



North Tyneside Council

Adult Social Care, Health and Wellbeing Sub-Committee

Tuesday, 18 January 2022

Wednesday, 26 January 2022 0.02 Chamber - Quadrant, The Silverlink North, Cobalt Business Park, North Tyneside, NE27 0BY **commencing at 6.00 pm.**

Agenda Item	Page
<p>1. Apologies for Absence</p> <p>To receive apologies for absence from the meeting.</p>	
<p>2. Appointment of Substitute Members</p> <p>To be notified of the appointment of Substitute Members.</p>	
<p>3. Declarations of Interest</p> <p>You are invited to declare any registerable and/or non registerable interests in matters appearing on the agenda, and the nature of that interest.</p> <p>You are also invited to disclose any dispensation in relation to any registerable and/or non-registerable interests that have been granted to you in respect of any matters appearing on the agenda.</p> <p>Please complete the Declarations of Interests card available at the meeting and return it to the Democratic Services Officer before leaving the meeting.</p>	
<p>4. Minutes</p> <p>To Confirm the minutes of the meeting held on 4 November 2021.</p>	5 - 8
<p>5. Covid-19 Update: Public Health and Adult Social Care</p> <p>To receive a Covid-19 update covering public health and adult social care.</p>	

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Agenda Item	Page
6. Better Care Fund	9 - 22
To receive an update on the Better Care Fund.	
7. Update from the recent Joint OSC for the NE&NC ICS and North and Central ICPs	
To receive an update from Members following the most recent meeting of the Joint OSC for the NE&NC ICS and North and Central ICPs.	

Circulation overleaf ...

Members of the Adult Social Care, Health and Wellbeing Sub-Committee

Councillor Joe Kirwin (Chair)
Councillor Jim Allan
Councillor Trish Brady
Councillor Margaret Hall
Councillor Pam McIntyre
Councillor Paul Richardson

Councillor Jim Montague (Deputy Chair)
Councillor Mrs Linda Arkley OBE
Councillor Joanne Cassidy
Councillor Maureen Madden
Councillor Tommy Mulvenna
Councillor Jane Shaw

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Adult Social Care, Health and Wellbeing Sub-Committee

Thursday, 4 November 2021

Present: Councillor J Kirwin (Chair)
Councillors J Montague, J Allan, T Brady, M Hall,
P McIntyre, T Mulvenna, P Richardson, J Shaw and
L Bones

In attendance:
Councillors A McMullen

Apologies: Councillors L Arkley and J Cassidy

ASCH25/21 Appointment of Substitute Members

Pursuant to the Council's Constitution, the appointment of the following substitute members was reported:

Cllr L Bones for Cllr L Arkley

ASCH26/21 Declarations of Interest

There were no declarations of interest.

ASCH27/21 Minutes

Resolved: That the minutes of the meeting held on 30 September 2021 be confirmed and signed by the Chair.

ASCH28/21 Safeguarding Adults Board Annual Report

The Sub-committee considered the Safeguarding Adults Board (SAB) Annual Report 2021-21.

It was noted that the report was the annual report of the joint Northumberland and North Tyneside Safeguarding Board for the period April 2020- March 2021. It was also noted that the report covered a very challenging period for the Board and partner agencies due to the pressures of the Covid-19 pandemic, with the Board acting quickly to put new arrangements in place to manage new risks and demands.

The Sub-committee was advised that, despite the impact of Covid-19, the Board has delivered on a number of its promises. The following were highlighted in the report:

- Contribution to a national project about how to safeguard vulnerable drinkers with the development and delivery of multi-agency workshops
- Developed and monitored a comprehensive and robust SAB Risk Register to identify and monitor Covid related risks and themes.

- Completed and published a Safeguarding Adults Review – Leigh
- Launched virtual multi agency training across the partnership including criminal and sexual exploitation
- Shared information with the public to promote awareness about safeguarding and domestic abuse
- Worked in conjunction with the police on Operation Momentum
- Reviewed independently the joint SAB arrangements

The Sub-committee noted that the intention going forward was to separate the Board into two boards covering Northumberland and North Tyneside, while maintaining joint sub-groups. This was reported in more detail to the last meeting of the Sub-committee.

A member asked a question about the impact on data sharing of having different computer systems across different local authorities, and whether this was detrimental to the service provided. It was noted that it would be impractical to try to have the same computer system across all local authorities and partner agencies, and instead the focus was improving information sharing across partners and flagging any issues that arise and need to be addressed.

Members commended officers on the work of the Board during the pandemic and asked about impacts in terms of backlogs or priority areas that had been unable to be progressed. It was noted that the Board had taken a risk-based approach to prioritise action and there had been some efficiencies achieved through this approach. In particular, it was highlighted that there had been increased participation in Board meetings as a result of the move to on-line meetings. However, the work has been relentless on staff who are now feeling the effects through burn-out and tiredness. Although safeguarding has been prioritised, some lesser priority cases may have seen delays and longer waits.

There was some discussion about the work undertaken around treatment resistant dependent drinkers. It was noted that some of the education work around this had been targeted at professionals and focussed on issues around legal powers in the context of varied capacity. It was agreed that a briefing on this work would be circulated to members for information.

There was some discussion about the role of carers in identifying any safeguarding issues. It was noted that providers would be responsible for ensuring that carers are trained in safeguarding issues and providers are monitored in relation to this. It was also noted that during the pandemic it had been more difficult for professionals to undertake visits, but there had been an increase in whistleblowing reports from care staff.

