



# West Northamptonshire Health and Wellbeing Board

A meeting of the West Northamptonshire Health and Wellbeing Board will be held at the Council Chamber, The Forum, Moat Lane, Towcester, NN12 6AF on Tuesday 10 January 2023 at 1.00 pm

## Agenda

1.	<b>Apologies for Absence and Notification of Substitute Members</b>
2.	<b>Notification of Requests to Address the Meeting</b> The Chairman to advise whether any requests have been received to address the meeting.
3.	<b>Declarations of Interest</b> Members are asked to declare any interest and the nature of that interest which they may have in any of the items under consideration at this meeting.
4.	<b>Chair's Announcements</b> To receive communications from the Chair.
5.	<b>Minutes from previous meetings (Pages 5 - 18)</b> To confirm the Minutes of the meeting of the Board from the previous meetings held on the 15 <sup>th</sup> November 2022 and 8 <sup>th</sup> December 2022.
6.	<b>West Northants Health and Wellbeing Board Action Log (Pages 19 - 20)</b>
7.	<b>Health Inequalities Allocation 2023/2024 - Paul Birch (presentation)</b>
8.	<b>Additional Discharge Funding 2022/2023 - Stuart Lackenby (Pages 21 - 32)</b>

9.	<b>Anchor institutions - Sadie Beishon</b> (presentation)
10.	<b>Integrated Care System PLACE development</b> (presentations) <ul style="list-style-type: none"> <li>• Joint Local Health and Wellbeing Strategy, Stuart Lackenby/Sally Burns</li> <li>• Health and Wellbeing Forums and Local Area Partnerships, Julie Curtis</li> <li>• Outcomes Framework, Rhosyn Harris</li> <li>• Voluntary Sector Spotlight, Stuart Lackenby/Russell Rolph</li> </ul>
11.	<b>Fuel Poverty and update on Anti Poverty Strategy Action Plan - Vicki Rockall/Sally Burns</b> (presentation)
12.	<b>Close public meeting</b>

Catherine Whitehead  
Proper Officer  
2 January 2023

**West Northamptonshire Health and Wellbeing Board Members:**

Councillor Matt Golby (Chair)

Sally Burns	Councillor Fiona Baker
Councillor Jonathan Nunn	Alan Burns
Dr Jonathan Cox	Anna Earnshaw
Naomi Eisenstadt	Colin Foster
Assistant Chief Fire Officer Dr Shaun Hallam	Stuart Lackenby
Russell Rolph	Toby Sanders
Colin Smith	Neelam Aggarwal
Michael Jones	Jean Knight
Dr Andy Rathbone	Councillor Wendy Randall
Professor Jacqueline Parkes	Wendy Patel
Nicci Marzec	Dr Philip Stevens
Dr David Smart	Dr Santiago Dargallonieto
Superintendent Rachel Handford	

**Information about this Agenda**

### **Apologies for Absence**

Apologies for absence and the appointment of substitute Members should be notified to [democraticservices@westnorthants.gov.uk](mailto:democraticservices@westnorthants.gov.uk) prior to the start of the meeting.

### **Declarations of Interest**

Members are asked to declare interests at item 2 on the agenda or if arriving after the start of the meeting, at the start of the relevant agenda item

### **Local Government and Finance Act 1992 – Budget Setting, Contracts & Supplementary Estimates**

Members are reminded that any member who is two months in arrears with Council Tax must declare that fact and may speak but not vote on any decision which involves budget setting, extending or agreeing contracts or incurring expenditure not provided for in the agreed budget for a given year and could affect calculations on the level of Council Tax.

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### **Queries Regarding this Agenda**

If you have any queries about this agenda please contact Cheryl Bird, Health and Wellbeing Board Business Manager via the following:

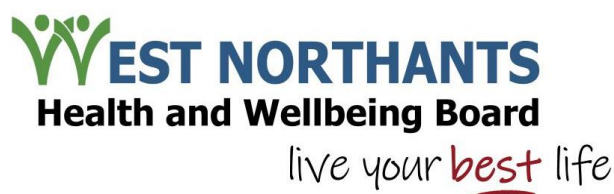
Tel: 0300 126 3000

Email: [Cheryl.Bird@northnorthants.gov.uk](mailto:Cheryl.Bird@northnorthants.gov.uk)

Or by writing to:

West Northamptonshire Council  
One Angel Square  
Angel Street  
Northampton  
NN1 1ED

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**WEST NORTHAMPTONSHIRE HEALTH & WELLBEINGBOARD**  
Minutes of the meeting held on 15<sup>th</sup> November 2022 at 3.00 pm  
Venue: Engine Room, One Angel Square, Northampton

Present:

Councillor Matthew Golby (Chair)	Cabinet Member for Adults, Health and Wellbeing, West Northamptonshire Council
Cllr Fiona Baker	Cabinet Member for Children's, Families West Northants Council
Sally Burns	Interim Director of Public Health, West Northants Council
Naomi Eisenstadt	Chair Designate, Northamptonshire Integrated Care Board
Colin Foster	Chief Executive, Northamptonshire Childrens Trust
Stuart Lackenby	Executive Director for People Services, West Northants Council
Professor Jacqueline Parkes	Professor in Applied Mental Health, University of Northampton
Anne Rackham substitute	Director, Northamptonshire Healthcare Foundation Trust
Cllr Wendy Randall	Opposition Leader, West Northants Council
Hannah Scanlan Substitute	Local Medical Committee
Dr Philip Stevens	Chair, Daventry and South Northants GP Locality
Assistant Chief Constable Ashley Tuckley	Northamptonshire Police

Also, Present

Paul Birch, Associate Director, Population Health, NHS Integrated Care Board  
Jacqueline Brooks, Housing Services Manager, West Northants Council  
Cheryl Bird, Health and Wellbeing Board Business Manager  
Nick Garnett, Public Health Principal – Commissioning, West Northants Council  
Rhosyn Harris, Consultant in Public Health, West Northamptonshire Council

44/22 Apologies

Dr Andy Rathborne, Primary Care Network  
Alan Burns, Chair University Group of Hospitals, Northamptonshire  
Neelam Aggarwal-Singh, BAME representative

Dr Santiago Dargallonieto, Chair, Northampton GP Locality  
Anna Earnshaw, Chief Executive, West Northants Council  
Dr Shaun Hallam, Assistant Chief Fire Officer, Northants Fire and Rescue  
Michael Jones, Divisional Director, EMAS  
Nicci Marzec, Director of Prevention, Office of Police, Fire and Crime Commissioner  
Cllr Jonathan Nunn, Leader, West Northants Council  
Toby Sanders, Chief Executive, NHS Northamptonshire Integrated Care Board  
Dr David Smart, Chair Northampton Health and Wellbeing Forum  
Wendy Patel, Healthwatch Northamptonshire

#### 45/22 Notification of requests from members of the public to address the meeting

None received.

