Cover





Version 1.0.0

Please Note:

- You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.
- Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others and use it only for the purposes for which it is provided. Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".
- This template has been produced for areas to confirm how the additional funding to support discharge from hospital and bolster the social care workforce will be spent in each area. The government has also produced guidance on the conditions attached tothis funding, that you should ensure has been followed.
- This template collects detailed data on how the funding allocated to each area will be spent. The portion of the funding that is allocated via Integrated Care Boards (ICBs) does not have a centrally set distribution to individual HWBs. ICBs should agree with local authority partners how this funding will be distributed and confirm this distribution in a separate template. The amount pooled into the BCF plan for this HWB from each ICB should also be entered in the expenditure worksheet of this template (cell N31) (The use of all funding should be agreed in each HWB area between health and social care partners.

Health and Wellbeing Board:	Halton
Completed by:	Louise Wilson
E-mail:	louise.wilson@halton.gov.uk
Control mush on	0454 544 0064
Contact number:	0151 511 8861

Please confirm that the planned use of the funding has been agreed between the local authority and the ICB and indicate who is signing off the plan for submission on behalf of the HWB (delegated authority is also accepted):

Confirm that use of the funding has been agreed (Yes/No)	Yes
Job Title:	Director of Adult Social Services
Name:	Sue Wallace-Bonner

If the following contacts have changed since your main BCF plan was submitted, please update the details.

		Professional Title (e.g. Dr,			
	Role:	Cllr, Prof)	First-name:	Surname:	E-mail:
*Area Assurance Contact Details:	Health and Wellbeing Board Chair	Cllr	Marie	Wright	Marie.wright@halton.gov.uk
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off	Mr	Anthony	Leo	anthony.leo@cheshireand merseyside.nhs.uk
	Local Authority Chief Executive	Mr	Stephen	Young	Stephen.young@halton.go v.uk
	LA Section 151 Officer	Mr	Ed	Dawson	Ed.dawson@halton.gov.uk
Please add further area contacts that you would wish to be included in	Director of Adult Social Services	Mrs	Sue	Wallace-Bonner	Susan.Wallace- Bonner@halton.gov.uk
official correspondence e.g. housing or trusts that have been part of the	Associate Director Transformation and Partnerships: Halton	Mr	Philip	Thomas	Philip.Thomas@knowsleyccg.nhs.uk
process>	Associate Director of Finance & Performance: Halton	Mr	Nigel	Gloudon	nigel.gloudon@cheshirean dmerseyside.nhs.uk

When all yellow sections have been completed, 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.

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5. Expenditure

Selected Health and Wellbeing Board:	Halton

Source of funding		Amount pooled	Planned spend
LA allocation		£532,610	£538,528
	NHS Cheshire and Merseyside ICB	£1,095,000	£1,089,082
ICB allocation		Please enter amount pooled from ICB	
		Please enter amount pooled from ICB	

Yellow sections indicate required input

Scheme ID	Scheme Name	Brief Description of Scheme (including impact on reducing delayed discharges).	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Estimated number of packages/benefic iaries	Setting	Spend Area	Commissioner	Source of Funding	Planned Expenditure (£)
1	Lilycross - Transitional Care Beds	12 Transitional Beds to facilitate timely discharges of Pathway 1 and 3 patients	Residential Placements	Discharge from hospital (with Reablement) to long		62		Social Care	Halton	Local authority grant	£446,528
2	Reablement	Additional Care & Support Worker and Therapy capacity to increase number	Reablement in a Person's Own Home	Reablement service accepting community and discharge				Social Care	Halton	ICB allocation	£276,000
3	Night Service	Additional Care & Support Worker capacity to increase number of Reablement	Reablement in a Person's Own Home	Reablement service accepting community and discharge				Social Care	Halton	Local authority grant	£92,000
4		Additional Social Work capacity within the Discharge Teams to help	Additional or redeployed capacity from current care workers	Costs of agency staff			Home care	Social Care	Halton	ICB allocation	£53,000
5	Social Work Capacity - Later Life & Memory	Additional Mental Health Social Work capacity within LLAMS to help facilitate	Additional or redeployed capacity from current care workers	Costs of agency staff			Both	Social Care	Halton	ICB allocation	£20,000
6	Support at Home (Voluntary Sector & Carers)	Supporting patients return to their own home, including meals on wheels, fuel	•	Other		25		Community Health	NHS Cheshire and Merseyside ICB	ICB allocation	£19,000
7	Acute Discharge Co-ordination (STH&K)	Tracking and coordinating hospital discharge, with a focus on pathway 0 inc.	Additional or redeployed capacity from current care workers	Costs of agency staff			Both	Community Health	NHS Cheshire and Merseyside ICB	ICB allocation	£75,000
8	Acute Mental Health Support	Halton contribution to Mersey Care's plans for additional community	Residential Placements	Other		2		Mental Health	NHS Cheshire and Merseyside ICB	ICB allocation	£50,000