There was some discussion about differences between Northumberland and North Tyneside in relation to the data that was included in the report. It was noted that it was difficult to compare data across the two areas as different authorities use different definitions and work in different ways. The Board had agreed that the data was not comparable across the two authorities.

The Chair welcomed the report and thanked the officer for the presentation.

Agreed:

To circulate briefing information on the Safeguarding Vulnerable Dependent Drinkers Project.

ASCH29/21 Covid-19 Update: Public Health and Adult Social Care

The Sub-committee received an update on the current Covid 19 data covering public health and adult social care.

It was noted that at the current time the covid rate in North Tyneside is the highest in England and is an outlier in the North East, with the high rate being driven by positive cases in under 14 year olds. However, rates have declined since the beginning of half term. It was also noted that, although NHS COVID-19 activity has increased, the significant demands on health services are from non-COVID-19 activity. Death rates from Covid remain low.

There were some questions raised about whether people in the borough were continuing to self-isolate when testing positive for Covid in the light of recent media coverage suggesting reduced levels of compliance. It was noted that there is no evidence to suggest this is the case and that on the whole people know to do the right thing.

There was some discussion about the current list of symptoms and whether these tend to be different in teenagers. It was noted that this can be the case but the symptom list was based on the best scientific evidence. It was noted that transmission tended to be high within households.

It was noted that some additional measures have been recommended to schools in the borough which have been welcomed by headteachers. These include recommendations that staff wear face coverings in communal areas and face coverings for secondary children in communal areas and classrooms, as well as encouraging vaccine take up and the continuation of infection control measures in schools.

There was some discussion about vaccine take up in the borough which remains high. Cllr T Mulvenna asked if he could be provided with information on adult vaccine rates for Valley Ward.

In relation to Adult Social Care, it was noted that there are currently 4 care homes in outbreak, but most residents are asymptomatic having been double vaccinated and had booster vaccines.

It was noted that vacancy rates in care homes had been coming down toward pre-pandemic levels with an increase in self-funded residents opting to go into care homes. It was noted that additional short-term beds had been made available to support hospital discharge and home care capacity issues.

Members asked for additional information to be circulated on the grants per bed basis made available by the government during the pandemic.

There was some discussion about the uptake of flu vaccines. It was noted that take-up among care staff had been higher than past years and that NHS and infection control staff continue to promote uptake.

Agreed:

- To provide information on vaccine uptake in Valley Ward to Cllr Mulvenna;

- To circulate information on grants (per bed) made available by the government during the pandemic.

ASCH30/21 Specialist Drug and Alcohol Services

The Sub-committee received an in-depth presentation on specialist drug and alcohol services in the borough.

The presentation set out background information on substance misuse/abuse and harmful alcohol consumption and the overall costs to the individual and society. The presentation also set out the responsibilities of the local authority, the policy context, the level of need for services in North Tyneside, specialist service provision in the Borough, and the impact of Covid on service delivery.

It was noted that nationally drug related deaths have reached an all-time high and the north east continues to have the highest rate of deaths relating to drug misuse at around twice the England average and three times the value for London. The north east is also an outlier for alcohol related deaths.

It was noted that it was difficult to assess the level of unmet need for drug and alcohol services as assessments are based on modelling and people do not always disclose information.

In relation to Covid it was noted that there had been a commitment to keep drug and alcohol services open throughout, and there has been an increase in the numbers attending for treatment, as well as an increase in the number of referrals into services. It was noted that there had been a need to move many services on-line, but this had been beneficial to some clients who had found they preferred to access services in this way.

The Chair thanked officers for the informative presentation. Due to time constraints, there wasn't an opportunity to raise questions, but it was agreed that Members could email any questions through to officers after the meeting if they wished.

ASCH31/21 Update from the recent meeting of the Joint Regional Health Scrutiny Committee

It was agreed that the minutes from the meeting would be circulated to members of the Sub-committee once available.

Meeting: Adult Social Care, Health and Wellbeing Sub-Committee

Date: 26 January 2022

Title: Better Care Fund update

Author: Scott Woodhouse
Strategic Commissioning Manager Adults

Service Area: Health, Education, Care & Safeguarding

Wards affected: ALL

1. Purpose of Report

This report provides an update on the activity of the Better Care Fund in 2021/22.

2. Introduction

The Better Care Fund (BCF) is a component of government policy to improve integration between health and social care. It creates a pooled fund, operated jointly by Local Authorities and NHS Clinical Commissioning Groups and gets agreed locally in relation to the fund and also the individual schemes and services that are part of the fund. The BCF arrangements commenced in 2015/16.

The BCF aims to reduce the barriers often created by separate funding streams. The pooled budget is a combination of contributions from the following areas:

- minimum allocation from NHS clinical commissioning group(s) (CCGs) into the BCF
- disabled facilities grant – local authority grant
- social care funding (improved BCF) – local authority grant

The totality of the fund is aimed at:

- Putting in place arrangements to reduce / minimise the need for admissions into hospital, and
- Support timely and safe discharge from hospital back into the community

3. The Better Care Fund in North Tyneside

The plan provides for funding into a number of different areas:

- Community-based services, which includes CarePoint - our multi-agency, multi-disciplinary integrated team which delivers a home-first approach to hospital discharge and admission avoidance; reablement; immediate response and overnight home care; adaptations and loan equipment service; telecare; and seven-day social work.
- Intermediate Care beds, including bed-based facilities complemented by a community rehabilitation team
- Enhanced primary care in care homes
- A hospice-at-home service for end of life care
- A community falls first responder service
- Liaison Psychiatry for working-age adults
- Support for people with learning disabilities
- Implementation of the Care Act, support for carers, and the provision of advice and information.