#### 46/22 Declaration of members' interests

None received.

#### 46/22 Minutes from the Previous meeting 8<sup>th</sup> September 2022

##### **RESOLVED that:**

- **Dr Philip Stevens to be removed as attending the meeting.**
- **The rest of the minutes from the previous meeting were agreed as an accurate record.**

#### 47/22 Action Log

The Board reviewed the actions from the previous meeting:

- The detailed spend for individual DFG grants be circulated to the Board. **This has now been collated and will be circulated to the Board.**
- Matt Golby, Stuart Lackenby, Jonathan Nunn to discuss inviting the new Attorney General to Board meetings. **This action is now closed due to the change in leadership within central government.**
- **A Better Care Fund update will be brought to the next meeting.**

#### 48/22 Integrated Care System PLACE Development

The Consultant in Public Health Board presented the Integrated Care Northamptonshire (ICN) Strategy to the Board and highlighted the following:

- The Strategy Development Board has taken responsibility for drafting the strategy on behalf of the Integrated Care Partnership (ICP), in line with Department of Health and Social Care statutory guidance for Integrated Care Systems (ICS). The guidance states that ICPs develop an initial strategy by December 2022 which will set the direction of travel for the health and social care system.
- The Integrated Care Boards (ICBs) will shape their 5 year plans around the strategic priorities identified in the plan.
- 2022/2023 has been recognised as a transition year for ICPs to emerge and mature.
- The strategy sets out the high level key priorities, the case for change, and how we move forward together with more detailed planning documents following in 2023. The strategy

also includes information on workforce, research and innovation as well as impact on the current cost of living crisis.

- The strategy will be signed off at the ICP meeting on the 1<sup>st</sup> December 2022.
- Included in the partners working together section are 16 emblems of partners organisations who are a component part of the ICS.
- The case for change section outlines findings from the Joint Strategic Needs Assessment, as well as why a partnership approach is required to deal with the identified needs.
- Included in the shared aims and ambitions section, is the Outcomes Framework, how this will be developed with metrics, the Community Engagement Framework detailing how we intend to engage with residents and the ICS Operating Model showing the delivery for how the system will work together throughout the different geographies and alongside the four ICB collaboratives .
- The 'How we move forward together' section discusses workforce and enablers needed to move forwards, along with the digital technology transformation required.
- Findings from NHS and local authority consultations, along with information from community engagement over the past two years has been used in development of the Strategy.

The Board discussed the ICN Strategy and the following was noted:

- It has been a great achievement to get all partners organisations to agree a set of ambitions to take forward, along with the Outcomes Framework will enable us to demonstrate the difference being made. The test is how do we embody these ambitions into delivery of services within our individual organisations. The Director of People Services will be working with West Northants Council portfolio holders and cabinet members to see how West Northants Council Corporate Plan can align and start to contribute to the ICN Strategy.
- The strategy will be presented to the University of Northampton senate on the 7<sup>th</sup> December.
- The Strategy has been presented at a Mental Health Learning Disabilities and Autism Collaborative steering group meeting and the challenge to the pillars within the collaborative was to see how the Strategy can align with the work of the pillars, and what is needed to address any gaps.
- The ICB will be looking at the outcomes it can deliver against the Strategy, but there will be tough decisions on what are the most pressing priorities, what we can afford and what are the short term, medium term and long term order for priorities. There has been an ask to have measurements on where we are now and a sensible target for two, five and 10 years included in the Outcomes Framework.
- There is commitment from the Northamptonshire Children's Trust to wrap services around the localities as much as possible as they evolve, particularly around early help and prevention.
- The Northamptonshire Police and Crime plan includes 50 priorities which will be shaped and aligned as much as possible to the strategy.
- Future Board meetings will be structured around looking at how partners are contributing to the Live Your Best Life 10 ambitions included in the Strategy.
- The Cabinet Member for Children's and the Assistant Director for Education will start to promote the Strategy as they work with schools.
- A West Northants conference is held quarterly for head teachers, with the secondary school teacher conference being held in January and a primary school teacher conference in April where the strategy will be introduced.
- An early help assessment tool has been created in conjunction with health and early help partners. This is a consent based referral process, which needs to be developed further to provide support for families and could provide an oversight of what is happening within local communities.

The Director of Public Health gave an update on Outcomes Framework and 2 pioneering LAPs and highlighted the following:

- The Outcome Framework scorecards will start to be completed and can be brought to the next Board meeting. These will include some narrative to provide a fuller picture, which the ICB Collaboratives are best placed to gather, with this Board to provide oversight on gaps missed.
- There are 2 pioneering LAPs in West Northamptonshire, N4 in Northampton and DSN4 in Towcester. Both of these LAPS have had two meetings including GPs, West Northants Council officers and elected members.
- In these meetings the local area profile was reviewed against the Live Your Best Life 10 ambitions to assess what are the challenges, and what should the approach be to address these challenges.
- The approach of the LAPs is to work together to have a shared understanding on the needs of the community and use shared resources to address these needs, from which the first areas of focus will be identified.
- Discussions during the N4 meetings were around improving access to services, talking therapies and improving contacts with officers and community wellbeing officers in the area. One possible area for intervention is COPD.
- At DSN4 there were discussions about having a family hub, enabling residents to access services locally and cross border challenges for accessing services. The next stage is to start to mobilisation work in the LAPs.
- Moving forwards the LAPs will start to understand the strengths, issues and assets in their geographical area, as well as looking at possible different funding options or grants that could be applied for.
- N4 LAP has the worst air quality in West Northamptonshire and it also has the highest level of counterfeit tobacco.
- Each LAP will have a local area profile which will help identify the issues and assets within the area.