9	Transitional Care Capacity	Additional Transitional Care Bed Capacity	Other		Additional Transitional Care Bed Capacity		Both	Community Health	NHS Cheshire and Merseyside ICB	ICB allocation	£220,000
10	Care Home - Nursing/ Dementia Nursing	Support to Care Homes in Halton providing Nursing/Dementia Nursing	Improve retention of existing workforce	Bringing forward planned pay increases			Residential care	Social Care	Halton	ICB allocation	£41,775
11	Community Telecare & Warden Service	Deployment of telecare, same day, to facilitate discharge e.g. Key safes etc.	Assistive Technologies and Equipment	Telecare		20		Social Care	NHS Cheshire and Merseyside ICB	ICB allocation	£50,000
12	Acute Mental Health - Bed Flow	Introduction of a bed flow co ordinator across 7 days with a focus to provide additional	capacity from current care	Costs of agency staff			Both	Mental Health	NHS Cheshire and Merseyside ICB	ICB allocation	£10,000
13	Equipment - Stock Levels	Increase the stock of high demand items in Community Equipment Stores	Assistive Technologies and Equipment	Community based equipment		20		Community Health	NHS Cheshire and Merseyside ICB	ICB allocation	£20,000
14	Domiciliary Care - Incentives	Incentive Scheme within Domiciliary Care to improve retention of existing	Improve retention of existing workforce	Incentive payments			Home care	Social Care	Halton	ICB allocation	£50,000
15	Care Home - Nursing/ Dementia Nursing	Support to Care Homes in Halton providing Nursing/Dementia Nursing	Additional or redeployed capacity from current care workers	Costs of agency staff			Residential care	Social Care	Halton	ICB allocation	£97,625
16	Care Home - Nursing/ Dementia Nursing	Support to Care Homes in Halton providing Nursing/Dementia Nursing	Increase hours worked by existing workforce	Overtime for existing staff.			Residential care	Social Care	Halton	ICB allocation	£10,600
17	Transport	Provide additional Transport during 2 weeks, w/c 19th December	Other		Transport		Both	Social Care	Halton	ICB allocation	£10,000
18	Packages of Care - High Cost	Support towards high cost packages of care to support speedy hospital discharge	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge		25		Social Care	Halton	ICB allocation	£70,000
19	Administration	1% of planned spend to cover costs of administrating the fund.	Administration					<please select=""></please>	NHS Cheshire and Merseyside ICB	ICB allocation	£16,082

Scheme types and guidance

This guidance should be read alongside the addendum to the 2022-23 BCF Policy Framework and Planning Requirements.

The scheme types below are based on the BCF scheme types in main BCF plans, but have been amended to reflect the scope of the funding. Additional scheme types have been added that relate to activity to retain or recruit social care workforce. The most appropriate description should be chosen for each scheme. There is an option to select 'other' as a main scheme type. That option should only be used when none of the specific categories are appropriate.

The conditions for use of the funding (as set out in the addendum to the 2022-23 BCF Policy Framework and Planning Requirements) confirm expectations for use of this funding. Funding should be pooled into local BCF agreements as an addition to existing section 75 arrangements. Local areas should ensure that there is agreement between ICBs and local government on the planned spend.

The relevant Area of Spend (Social Care/Primary Care/Community Health/Mental Health/Acute Care) should be selected

The expenditure sheet can be used to indicate whether spending is commissioned by the local authority or the ICB.