More details on the above can be found at Appendix 1.

The Improved Better Care Fund (iBCF) element will be used to support the social care market, including meeting the costs of paying the National Living Wage to staff in care homes and home care. The iBCF also funds placement and care package costs as a result of increased demand to support hospital discharge arrangements.

The Disabled Facilities Grant (DFG) will be used to enable people to live independently in their own home; minimise risk of injury for customer and carer; prevent admission to hospital and long term care; reduce dependency upon high level care packages; improving quality of life and well-being; maintain family stability; improve social inclusion; and enhance employment opportunities of the disabled person.

This plan provides continuity with the previous BCF plan. The COVID-19 pandemic has accelerated the provision of hospital discharge services based on a “home-first” approach, which was already under way. Our priorities for 2021/22 and beyond are to regain progress in the establishment of the integrated frailty service, which was impacted by the pandemic, and to maintain admission avoidance and hospital discharge services, thus supporting hospital capacity.

4. Details on the Better Care Fund Plan 2021/22

The arrangements for the BCF and its component parts are set out annually by the NHS in its BCF Planning Guidance. Given the on-going pressures in the system there are minimal changes to the BCF from 2020/21 to 2021/22. The key changes relate to:

- New metrics on hospital discharge, and
- Non-elective admissions metric being replaced by a metric on avoidable hospital admissions

In 2020/21, a number of service / scheme reviews were undertaken to look at the funding and the outcomes that were being achieved and this will continue into 2022/23 once more information is known on the planning guidance and plans for the BCF beyond the end of this financial year.

In the tables below, there is an overall increase in the BCF in 2021/22 from 2020/21 in line with the planning guidance and the detail received from NHS England on the BCF for North Tyneside. This shows an increase in the BCF of 5%

The minimum value of the North Tyneside BCF is set nationally. Table 1 below shows the value in the current year, and changes from previous years, this includes a 5% change to the minimum CCG contribution to the BCF, again in line with the national framework and planning guidance.

Table 1

Income Component	2018/19	2019/20	2020/21	2021/22	% change this year
Disabled Facilities Grant	1,526,533	1,647,220	1,647,220	1,869,024	13.5%
Minimum CCG Contribution	15,833,838	16,603,777	17,420,966	18,291,187	5.0%
Improved Better Care Fund	6,772,688	8,265,809	9,296,886	9,296,886	0.0%
Winter Pressures Grant	0	1,031,077	0	0	
TOTAL	24,133,059	27,547,883	28,365,072	29,457,097	3.8%

The national framework also stipulates minimum contributions to be paid by the CCG to the Local Authority / Adult Social Care, and on NHS-commissioned out of hospital services

Table 2

	2018/19	2019/20	2020/21	2021/22	% change this year
CCG minimum contribution to adult social care	10,085,863	10,576,301	11,096,836	11,651,150	5.0%
NHS commissioned out-of-hospital spend	4,449,528	4,718,332	4,950,544	5,197,836	5.0%

5. Governance Arrangements

In line with the BCF framework and planning guidance, the North Tyneside BCF has:

- Been agreed by the Better Care Fund Board on 11 November 2021
- Been agreed by the Health and Wellbeing Board, also on 11 November 2021
- Been agreed internally by the Local Authority and the CCG in advance of Health and Wellbeing Board
- Been submitted to NHS England by deadline of 16 November 2021

Officers from the Local Authority and the CCG are currently reviewing the Section 75 Agreement, this is the legal agreement between the Local Authority and the CCG for the delivery of the plan in North Tyneside and the transfer of funds. This will be

completed, executed and submitted to NHS England by the deadline date of 31 January 2022.

6. Future Arrangements

The current arrangement and BCF planning framework operates to 31 March 2022.

Operational planning guidance for 2022/23 has not yet been issued by NHS England, though it is understood there is a continued commitment towards the BCF beyond the end of this financial year.

The Committee will note the introduction of Integrated Care Boards in 2022/23 and that Clinical Commissioning Groups would cease to exist. This was intended to happen from 1 April 2022, though this is now delayed until 1 July 2022. There will therefore be a need to put in place arrangement from 1 April 2022 with North Tyneside CCG for the BCF once the detail of the planning guidance is published and known.