The Board discussed the LAPs and the following was noted:

- There is a need to consider how this structure will fit into the Community One meetings to avoid duplication.
- It would be beneficial to have a list of names sitting in the LAPs including schools to open up school engagement.
- There is a need to provide opportunities for people to feel engaged in the LAPs and to find connectivity to enable officers to contribute in the discussions.
- Some local services are planned to be located in the Forum at Towcester.
- There is a need to have the right governance structure in place to support the LAPs to maintain momentum without it becoming unmanageable.
- During the recent DSN4 LAP meeting, concerns were raised about how do we ensure the plan can be delivered, what will be the outcomes that delivery is measured against to ensure there is equity of provision.
- Schools are part of the development of the LAPs, but school catchment areas do not match LAP geographies. Head teachers who will be interested in understanding what is happening in the local community will start to be introduced into the LAPs as they become operational.
- As part of the public health re-structure we could consider using some of the public health reserve, to identify a level of resource to move out of pioneer stage and into mobilising the other 7 laps.

**RESOLVED that:**

- **Representatives from Northants Police to be invited to sit on the LAPs.**



- **The dates for the pioneering laps to be circulated so representatives can be fielded from organisations in a geographical area to build up the richness of discussions.**
- **The Assistant Chief Constable and Director of Peoples Services to discuss a targeted workshop where representatives from Northants Police with some Board members consider what the next iteration of Community One would be.**
- **The Board reviewed and endorsed system direction of travel, vision, ambitions and outcomes.**
- **The Board agreed to ensure alignment with the approved ICN Strategy going forward.**
- **The Board recommend adoption of the ICN Strategy to the Integrated Care Partnership on 1<sup>st</sup> December 2022.**

#### 49/22 Northamptonshire Safeguarding Children's Partnership Annual Report

The Chief Executive Northamptonshire Children's Trust (NCT) gave an overview of the Northamptonshire Safeguarding Children's Partnership (NSCP) Annual Report and highlighted the following:

- The NSCP is required to produce an annual report that goes through the appropriate governance processes.
- The NSCP has evolved over the past year, with many improvements but there is still a long way to go in overseeing the safeguarding of children and young people.
- Every parent has the right to withdraw their child from school to home educate. Local authorities have oversight of this, but they do not have the right to assess the education. Statutorily local authorities can only enter a home if there is a safeguarding concern for the child. This is a national challenge as well as a local challenge and West Northants Council are actively working having more monitoring for home schooling.
- West Northants have a higher than average number of children being home schooled, there is also an increase nationally of children being home schooled. Some parents are given the option of home schooling rather than school exclusion. During their recent visit OFSTED were interested in the oversight of this work.
- The majority of children who have not attended an education environment would be those from a disadvantaged background on a EHC plan.
- Social workers have now changed their practice to now write plans to the child, to enable children to have a better understanding of their plans.
- The Early Help Partnership are currently not receiving early help assessments from GPs, which would provide a more joined up approach for the family. Health visitors can start the early assessment and include GP discussions to provide a more rounded picture.
- The early help process would be completed with a family before there is a need to involve a statutory social worker, which could stop some children coming into the care system.
- There is data available on children missing from education and why that child is missing from education which can determine how much oversight is involved.

The Board discussed the report and the following was noted:

- We shouldn't assume training is effective because participants liked the course, improvement in the service is the most effective measure.
- For future annual reports it would be good to have participation from children showing how their lives have been improved.

#### **RESOLVED that:**

- **More information is to be circulated to the Board about off rolling.**

- **The Chief Executive NCT to attend a Daventry and South Northants GP Locality safeguarding meeting.**
- **The Board noted the report and assurance of the activities undertaken by the partnership and its agencies to safeguard children and young people across the county during the reporting period.**

### 50/22 Health Inequalities Funding

The Associate Director Population Health gave an overview of the Health Inequalities additional allocation (HIAA) for 2022/2023 and highlighted the following:

- The HIAA is core recurrent funding to ICBs to address health inequalities. For Northamptonshire this equates to £2.7 million for 2022/2023.
- There is strict guidance around use of HIAA which must reference core20+5 groups and several priority areas.
- An allocation from the HIAA will be made to the North and West local authorities to support the pioneering LAPs, but there will also be elements for countywide initiatives and core funding for data analysis and research projects conducted by the ICB.
- There is an established governance structure around the LAPs, that will allow the councils to use the agreements and frameworks to distribute the money and this process will be overseen by the Directors of Public Health and the Chief Medical Officer from the ICB.
- Spend of the allocation for West Northants has tried to incorporate existing West Northamptonshire strategies, the Live Your Best Life 10 domains, Health Inequalities Plan and LAP working.
- On the 10<sup>th</sup> October a workshop was held with representatives from across both councils, the ICB collaboratives voluntary sector and wider partners.
- There is a need to focus on a small number of geographical areas to develop some learning, which led to a discussion around LAPs with a focus on the importance of supporting vulnerable people through winter. The aim is for this to scaled up, not to health focused and recognising the link between risk factors and behaviours.
- N4 in the West and Corby in the North will be used as pioneering LAPs for this approach. Using the Public Health England health inequalities toolkit, COPD have been established as a clinical priority, as well as being the second cause of health inequalities for the local population.
- There is a need invest in data analysis to have a better understanding of the needs of the population, communities and engagement, to bring wider partners into the LAP.
- There will be a respiratory hub concept where patients come and receive services from a range of voluntary sector, health and social care support. Maximising the impact of wellbeing hubs, that includes different areas of support, with a focus on evaluation framework.
- The University of Northamptonshire are completing an evaluation workstream to identify if initiatives are making a difference and provide an evidence base.

The Board discussed the HIAA and the following was noted:

- A series of workshops have been held assisted by NHS England to look at the COPD pathways across the county and where we can increase cost effectiveness.
- Working at a community basis we can delivery pulmonary re-hab in a different way to communities and increase its effectiveness. Engagement with the community will

provide understanding as to why people don't continue or attend pulmonary re-hab and possible reshape how pulmonary re-hab is delivered.

