



North Tyneside Council

# Adult Social Care, Health and Wellbeing Sub-Committee

Wednesday, 21 September 2022

**Thursday, 29 September 2022** 0.02 Chamber - Quadrant, The Silverlink North, Cobalt Business Park, North Tyneside, NE27 0BY **commencing at 6.00 pm.**

| <b>Agenda Item</b>   | <b>Page</b>   |
|--|---------------|
| <b>1. Apologies for Absence</b><br><br>To receive apologies for absence from the meeting.  |               |
| <b>2. Appointment of Substitute Members</b><br><br>To be notified of the appointment of Substitute Members.  |               |
| <b>3. Declarations of Interest</b><br><br>You are invited to declare any registerable and/or non registerable interests in matters appearing on the agenda, and the nature of that interest.<br><br>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.<br><br>Please complete the Declarations of Interests card available at the meeting and return it to the Democratic Services Officer before leaving the meeting. |               |
| <b>4. Minutes</b><br><br>To Confirm the minutes of the meeting held on 14 July 2022.   | <b>5 - 10</b> |
| <b>5. Commissioning of Dentistry Services in North Tyneside</b><br><br>To receive information on the commissioning of dentistry services in North Tyneside.  |               |

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**Agenda  
Item**

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6. **Better Care Fund Update**

**11 - 20**

To receive an update on the Better Care Fund.

**Circulation overleaf ...**

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

Councillor Joe Kirwin (Chair)  
Councillor Mrs Linda Arkley OBE  
Councillor Jim Montague  
Councillor Tommy Mulvenna  
Councillor Rebecca O'Keefe  
Councillor Olly Scargill

Councillor Michelle Fox (Deputy Chair)  
Councillor Tracy Hallway  
Councillor Josephine Mudzingwa  
Councillor Tricia Neira  
Councillor Paul Richardson  
Councillor Jane Shaw

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## Adult Social Care, Health and Wellbeing Sub-Committee

Thursday, 14 July 2022

Present: Councillor J Kirwin (Chair)  
Councillors M Fox, L Arkley, T Hallway, J Mudzingwa,  
T Mulvenna, T Neira, R O'Keefe, P Richardson,  
O Scargill and J Shaw

In attendance:  
Councillors A McMullen

Apologies: Councillors J Montague

### **ASCH7/21 Appointment of Substitute Members**

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

Councillor J O'Shea for Councillor J Montague

### **ASCH8/21 Declarations of Interest**

Councillors J Kirwin, P Richardson and J Shaw declared a personal interest in relation to agenda item 5, Beaumont GP Surgery, as ward councillors who provided support to residents who submitted evidence to the consultation on the sale of land at Newsteads Drive.

### **ASCH9/21 Minutes**

**Resolved:** That the minutes of the meeting held on 16 June 2022 be confirmed and signed by the Chair.

### **ASCH10/21 Cabinet Response to the Home Care Study Group Report**

Cllr A McMullen, Cabinet Member for Adult Social Care, attended the meeting to present the Cabinet Response to the Home Care Study Group Report which had been agreed at the Cabinet meeting on 27 June 2022.

Cllr McMullen confirmed that all recommendations had been accepted by the Cabinet and would be taken forward.

Members noted the response to the recommendations and highlighted that the action plan does not include timescales for when actions will be complete. Cllr McMullen stated he would be happy to bring an update report back to the Sub-committee at a future date once timescales are confirmed. It was noted that some of the recommendations apply to contracts that cover several years and these changes cannot be implemented immediately,

but will be incorporated as future contract arrangements are considered.

In relation to Recommendation 2 and the payment of the Real Living Wage, it was noted that the Authority has agreed to increase rates by a higher percentage from April 2022 to support providers in paying their staff the Real Living Wage of £9.90 per hour, and to help in addressing staffing issues. However, it was noted that this was not an accreditation process linked to contract award or service delivery as any such accreditation process would be overly bureaucratic to implement. It was noted that it was too early to evaluate the impact this increase has had on recruitment and retention. However, the Council continues to monitor the quality of provision through a range of processes and, going forward, will be looking at rates of pay and evidence that payments are going to staff. The Sub-committee were advised that the Authority is unable to impose requirements around rates of pay or terms and conditions on providers.