Once the Integrated Care Board is established it is expected that the S75 agreement for 2022/23 will be novated across to the newly formed Integrated Care Board.– BCF schedules for 2022/23 not issued as yet

7. Background Information

The following documents have been used in the compilation of this report and may be inspected at the offices of the author:

Better Care Fund planning requirements – 2021-22, published by HM Government on 30 September 2021 - [B0898-300921-Better-Care-Fund-Planning-Requirements.pdf \(england.nhs.uk\)](#)

8. Appendices

Appendix 1 – BCF services and expenditure
Appendix 2 – BCF metrics

Appendix 1 – BCF services and expenditure

Ref	Scheme Name	Brief Description of Scheme	Area of Spend	Source of Funding	Expenditure (£)
1	Community based support	Includes Carepoint; reablement; immediate response and overnight home care; adaptations and loan equipment service; CareCall / telecare; and seven-day social work	Social Care	Minimum CCG Contribution	8,478,578
27	Community-based support	Health contribution to CarePoint	Community Health	Minimum CCG Contribution	1,586,470
2	Intermediate Care beds	Intermediate Care	Community Health	Minimum CCG Contribution	2,984,418
3	Intermediate Care - Community Services	Community Rehabilitation Team	Social Care	Minimum CCG Contribution	863,000
4	Liaison Psychiatry - Working Age Adults	Liaison Psychiatry - Working Age Adults	Mental Health	Minimum CCG Contribution	786,361
6	Enhanced Primary Care in Care Homes	Enhanced Primary Care in Care Homes	Primary Care	Minimum CCG Contribution	1,032,301
19	End of Life Care - RAPID	End of Life Care	Community Health	Minimum CCG Contribution	250,488
8	Improving access to advice and information	MyCare and Living Well in North Tyneside digital services	Social Care	Minimum CCG Contribution	36,148
9	Care Act implementation	Care Act implementation	Social Care	Minimum CCG Contribution	739,097
10	Carers Support	Carers Support	Social Care	Minimum CCG Contribution	671,000
12	Independent Support for People with Learning Disabilities	Independent Support for People with Learning Disabilities	Social Care	Minimum CCG Contribution	718,928
25	Community Falls First	Avoiding unnecessary paramedic response to falls at home	Social Care	Minimum CCG Contribution	144,399

Ref	Scheme Name	Brief Description of Scheme	Area of Spend	Source of Funding	Expenditure (£)
	Responder Service				
13	Impact on care home fees of national living wage	Meet costs of paying living wage to staff in care homes	Social Care	iBCF	2,638,468
14	Impact on domiciliary care fees of national living wage	Meet costs of paying living wage to staff of home care providers	Social Care	iBCF	839,584
15	Impact on other increased fees (ISL, day care, direct payments, etc) of national living wage	Meet costs of paying living wage to staff of other social care providers	Social Care	iBCF	3,918,400
16	Effect of demographic growth and change in severity of need	Increased volume and complexity of social care provision	Social Care	iBCF	1,900,434
26	Disabled Facilities Grant	Disabled Facilities Grant	Social Care	DFG	1,869,024
TOTAL					29,457,097

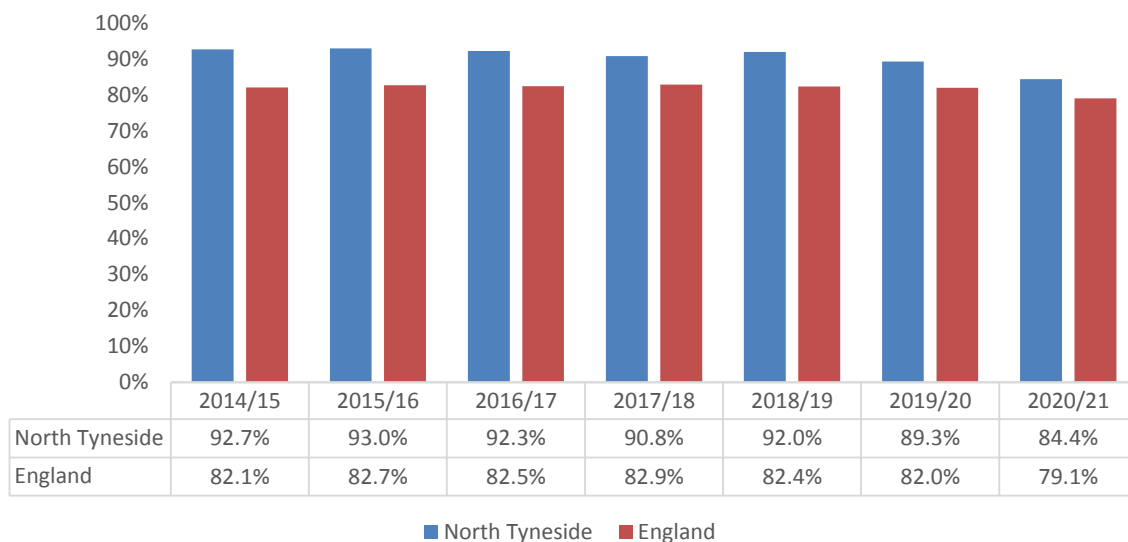
Appendix 2 – BCF metrics

This sets out our current performance against the national BCF metrics and explains our level of ambition.

1 *Effectiveness of reablement (proportion of older people still at home 91 days after discharge from hospital into reablement or rehabilitation)*

Figure 1 below shows that North Tyneside has consistently performed on this metric well above the England average. Locally and nationally, performance was impacted by the COVID-19 pandemic in 2020/21; the North Tyneside rate reduced to 84.4% but remained above the England average. We expect to maintain performance at 85% in 2021/22.