- The community hub model is the delivery of different evidence based programmes and evaluation testing on whether the programmes have been successful.
- It is important when considering the interventions to take account of ethnicity and need to consider how we can better target different communities.
- NHFT have developed memory hubs, which have worked well, providing a joined up approach, providing support at different levels.
- There is a need to coordinate community hubs to ensure there is no duplication.
- There is a need to remember each LAP will have unique issues.
- HIAA funding may be available in the future to help family hub model. .

**RESOLVED that:**

- **The Associate Director for Population Health to attend the next meeting to discuss HIAA allocation for 2023/2024 funding.**
- **The Board noted the work to date to develop plan for the use of the HIAA funds**
- **The Board approved the proposed approach to HIAA delivery focussing on two LAP areas/as Pioneers to deliver benefits and generate applicable learning.**
- **The Board approved the Council receiving an allocation of £800k from the ICB.**
- **The Board approved the delegation of expenditure of HIAA budget to John Ashton, DPH NNC, Sally Burns DPH WNC and Matt Metcalfe, ICB Medical Director**
- **The Board noted that Public Health and ICB Population Health teams will continue to work with ICS Partners including Place Leaders, Collaboratives and providers to refine, mobilise and deliver interventions utilising the HIAA**

51/22 West Northamptonshire Housing Strategy

The Housing Services Manager gave an overview of the West Northamptonshire Housing Strategy and highlighted the following:

- The Housing Strategy has been adopted by West Northants Cabinet in September 2022, which is a three year document.
- There are 4 key themes within the strategy:
  - Deliver homes people need and can afford
  - Improve the quality standard and safety of homes and housing services. For social housing providers to deliver good quality housing to residents, and how we can influence private sector housing to deliver good quality housing to residents.
  - Supporting residents to live safe healthy independent and active lives. This links in with providing an opportunity for people to live fit well and independently, with the support of adult social care (ASC) or NCT.
  - Support thriving sustainable communities. What sort of places are we delivering for affordable housing and new developments and how does this fit into the climate change agenda.
- Under these four themes there are 14 priorities and several actions contained within the priorities.
- Northampton Partnership Homes (NPH) is the main provider of social housing of behalf of West Northants Council in Northampton. There are other social housing providers within West Northamptonshire
- We are trying to establish a good evidence base of what our needs are, working with NCT and ASC to understand these needs and to identify gaps. Working with our delivery partners to understand what they can deliver to an area.

- The pioneer LAPs will be able to overlay what the needs are in a particular area and look at development opportunities and investment from providers.
- A Homeless Strategy is being developed, which is a statutory obligation for local authorities, this will link in with prevention services and community hubs.
- There has been a lot of collaboration between ASC, Public Health and the housing team in development of the strategy.
- A Housing Partnership Board has been created with key partners, to provide ownership and oversee delivery of actions and priorities contained within the strategy.
- There are 3500 currently on the housing list.
- The percentage of affordable housing in new developments is different across the old district boundaries in West Northamptonshire.
- West Northants Council do not currently have an empty homes policy, but this will sit within the Private Sector Housing Team moving forwards. Contained within the Housing Strategy is a priority to bring 10 empty properties back into use per annum.
- The Private Sector Housing team look at enforcement issues for poor private sector housing.
- Housing officers offer advice on different elements a person may wish to discuss and if the housing officer is unable to help, they will signpost to the relevant agency.
- There are currently three separate housing teams from the old West Northants district boundaries, which will merge into one, to provide a standardised service.

The Board discussed the Housing Strategy and the following was noted:

- Homelessness and rough sleepers have the biggest difference in health inequalities with a noticeable difference in life span.
- Poor housing and poor mental health have the biggest effect on outcomes for children.
- We need to ensure that housing developments have the appropriate infrastructure such as health services or employment.

**RESOLVED that the board noted the contents of the West Northants Housing Strategy and how it aligns with the Live your best life and the outcomes framework.**

### 52/22 Combatting Drug Partnership

The Public Health Principal Commissioning gave an overview of the newly formed Combatting Drug Partnership (CDP) and the following was highlighted:

- The CDP is a countywide service, based on the 'Hope to Harm' national drugs strategy published in September 2021. The strategy has a key focus on the delivery of 3 strategic priorities, these are:
  - Break drug supply chains
  - Deliver a world class treatment and recovery system
  - Achieve a generational shift in demand in drugs
- Breaking the supply chain of drugs is a problem nationally and locally and is being led by police sector.
- Public Health commission the treatment and recovery system services.
- All government departments have been tasked with developing relationships with local partners.
- The statutory requirements for the CDP:
  - Appointment of a Senior Responsible Owner (SRO)
  - Definition of the geography of the partnership
  - Naming of key partners
  - Set out partnership terms of reference
  - Completion of a needs assessment
  - Completion of a delivery plan

- The core partners of the CDP are:
  - Elected member
  - Local authority officers
  - NHS Strategic Leads
  - Job Centre Plus
  - Substance Misuse treatment providers
  - People affected by drug related harm
  - Probation Service
  - Police and Crime Commissioner
  - Police
- The SRO for Northamptonshire CPD will be the 2 Directors of Public Health, on a rotation basis starting with the West Northants Director of Public Health.
- Several key partners are operating on a countywide footprint and discussions will continue, there is no fixed model to define scope.
- A Terms of Reference for the CDP has been completed and work is now taking place on a needs assessment.
- An annual report from the CDP will have to be submitted to central government in April 2023 showing the work of the partnership and delivery of the local strategy.
- There are three aspects to the needs assessment;
  - Quantitative data review
  - Wider stakeholder event on reducing harm held in the Summer
  - Service user engagement, the field work for which was completed on November 4th
- On the 13<sup>th</sup> December there is an event to reflect on this data and consider what the priorities should be, along with development of an action plan, which will be brought back to a future meeting.
- The CDP has received a grant to complete work on rough sleeping and alcohol, based in West Northants. This work will take place over the next two years in conjunction with housing and voluntary sector colleagues.
- Drug and alcohol outreach services have started again due to being paused during COVID19.