Members asked about the number of packages currently on the brokerage list. It was noted that at the time of the report the number of packages was around 170 and this has come down to 126. This is due to the commissioning of additional services with extra care, a positive response from providers, and a review of the list to ensure those on the list remain in need of services.

There was some discussion about the impact of petrol costs and other cost of living factors on recruitment and retention of home care workers. It was noted that Covid grants which had been used towards additional costs such as fuel had been discontinued, but the Council continues to be in communication with providers and is monitoring the impact of paying the increased rate from April 2022.

Members asked about any contingency plans going forward if recruitment problems continue. It was noted that work was being taken forward at a regional level via ADASS (Association of Directors of Adult Social Services). It was also noted that a workforce strategy is being developed to ensure the pool of care staff is maintained and hopefully increased. Members requested an opportunity to be consulted on an early draft of this strategy.

It was **agreed** that:

- the Cabinet Member for Adult Social Care be asked to provide an update to the Sub-committee in a further 6 months setting out progress against actions set out in the report;
- the Sub-committee be consulted on an early draft of the workforce strategy for social care.

### **ASCH11/21 Briefing Note - Beaumont GP Surgery**

The Sub-committee considered the briefing note presented by James Martin, Head of Commissioning (Primary Care), NHS North East and North Cumbria, which set out the recent decision to agree to the closure of the Beaumont Park Surgery list to new patients for a period of six months. This follows a previous closure of the list for a temporary period during 2019/20.

The Sub-committee noted the reasons for the decision which were linked to limitations placed on the practice due to the size and condition of the current building, and staff vacancies. There were concerns that if a solution is not found there will be a risk that the practice will be unable to safely reopen their list within a set timescale. There are also risks to the ongoing viability of the practice going forward which would impact on GP provision in the local area.

There was some discussion about the actions taken to identify an alternative site for the relocation of the practice to allow for a larger and more modern surgery. It was noted that there had been a proposal for the Council to release land at Newsteads Drive to allow a new practice to be built. However, following consultation on the proposals, and objections received from residents and ward councillors in relation to the loss of green space, the Cabinet decided against the sale of the land.

Some concerns were raised about the scale of the consultation exercise, with a suggestion that the consultation could be repeated with more consultation with current patients. It was also suggested that further consideration should be given to alternative sites identified for relocation, although it was noted that none of the alternative sites had been deemed suitable for a range of reasons including potential planning issues, location for current patients and build viability. Members requested information on the full list of sites that had been identified and considered as part of the process in 2019.

It was stressed that it was in the interests of the borough to resolve the issue which would allow the practice to be increased in size and modernised, would allow extra resources to be included in the practice, and would safeguard future provision.

Members emphasised their support for a solution to be found and agreed that a recommendation should be submitted to the Cabinet Member on behalf of the Sub-committee highlighting the issue and requesting that the Cabinet Member work the NHS Northeast and North Cumbria and the practice to consider possible solutions.

It was **agreed** that:

- the Sub-committee recommend to the Cabinet Member that they meet with representatives of NHS Northeast and North Cumbria, as a matter of urgency, to consider the issues set out in the briefing note in relation to the potential loss of Beaumont Park Surgery and to work to find a solution;
- the sub-committee be provided with a list of alternative sites considered in 2019 in relation to the relocation of Beaumont Park Surgery.

### **ASCH12/21 Introduction To Healthwatch**

The Sub-committee received a presentation from Paul Jones of Healthwatch North Tyneside which provided an introduction to the work of Healthwatch and an update on current priorities and projects. Copies of the Healthwatch North Tyneside Annual Report 2021-22 and the Living Well North Tyneside magazine were circulated to members.

Members noted the current priorities for Healthwatch including women's health – women's health clinics in primary care and breast screening, audiology services, long term conditions and outpatient support, transport, digital inclusion and support for carers.

Members welcomed the focus on local pharmacies and raised an issue in relation to dose boxes. It was noted that the future role of pharmacies was under consideration and that Healthwatch would be highlighting the importance of local pharmacy services and that community services need to be funded to retain human contact.

The Sub-committee thanked Paul Jones for his presentation.

### **ASCH13/21 Autism Strategy**

The Sub-committee received a presentation on the Autism Strategy.