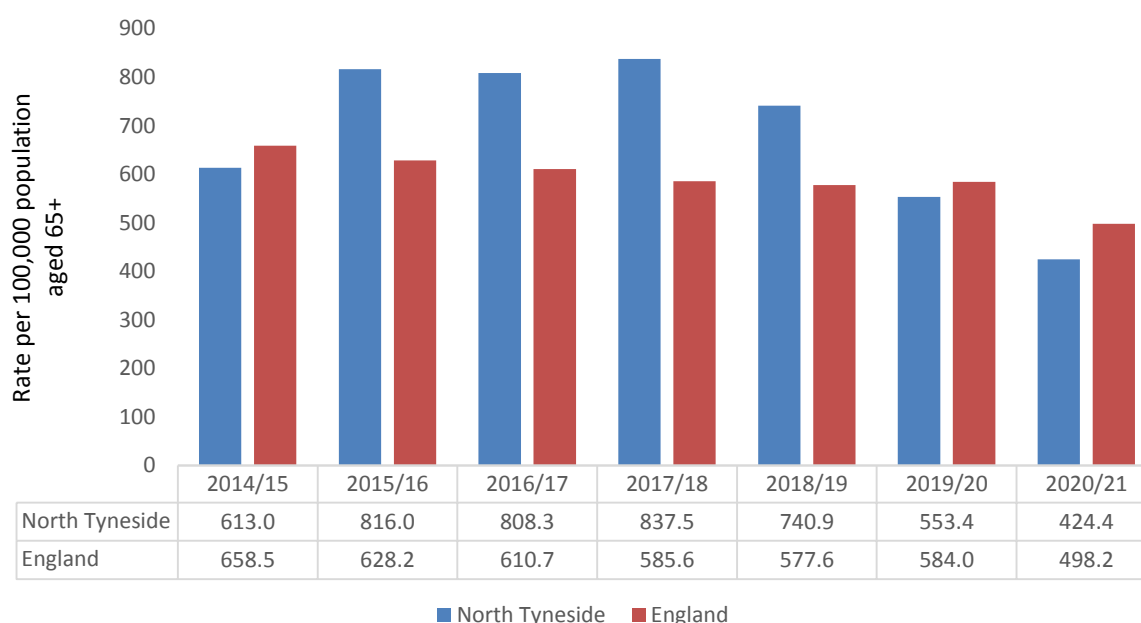
Figure 1: Effectiveness of reablement metric, time series



2 Older adults whose long-term care needs are met by admission to residential or nursing care per 100,000 population.

Figure 2 shows that North Tyneside has historically had a greater than average reliance on permanent residential care for older people but this reduced to below the England average in each of the last two financial years. In 2020/21, expect the outturn was influenced by the COVID-19 pandemic, which led to a greater proportion of patients being discharged from hospital into short term residential care, funded for a period through the NHS post-discharge funding arrangements.

Figure 2: Time series of permanent admissions to residential care for persons aged 65+, per 100,000 population aged 65+



For 2021/22 we expect the outturn to be 612 admissions per 100,000 people aged 65+.

BCF services will impact this goal through:

- The continued operation of the CarePoint service, promoting a Home First response to hospital discharges, and it's development as an element of the Integrated Frailty Service
- The provision of the Adaptations and Loan Equipment Service, which helps people to maintain their independence at home.

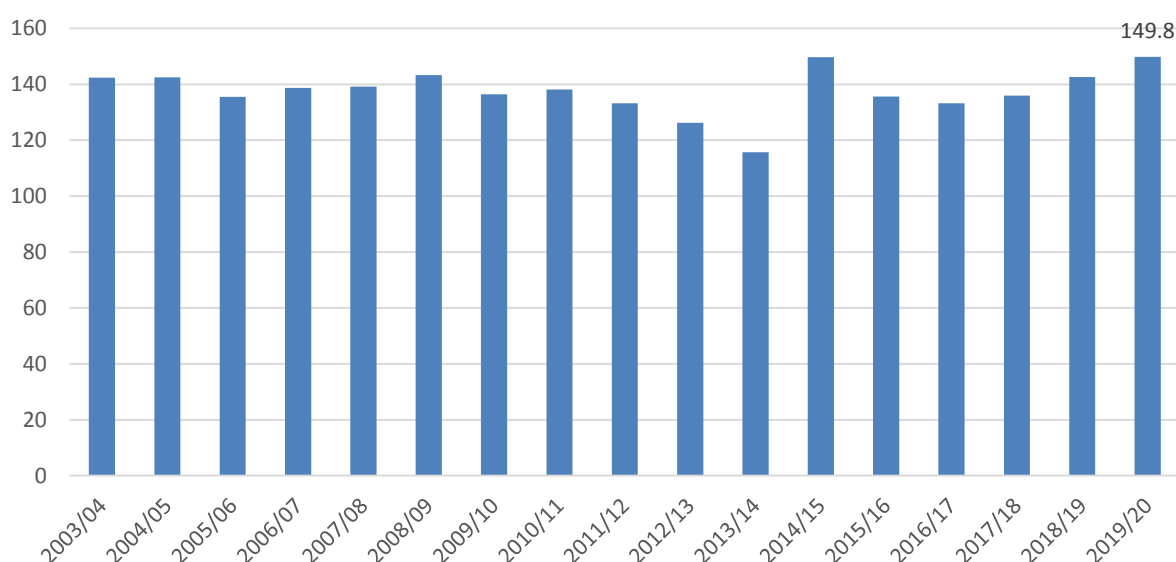
Other developments, not part of the BCF scope, will impact as follows:

- We currently have nine extra care schemes across North Tyneside with 375 apartments. Most of these are rental but a small number are shared ownership. Extra care offers individuals the ability to continue to live in the community, at home and have access to on-site care and support through a 24/7 commissioned care team. All apartments are self-contained and individuals are supported to maximise the maintain their independence.
- There are plans for a further two extra care schemes with 104 apartments to come on stream by 31 March 2022. One of these schemes with 40 beds will be dementia specific and will offer a real alternative to a placement in a care home.