**RESOLVED that the Board noted the update.**

There being no further business the meeting closed at 5.00 pm.

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**WEST NORTHAMPTONSHIRE HEALTH & WELLBEINGBOARD**  
**Minutes of the Extraordinary meeting held on 8<sup>th</sup> December 2022 at 9.00 am**  
**Venue: Francis Crick House, Summerhouse Road, Moulton Park, Northampton**

Present:

Councillor Matthew Golby (Chair)	Cabinet Member for Adults, Health and Wellbeing, West Northamptonshire Council
Dr Santiago Dargallonieto	Chair, Northampton GP Locality
Naomi Eisenstadt	Chair, NHS Northamptonshire Integrated Care Board
Rhosyn Harris	Consultant in Public Health, West Northants Council
Jean Knight	Chief Operating Officer, Northamptonshire Healthcare Foundation Trust
Stuart Lackenby	Executive Director for People Services, West Northants Council
Cllr Emma Roberts	West Northants Council
Toby Sanders	Chief Executive, NHS Northamptonshire Integrated Care Board
Dr David Smart	Retired GP

Also, Present

Cheryl Bird, Health and Wellbeing Board Business Manager

53/22 Apologies

Dr Andy Rathborne, Primary Care Network  
Cllr Fiona Baker, Cabinet Member Children and Families, West Northants Council  
Alan Burns, Chair University Group of Hospitals, Northamptonshire  
Sally Burns, Director of Public Health, West Northants Council  
Neelam Aggarwal-Singh, BAME representative  
Anna Earnshaw, Chief Executive, West Northants Council  
Colin Foster, Chief Executive, Northamptonshire Childrens Trust  
Dr Shaun Hallam, Assistant Chief Fire Officer, Northants Fire and Rescue  
Michael Jones, Divisional Director, EMAS  
Nicci Marzec, Director of Prevention, Office of Police, Fire and Crime Commissioner  
Cllr Jonathan Nunn, Leader, West Northants Council

Wendy Patel, Healthwatch Northamptonshire  
Professor Jacqueline Parkes, University of Northampton  
Cllr Wendy Randall, West Northants Council  
Colin Smith, Chief Executive, Local Medical Committee  
Dr Philip Stevens, Chair, Daventry and South Northants Locality Board  
ACC Ashley Tuckley, Northamptonshire Police

#### 54/22 Notification of requests from members of the public to address the meeting

None received.

#### 55/22 Declaration of members' interests

None received.

#### 56/22 Additional Discharge Funding

The Executive Director for Peoples Services introduced the additional Discharge Fund item and highlighted the following:

- On the 22<sup>nd</sup> September 2022 central government announced a £500 million investment for 2022/2023 to support safe and effective hospital discharges, from acute settings, community hospitals, and re-ablement beds.
- The narrative pertaining to the local allocation was received approximately two weeks ago.
- 40% of the £500 million allocation is distributed to local authorities, 60% distributed to Integrated Care Boards. The expectation is that locally this resource is pooled into the Better Care Fund (BCF), in order to support the objectives of the discharge fund.
- The total allocation for Northamptonshire is £4.7 million, £1.2 million is for West Northants Council, £1.05 million for North Northants Council. The allocation has a range of caveats around how the funds can be spent and must be spent by 31<sup>st</sup> March 2023.
- There will be further re-current funding from central government for the following two years, but the amount of funding has not been confirmed.
- A submission must be completed through the local BCF by the 16<sup>th</sup> December 2022.
- The Northamptonshire submission will be a range of reactive schemes to support discharges and will not be able to tackle the reasons why there are delayed discharges in hospitals.
- The first tranche of funding will be received in December and a subsequent tranche of money in January. To access the second tranche of funding, 40% of the first tranche must be spent by the 31<sup>st</sup> January 2023.
- We are currently evaluating our business as usual capacity, and the additionality in schemes completed throughout the year to ensure they are effective and provide additional capacity.
- Part of the conditions in the performance indicators attached to this funding is the requirement to demonstrate a reduction in the percentage of those medically fit for discharge occupying a bed within acute hospitals. There must be an increase in discharges across pathways 1, 2 and 3, support initiatives that enable us to recruit and retain staff.
- We are looking at how incentives can be put in place for independent care providers to enable them to work seven days particularly through Christmas.
- One of the caveats attached to this funding is that it cannot be used for admission avoidance.



- We are looking prioritise interventions that have the biggest benefit and some of the interventions that will be included in the plan have already started to mobilise, which has started to help with pathway one discharges.
- Consultation has taken place with trade unions and provider forums have been held. Any funding that is passed to private providers will have grant conditions that the resource will be passed onto front line staff.
- At NGH there are 70 people across all pathways who are medically fit for discharge. The plan will clear these 70 people and maintain business as usual to stop development of another discharge queue.
- The re-ablement team will shortened the length of time they will work with a person from six weeks to three weeks to increase the amount of people coming through the service.
- From now to the 31<sup>st</sup> March the level of conversations will be focusing on delivering against these metrics. If one of the schemes is not working as it should there will be opportunities to have a discussion to re-frame the scheme.

The Board discussed the additional discharge funding and the following was highlighted:

- Daventry and South Northants are struggling with capacity in their frailty teams, due to the rural nature of the area. The frailty project with external funding of £6 million has provided a saving of £12 million for the health and care system, could some of this funding be used to support the frailty team to assist with hospital discharges that require additional support.
- The iCAN collaborative are looking at how the frailty teams can be expanded and mobilised in 2023. Confirmation on the funding from the Department of Health is awaited.
- Chief Executives and Primary Care leads are looking to see if there are schemes that will be more primary care facing that can be legitimately contribute to the defined scope of this funding.
- The system will be held to account on the impact the schemes will have.
- There will be a real opportunity to invest in some of the schemes moving forwards.
- The Chief Executives for health and care will meet on the 13<sup>th</sup> December to review the proposed schemes before submission on the 16<sup>th</sup> December.
- We have good modelling for hospital bed capacity but we have not mapped out the capacity and flow from the acute sector into different settings. This will take place in parallel with the bed clearance and base line capacity across different settings and pathways.
- Will there be some structures modelled to provide more sustainability and measure the flow into community settings.
- This is the first time this has been for mental health beds have been included in this funding, and there is a need to quickly identify what will work.