This funding is being allocated via:

- a grant to local government (40% of the fund)
- an allocation to ICBs (60% of the fund)

Both elements of funding should be pooled into local BCF section 75 agreements.

Once the HWB is selected on the cover sheet, the local authority allocation will pre populate on the expenditure sheet. The names of all ICBs that contribute to the HWB's BCF pool will also appear on the expenditure sheet. The amount that each ICB will pool into each HWB's BCF must be specified. ICBs are required to submit a separate template that confirms the distribution of the funding across HWBs in their system. (Template to be circulated separately).

When completing the expenditure plan, the two elements of funding that is being used for each line of spend, should be selected. The funding will be paid in two tranches, with the second tranche dependent on an area submitting a spending plan 4 weeks after allocation of funding. The plan should cover expected use of both tranches of funding. Further reporting is also expected, and this should detail the actual spend over the duration of the fund. (An amended reporting template for fortnightly basis and end of year reporting, will be circulated separately)

Local areas may use up to 1% of their total allocation (LA and ICB) for reasonable administrative costs associated with distributing and reporting on this funding.

For the scheme types listed below, the number of people that will benefit from the increased capacity should be indicated - for example where additional domiciliary care is being purchased with part of the funding, it should be indicated how many more packages of care are expected to be purchased with this funding.

Assistive Technologies and Equipment Home Care or Domiciliary Care Bed Based Intermediate Care Services Reablement in a Person's Own Home Residential Placements

Scheme types/services	Sub type	Notes	home care?
Assistive Technologies and Equipment	1. Telecare	You should include an expected number of	
	2. Community based equipment	beneficiaries for expenditure under this	
	3. Other	category	Υ
Home Care or Domiciliary Care	Domiciliary care packages		
	2. Domiciliary care to support hospital discharge	You should include an expected number of	
	Domiciliary care workforce development	beneficiaries for expenditure under this	
	4. Other	category	Υ
Bed Based Intermediate Care Services	Step down (discharge to assess pathway 2)		
	2. Other	You should include an expected number of	
		beneficiaries for expenditure under this	
		category	N
Reablement in a Person's Own Home		1000	
The distriction of the state of	Reablement to support to discharge – step down		
	Reablement service accepting community and discharge	You should include an expected number of	
	3. Other	beneficiaries for expenditure under this	
	5. Other	•	V
Desidential Discourants	4. Cara harra	category	Y
Residential Placements	1. Care home	Vou should include an arrested arrest and	
	2. Nursing home	You should include an expected number of	
	3. Discharge from hospital (with reablement) to long term care	beneficiaries for expenditure under this	
	4. Other	category	N
	Childcare costs	You should indicate whether spend for	
Increase hours worked by existing workforce	Overtime for existing staff.		
increase flours worked by existing workforce	2. Overtime for existing start.	this category is supporting the workforce	
		in:	
		- Home care	
		- Residential care	Area to
		- Both	indicate setting
Improve retention of existing workforce	Retention bonuses for existing care staff	this category is supporting the workforce	
	2. Incentive payments	in:	
	3. Wellbeing measures	- Home care	
		- Residential care	Area to
	4. Bringing forward planned pay increases	- Both	indicate setting
Additional or redeployed capacity from current care workers	Costs of agency staff		
Additional of redeployed capacity from earrent care workers	1. Costs of agency stair		
	2 Level de Wheele	You should indicate whether spend for	
	2. Local staff banks	this category is supporting the workforce	
		in:	
	3. Redeploy other local authority staff	- Home care	
		- Residential care	Area to
		- Both	indicate setting
		You should indicate whether spend for	
		this category is supporting the workforce	
		in:	
		- Home care	
		- Residential care	Area to
Local recruitment initiatives		- Both	indicate setting
		You should minimise spend under this	and a second
		category and use the standard scheme	Area to
Other		types wherever possible.	indicate setting
Other		types wherever possible.	maicate setting
		Areas can use up to 10/ of their spend to	
		Areas can use up to 1% of their spend to	
		cover the costs of administering this	
		funding. This must reflect actual costs and	
Administration		funding. This must reflect actual costs and be no more than 1% of the total amount that is pooled in each HWB area	NA