3 *Avoidable admissions (unplanned hospitalisation for chronic ambulatory care sensitive conditions).*

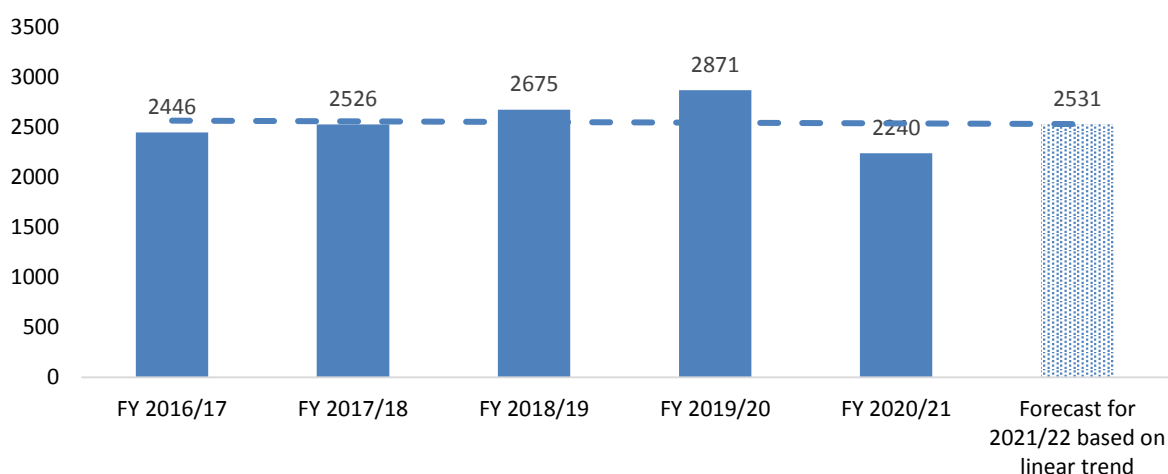
Figure 3 below shows a time-series of unplanned hospitalisation for chronic ambulatory care sensitive conditions, expressed as a standardised ratio where the England rate = 100. For example, in 2019/20 the North Tyneside rate was almost 50% higher than the England rate, after taking into account any differences in the age structure of the population.

Figure 3: Standardised ratio of chronic ambulatory care sensitive conditions



The data for 2020/21 will not be published on an Health and Wellbeing Board basis until February 2022; an estimate for North Tyneside CCG are is shown in Figure 4 below.

Figure 4: Time series and forecast of unplanned hospital admissions for chronic ambulatory care conditions



The overall reduction in the number of hospital admissions due to COVID in 2020/21 led to a reduction in this metric; we expect that the outturn for 2021/22 will be greater than 2020/21 (as recovery from COVID takes place) but lower than the two years before.

Our ambition for 2021/22 is 2531 unplanned admissions¹

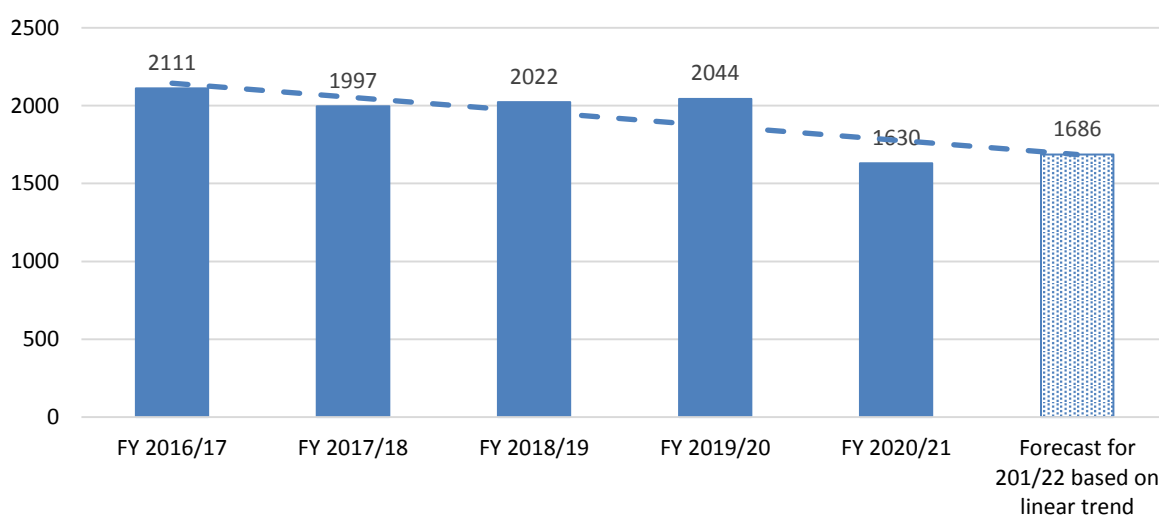
BCF services will impact this goal by:

- The Enhanced Care in Care Homes service improves the planning and delivery of healthcare for care home residents, maintains and enhances the quality of care, and increases the number of healthcare interventions that are carried out in a care home setting, hence reducing the number of unplanned admissions to secondary care from nursing and residential care homes.
- The provision of support to carers reduces the number of cases where carer breakdown results in an unplanned hospital admission.
- The provision of high quality discharge planning by CarePoint (an element of the Ageing Well service) reduces the probability of readmission following a sub-optimal discharge.