**Resolved that:**

- **The Board agreed to delegate final approval of the initial spending plan to the Chair and Director of People Services in consultation with a nominated representatives from Northamptonshire Integrated Care Board and West Northamptonshire Council to ensure compliance with the conditions set out by the Department of Health and Social Care.**
- **Details of the schemes will be brought to the next Board meeting.**

There being no further business the meeting closed at 9.30 am.

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West Northamptonshire Health and Wellbeing Board Action Log

Action No	Action Point	Allocated to	Progress	Status of Action
151122/03	The dates for the pioneering laps to be circulated so representatives can be fielded from organisations in a geographical area to build up the richness of discussions.	Cheryl Bird		
151122/04	Ashley Tuckley and Stuart Lackenby to discuss a targeted workshop where representatives from Northants Police with some Board members consider what the next iteration of Community One would be.	Stuart Lackenby/ Ashley Tuckley	Awaiting confirmation of date	ongoing.
151122/05	More information is to be circulated to the Board about off rolling	Ben Pearson		
151122/06	Colin Foster to attend a Daventry and South Northants GP Locality safeguarding meeting	Colin Foster		

Actions completed since the 15th November 2022

Action No	Action Point	Allocated to	Progress	Status of Action
151122/01	Outcomes Framework to be brought to the next meeting.	Rhosyn Harris	On the agenda for discussion at the meeting 10th January.	Completed
151122/02	Representatives from Northants Police to be invited to sit on the LAPs	Stuart Lackenby		Completed
151122/07	Paul Birch to attend the next meeting to discuss HIAA allocation for 2023/2024 funding.	Paul Birch	On the agenda for discussion at the meeting 10th January.	Completed
081222/01	Details of the additional discharge BCF schemes will be brought to the next Board meeting.	Stuart Lackenby/ Katie Brown	On the agenda for discussion at the meeting 10th January.	Completed

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**West Northamptonshire Health and Wellbeing Board**  
**10<sup>th</sup> January 2023**

<b>Report Title</b>	<b>Better Care Fund update (discharge fund)</b>
<b>Report Author</b>	<b>Stuart Lackenby, Executive Director for Adults, Communities and Wellbeing, stuart.lackenby@westnorthants.gov.uk</b>

**List of Appendices**

**Appendix 1 – West Northamptonshire submission**

**1. Purpose of Report**

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- 1.1. To update the Health and Wellbeing Board on the National Health and Adult Social Care Discharge fund.

**2. Executive Summary**

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- 2.1 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. The focus is on a ‘home first’ approach and discharge to assess (D2A)
- 2.2 This funding has been distributed to both local authorities and integrated care boards (ICBs) to pool into the local BCF. In line with usual BCF requirements, the use of both elements of this funding needs to be agreed between local health and social care leaders
- 2.3 The funding has been distributed in 2 ways, with 40% of the money (£200 million) distributed as a section 31 grant to local authorities and the remainder (£300 million) to ICBs. This is a direct response to the significant challenges faced by local NHS services and local authorities in relation to winter pressures. To maximise the impact of the fund, the allocation to ICBs will be targeted at the areas with the most significant discharge challenges.
- 2.4 The allocation for the ICS is £4,716,000 and the allocation for West Northamptonshire Council is £1,212,512
- 2.5 West Northamptonshire submitted their proposed schemes to NHSE/I on the 16<sup>th</sup> December 2022 following the extraordinary Health and Wellbeing Board on the 8<sup>th</sup> December that gave agreed delegations to complete this to meet the national deadline.

### **3. Recommendations**

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- 3.1 It is recommended that the West Northamptonshire Health and Wellbeing Board:
- a) Formally approve the West Northamptonshire discharge fund submission following the agreed delegations at the extraordinary Health and Wellbeing Board on the 8<sup>th</sup> December 2022.

#### **3.2 Reason for Recommendations**

- 3.3 The discharge fund submission was approved by agreed delegations but has not been formally approved by the Health and Wellbeing Board
- 3.4 The Health and Wellbeing Board need to ensure through the BCF monitoring arrangements robust oversight of the use of this grant with particular focus on compliance with the conditions.

### **4. Report Background**

#### **4.1 Funding allocation**

- 4.1.1 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. The focus is on a 'home first' approach and discharge to assess (D2A)
- 4.1.2 This funding has been distributed to both local authorities and integrated care boards (ICBs) to pool into the local BCF. In line with usual BCF requirements, the use of both elements of this funding needs to be agreed between local health and social care leaders
- 4.1.3 The allocation for the ICS is £4,716,000 and the allocation for West Northamptonshire Council is £1,212,512

#### **4.2 Funding Conditions**

- 4.2.1 Ministers have set specific conditions governing the use of this additional funding. The local authorities and ICB funding allocation should be pooled into local BCF section 75 agreements with plans for spend agreed by LA and ICB chief executives and signed off by the HWB under national condition 1 of the BCF
- 4.2.2 Funding allocated to ICBs should be pooled into HWB level BCF section 75 agreements. ICBs should agree the distribution of this funding with LAs in their area and confirm the agreed distribution to the BCF team (via the planning template)
- 4.2.3 Funding should only be used on permitted activities that reduce flow pressure on hospitals, including in mental health inpatient settings, by enabling more people to be discharged to an appropriate setting, with adequate and timely health and social care support as required
- 4.2.4 Funding should prioritise those approaches that are most effective in freeing up the maximum number of hospital beds and reducing the bed days lost within the funding available, including from mental health inpatient settings. Discharge to assess 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

- 4.2.5 ICBs should ensure that support from the NHS for discharges into social care is available throughout the week, including at weekends
- 4.2.6 The Department for Health and Social Care (DHSC) and NHS England (NHSE) may follow up with local areas to understand and/or challenge the planning approach - this may happen:
  - a) if plans do not clearly demonstrate prioritising activity to free up the maximum number of hospital beds and reduce the bed days lost.
  - b) where it is evident that spending plans are in breach of other funding conditions
  - c) where data shows that delayed discharges are significantly higher or increasing at a greater rate than national averages
- 4.2.7 A progress review across all areas will take place in January. Local areas will be expected to engage fully in this process
- 4.2.8 A completed spending template was submitted on the 16 December 2022, confirming planned use of the additional funding and that the use of the funding has been agreed by the ICB and local authority. Spend against the first tranche of money commenced as soon as plans were agreed locally. Allocation of the second tranche of funding will be contingent on having submitted the completed spending template and meeting of the funding conditions
- 4.2.9 Local areas should also submit fortnightly reports setting out what activities have been delivered in line with commitments in the spending plan
- 4.2.10 ICBs, hospital trusts and local authorities should work together to improve all existing NHSE and local authority discharge data collections including related situation reporting data and discharge data submitted as part of the commissioning data set
- 4.2.11 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 is acknowledged that more frequent updates to bed vacancy data is essential for operational purposes.

#### 4.3 **Reporting**

- 4.3.1 An initial spending plan was submitted through the BCF programme on 16<sup>th</sup> December 2022. Thereafter, fortnightly activity reports should be submitted for each local authority footprint, detailing what activities have been delivered in line with commitments in the spending plan.
- 4.3.2 An end of year report should also be submitted (alongside the wider BCF end of year report), detailing total spend of this fund, by 2 May 2023.

#### 4.4 **Monitoring**

- 4.4.1 Along with returns on the number of care packages purchased, the Fund will be monitored using the following metrics:
  - a) the number of care packages purchased for care homes, domiciliary care and intermediate care

- b) the number of people discharged to their usual place of residence (existing BCF metric)
- c) the absolute number of people 'not meeting criteria to reside' (and who have not been discharged)
- d) the number of 'Bed days lost' to delayed discharge by trust (from the weekly acute sitrep)
- e) the proportion (%) of the bed base occupied by patients who do not meet the criteria to reside, by trust.

## **5. Issues and Choices**

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- 5.1 To access the fund the full conditions set out in the guidance need to be complied with
- 5.2 The schemes that were submitted on the 16<sup>th</sup> December were put forward following system discussions to determine the maximum benefit for the people of West Northamptonshire and Integrated Care Northamptonshire (Appendix 1)

## **6 Implications (including financial implications)**

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### **6.1 Resources and Financial**

- 6.1.1 This is significant additional investment to support with the challenges faced by Health and Social Care during winter 2022/23.
- 6.1.2 The Health and Wellbeing Board need to ensure through the BCF monitoring arrangements robust oversight of the use of this grant with particular focus on compliance with the conditions.

### **6.2 Legal**

- 6.2.1 Decisions in relation to the agreed submission have been taken in line with the council constitution.

### **6.3 Risk**

- 6.3.1 Due to the tight timescales and gaps between Health and Wellbeing Board it was necessary to ensure that delegated responsibility is given to the relevant leads to comply with the deadlines and associated conditions.

### **6.4 Consultation**

- 6.4.1 No consultation is required outside of the requirements of the grant conditions

### **6.5 Consideration by Scrutiny**

- 6.5.1 This report has not been considered by scrutiny.

### **6.6 Climate Impact**

- 6.6.1 There are no known direct impacts on the climate because of the matters referenced in this report.

### **6.7 Community Impact**

- 6.7.1 It is envisaged that schemes funded by the grant will ensure better outcomes for people that require health and social care support following discharge from an acute setting.



## **7 Background Papers**

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Appendix 1 – West Northamptonshire submission



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 to this 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:	West Northamptonshire
Completed by:	Anna Earnshaw
E-mail:	anna.earnshaw@westnorthants.gov.uk
Contact number:	7747455389

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:	Cabinet Member for Adult Social Care & Public Health
Name:	Clr Matt Golby

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

	Role:	Professional Title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:
*Area Assurance Contact Details:	Health and Wellbeing Board Chair	Clr	Matt	Golby	Matthew.Golby@westnorthants.gov.uk
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off	Mr	Toby	Sanders	toby.sanders1@nhs.net
	Local Authority Chief Executive	Mrs	Anna	Earnshaw	Anna.earnshaw@westnorthants.gov.uk
	LA Section 151 Officer	Mr	Martin	Henry	martin.henry@westnorthants.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 -->

When all yellow sections have been completed, please send the template to the Better Care Fund Team [england.bettercarefundteam@nhs.net](mailto:england.bettercarefundteam@nhs.net) saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your Better Care Manager.