Other developments, not part of the BCF scope, will impact as follows:

- The increasing use of a Same Day Emergency Care (SDEC) approach – also known as ambulatory care - is a key component of the approach to reducing unplanned admissions. It aims to minimise and remove delays in the patient pathway allowing services to process emergency patients within the same day as an alternative to hospital admission
- Our urgent and emergency care action plan notes that a number of projects are being put in place to improve hospital flow and discharge, including a review of the current Same Day Emergency Care clinical models to identify opportunities to increase or expand SDEC where appropriate.
- The method of recording Same Day Emergency Care is not standardised across the country, so some Trusts record these cases as inpatients, and some as outpatients. When SDEC are excluded from SUS data, the number of true admissions related to chronic ambulatory care sensitive conditions is shown to be lower than suggested by national data (see Figure)

Figure 5: Time-series and forecast of unplanned admissions for chronic ambulatory care sensitive conditions, with Same Day Emergency Care excluded



¹ It is not possible to calculate a standardised ratio as requested by the national BCF planning template, as the methodology to do so requires access to the data for all other HWBs, which we do not have.

- 4 Percentage of patients who have been an inpatient in the acute hospital for:
- 14 days or more
 - 21 days or more

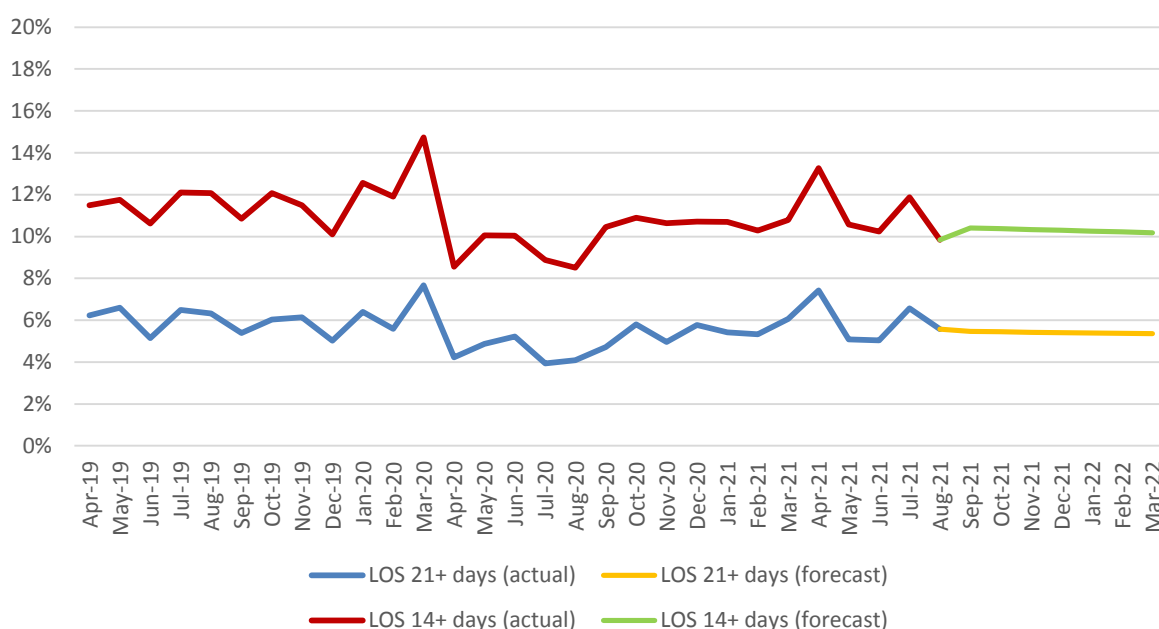
As a percentage of all inpatients

Figure 16 below shows that there has been a declining trend in the proportion of patients in hospital for both 14+ days and 21+ days.

The North Tyneside average for the period April 2019-March 2021 was the same as the English average for 14+ days (10.9%) whilst the North Tyneside average for 21+ days (5.6%) was below the English average (5.8%).

We expect the outcome for 2021/22 to be 10.6% of patients being in hospital for more than 14 days, and 5.6% to be in hospital more than 21 days.

Figure 1: Time series and forecast of discharged patients with LOS of 14+ days and 21+ days



BCF services will impact this goal by:

- Enhancing intermediate care bed-based services to ensure they are available for “step-up” care to avoid hospital admission as well as expediting discharges.
- The Enhanced Healthcare in Care Homes service will create greater confidence in the ability to discharge care home residents, with appropriate high-quality medical support available in the care home.

Other developments, not part of the BCF scope, will impact as follows:

- Providers will continue to implement best practice as set out in NHS England/NHS Improvement guidance for example:
 - Work at the front door, including Same Day Emergency Care, therapy services, and appropriate care pathways to avoid admissions for patients who do not require acute care in hospital and are at risk of deconditioning if they do.
 - Routinely screening within 2 hours of presentation all older people for their prior degree of frailty using a validated tool, their prior level of functional need, and their present cognitive status.