LA allocation		£1,212,512	£1,212,512	£2,525,299
ICB allocation	NHS Northamptonshire ICB	£2,525,299	£2,525,299	
		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/beneficiaries	Setting	Spend Area	Commissioner	Source of Funding	Planned Expenditure (£)
1	NGH P1 Spot Packages	Reduction in the discharge queue by increasing P1 capacity	Reablement in a Person's Own Home	Reablement to support to discharge – step down				Social Care	West Northamptonshire	Local authority grant	£176,400
2	NGH P2 Spot Packages	Reduction in the discharge queue through step down P2 capacity	Bed Based Intermediate Care Services	Step down (discharge to assess pathway 2)		54		Social Care	West Northamptonshire	ICB allocation	£450,281
3	Community Hospital P1 packages	Reduction in the discharge queue by increasing P1 capacity	Reablement in a Person's Own Home	Reablement to support to discharge – step down				Social Care	West Northamptonshire	Local authority grant	£45,360
4	Community Hospital P2 packages	Bed Based Intermediate Care Services	Bed Based Intermediate Care Services	Step down (discharge to assess pathway 2)		36		Social Care	West Northamptonshire	Local authority grant	£36,000
5	Provider recognition payments	P1 payments to provider market to stabilise and retain workforce	Improve retention of existing workforce	Incentive payments			Home care	Social Care	West Northamptonshire	ICB allocation	£161,280
6	Provider recognition payments	P2 payments to provider market to stabilise and retain workforce	Improve retention of existing workforce	Incentive payments			Residential care	Social Care	West Northamptonshire	ICB allocation	£252,000
7	Reablement Recruitment bonus	Social care recruitment bonus to attract more workforce to roles	Additional or redeployed capacity from current care workers	Local staff banks			Home care	Social Care	West Northamptonshire	Local authority grant	£25,000
8	Care workforce retention payments	In house care teams retention payments for staff	Improve retention of existing workforce	Retention bonuses for existing care staff			Both	Social Care	West Northamptonshire	Local authority grant	£206,000
9	P1 Discharge to Assess capacity	Discharge to Assess capacity including VCS to support increased discharges	Reablement in a Person's Own Home	Reablement to support to discharge – step down				Social Care	West Northamptonshire	Local authority grant	£105,948
10	P2 Discharge to Assess capacity	Reduction in the discharge queue through step down P2 capacity	Bed Based Intermediate Care Services	Step down (discharge to assess pathway 2)		144		Social Care	West Northamptonshire	ICB allocation	£216,000
12	Discharge to assess	Spot Packages for P1 & P2 blocked exits across community hospitals,	Reablement in a Person's Own Home	Reablement to support to discharge – step down				Social Care	West Northamptonshire	ICB allocation	£1,188,418
13	Enhanced assessment	Increased Assessments team to manage home care and step down	Additional or redeployed capacity from current care workers	Local staff banks			Both	Social Care	West Northamptonshire	Local authority grant	£495,923
37	Coordinators Mental health Step down	staff to coordinate Mental health acute discharges across step downs across	Additional or redeployed capacity from current care workers	Local staff banks			Both	Mental Health	NHS Northamptonshire ICB	Local authority grant	£89,850

38	Mental Health Discharge to Assess	Mental Health Residential placements	Additional or redeployed capacity from current care workers	Local staff banks			Both	Mental Health	NHS Northamptonshire ICB	ICB allocation	£69,500
39	Mental Health Brokerage	Mental health step down placement broker	Additional or redeployed capacity from current care workers	Local staff banks			Both	Mental Health	NHS Northamptonshire ICB	Local authority grant	£14,131
40	Discharge Fund Administrator	Business support officer to track and report schemes	Administration					Social Care	West Northamptonshire	Local authority grant	£17,900
41	Acute Confusion Beds	Discharge to assess beds for Acute confusion acute discharges	Residential Placements	Nursing home		2		Social Care	NHS Northamptonshire ICB	ICB allocation	£187,820

**Scheme types and guidance**

<p><b>This guidance should be read alongside the addendum to the 2022-23 BCF Policy Framework and Planning Requirements.</b></p> <p>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 <u>only</u> be used when none of the specific categories are appropriate.</p> <p>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.</p>
<p>The relevant Area of Spend (Social Care/Primary Care/Community Health/Mental Health/Acute Care) should be selected</p>
<p>The expenditure sheet can be used to indicate whether spending is commissioned by the local authority or the ICB.</p>
<p>This funding is being allocated via:</p> <ul style="list-style-type: none"> <li>- a grant to local government - (40% of the fund)</li> <li>- an allocation to ICBs - (60% of the fund)</li> </ul> <p>Both elements of funding should be pooled into local BCF section 75 agreements.</p> <p>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).</p> <p>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)</p> <p>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.</p> <p>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.</p> <p>Assistive Technologies and Equipment Home Care or Domiciliary Care Bed Based Intermediate Care Services Reablement in a Person's Own Home Residential Placements</p>

Scheme types/services	Sub type	Notes	home care?
Assistive Technologies and Equipment	<ol style="list-style-type: none"> <li>1. Telecare</li> <li>2. Community based equipment</li> <li>3. Other</li> </ol>	You should include an expected number of beneficiaries for expenditure under this category	Y
Home Care or Domiciliary Care	<ol style="list-style-type: none"> <li>1. Domiciliary care packages</li> <li>2. Domiciliary care to support hospital discharge</li> <li>3. Domiciliary care workforce development</li> <li>4. Other</li> </ol>	You should include an expected number of beneficiaries for expenditure under this category	Y
Bed Based Intermediate Care Services	<ol style="list-style-type: none"> <li>1. Step down (discharge to assess pathway 2)</li> <li>2. Other</li> </ol>	You should include an expected number of beneficiaries for expenditure under this category	N

Reablement in a Person's Own Home	<ol style="list-style-type: none"> <li>1. Reablement to support to discharge – step down</li> <li>2. Reablement service accepting community and discharge</li> <li>3. Other</li> </ol>	You should include an expected number of beneficiaries for expenditure under this category	Y
Residential Placements	<ol style="list-style-type: none"> <li>1. Care home</li> <li>2. Nursing home</li> <li>3. Discharge from hospital (with reablement) to long term care</li> <li>4. Other</li> </ol>	You should include an expected number of beneficiaries for expenditure under this category	N
Increase hours worked by existing workforce	<ol style="list-style-type: none"> <li>1. Childcare costs</li> <li>2. Overtime for existing staff.</li> </ol>	You should indicate whether spend for this category is supporting the workforce in: - Home care - Residential care - Both	Area to indicate setting
Improve retention of existing workforce	<ol style="list-style-type: none"> <li>1. Retention bonuses for existing care staff</li> <li>2. Incentive payments</li> <li>3. Wellbeing measures</li> <li>4. Bringing forward planned pay increases</li> </ol>	You should indicate whether spend for this category is supporting the workforce in: - Home care - Residential care - Both	Area to indicate setting
Additional or redeployed capacity from current care workers	<ol style="list-style-type: none"> <li>1. Costs of agency staff</li> <li>2. Local staff banks</li> <li>3. Redeploy other local authority staff</li> </ol>	You should indicate whether spend for this category is supporting the workforce in: - Home care - Residential care - Both	Area to indicate setting
Local recruitment initiatives		You should indicate whether spend for this category is supporting the workforce in: - Home care - Residential care - Both	Area to indicate setting
Other		You should minimise spend under this category and use the standard scheme types wherever possible.	Area to indicate setting
Administration		Areas can use up to 1% of their spend to cover the costs of administering this funding. This must reflect actual costs and be no more than 1% of the total amount that is pooled in each HWB area	NA

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