- Proactively planning for discharge home of those patients who most vulnerable to hospital-associated deconditioning and who are judged fit enough to be provided rehabilitation and recovery care in a community setting.
- Work to address bottlenecks, including by implementing Red2Green and SAFER patient flow bundle

5 *Percentage of people who are discharged from acute hospital to their normal place of residence.*

Figure 88 below shows the forecast level for North Tyneside to the end of 2021/22.

Figure 8 the proportion of people discharged to their normal place of residence from April 2019 to August 2021. The rate for North Tyneside was above the England average throughout the period, by an average of approximately 4%.

Figure 2: % discharged to usual place of residence, North Tyneside compared to England

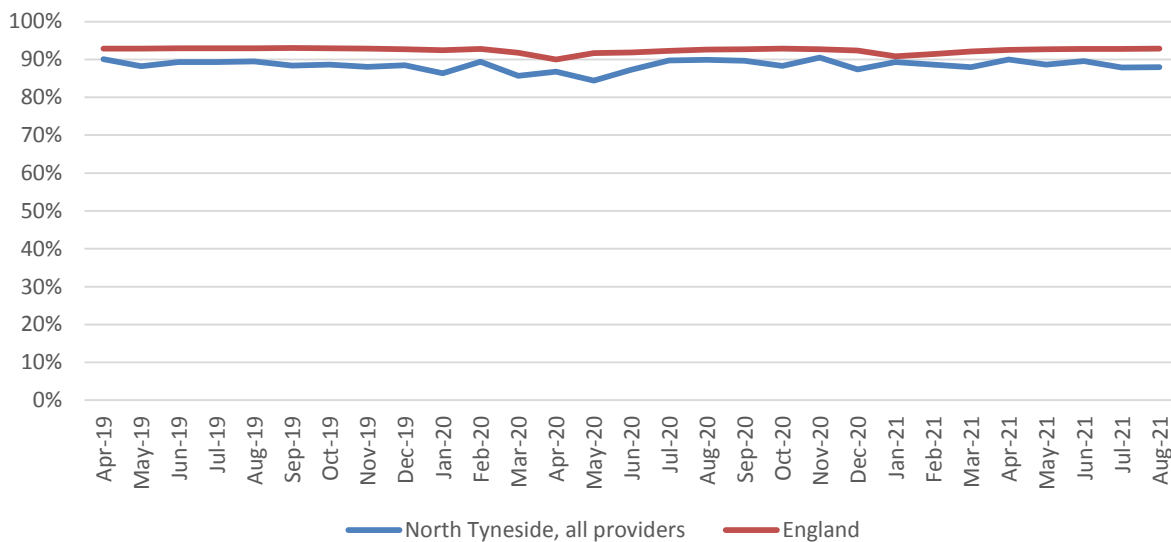
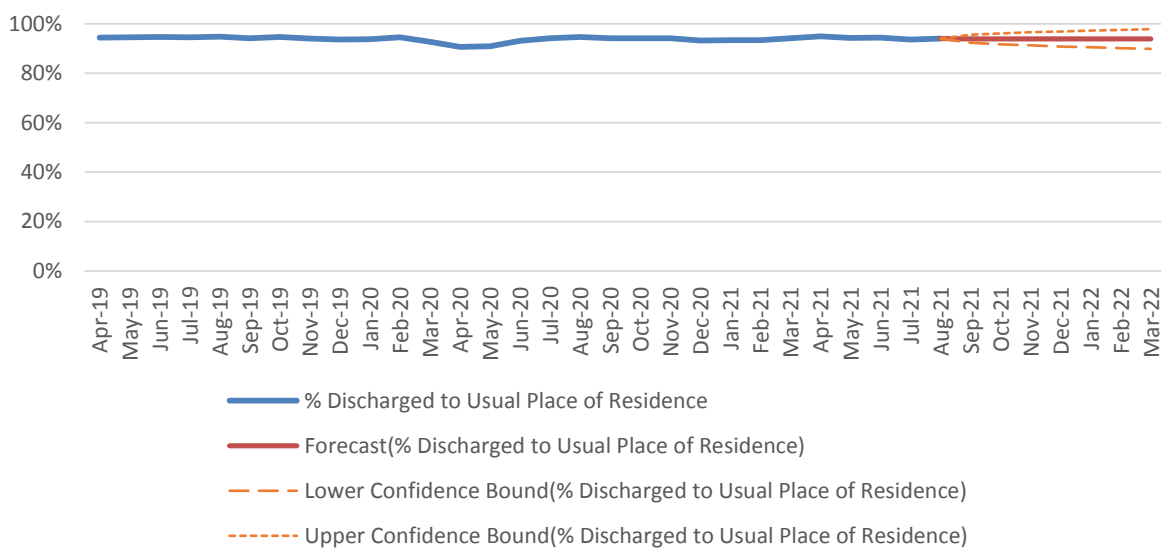


Figure 88 below shows the forecast level for North Tyneside to the end of 2021/22.

Figure 8: time-series and forecast of % of people who are discharged from hospital to their normal place of residence



We expect the outcome for 2021/22 to be 88.3%

BCF services will impact this goal by:

- The continued operation of the CarePoint service, promoting a Home First response to hospital discharges, and it's development as an element of the Integrated Frailty Service
- The provision of the Adaptations and Loan Equipment Service, and the use of the Disabled Facilities Grant, which helps people to maintain their independence at home.

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