It was noted that consultation on the Autism Strategy had begun 2 years ago, and the strategy had been developed with the support of Healthwatch, Inclusion North, and the North Tyneside Parent Carer Forum. The Sub-committee had received a number of reports on the development of the Strategy at this time.

The Strategy reflects the NHS Local 3 Year Plan and the National Autism Strategy and includes 6 high-level priorities. The Strategy was approved by the Health and Wellbeing Board and Children's Board in Sept 2021.

Members raised a number of questions in response to the presentation. It was highlighted that the 'puzzle piece' illustration reflected a dated view of Autism and members asked whether there were plans to move away from this. It was noted that this replicated the older persons strategy but that consideration would be given to moving away from this in future.

Members asked about the waiting times for autism diagnosis for older people and for this information to be provided after the meeting if available.

A Member highlighted the needs of home-schooled children with Autism and stressed the need to identify these children and incorporate specific support for them. It was noted that organisations in the charity sector can help to identify such children who the Council may not be aware of.

Members welcomed plans to work towards an 'Autism Friendly Borough'.

Members thanked officers for the presentation.

### **ASCH14/21 Joint OSC for the NE&NC ICS and North and Central ICPs'**

Cllr Kirwin provided an update from the recent meeting of the regional health scrutiny committee which was held on 4 July 2022.

It was noted that the structure of the scrutiny arrangements may need to be reviewed with consideration of whether a regional body is still fit for purpose or whether sub-integrated



partnerships would allow for more place-based decision making.

The meeting considered a report on Oncology Services in the region. It had been reported that due to staff shortages patients would be required to travel outside of the borough in some areas for a one-year period.

It had been reported that NHS waiting lists were at an all-time high with 300,000 cases which represents 10% of the region.

It was **agreed** that the papers from the meeting be circulated to members of the sub-committee.

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

**Date:** 29 September 2022

**Title:** Better Care Fund update

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**Author:** Sue Graham  
Health and Social Care Integration Manager

**Service Area:** Health, Education, Care & Safeguarding

**Wards affected:** ALL

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## 1. Purpose of Report

This report provides an update on the activity of the Better Care Fund in 2022/23.

## 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 the newly established Integrated Care Boards (ICBs) with this duty transferred during 2022/23 from the former NHS Clinical Commissioning Groups. The use of the pooled fund is agreed locally with joint development of 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 the NHS (via ICBs) into the BCF
- disabled facilities grant – local authority grant
- social care funding (improved BCF) – local authority grant

The Better Care Fund policy objectives for 2022/23 are:

- enable people to stay well, safe and independent at home for longer
- provide the right care in the right place at the right time

## 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 support; adaptations and loan equipment service; telecare including a community falls first responder service and seven-day social work.
- Intermediate Care beds, including bed-based facilities complemented by a community rehabilitation team
- A hospice-at-home service for end of life care
- 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 2022/23 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 2022/23**

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 2021/22. The policy objectives are;

- i. a jointly agreed plan between local health and social care commissioners, signed off by the Health and Wellbeing Board (HWB)
- ii. NHS contribution to adult social care at HWB level to be maintained in line with the uplift to NHS minimum contribution
- iii. invest in NHS commissioned out-of-hospital services
- iv. implementing the BCF policy objectives

The BCF policy objectives are

- enable people to stay well, safe and independent at home for longer
- provide the right care in the right place at the right time

A number of service / scheme reviews have been undertaken over the last two years to look at the funding and the outcomes that were being achieved and this will continue during 2022/23 to ensure that the schemes continue to drive the required outcomes and provide value for money.

In the tables below, there is an overall increase in the BCF in 2022/23 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 4.47%

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 5.66% change to the minimum NHS contribution to the BCF, again in line with the national framework and planning guidance.

**Table 1**

| Income Component                          | 2020/21    | 2021/22    | 2022/23    | % change this year |
|---|------------|------------|------------|--------------------|
| Disabled Facilities Grant                 | 1,647,220  | 1,869,024  | 1,869,024  | 0.00%              |
| Minimum NHS Contribution                  | 17,420,966 | 18,291,187 | 19,326,469 | 5.66%              |
| Improved Better Care Fund                 | 9,296,886  | 9,296,886  | 9,578,514  | 3.03%              |
| TOTAL before carry forward                | 28,365,072 | 29,457,097 | 30,774,007 | 4.47%              |
| Disabled Facilities Grant carried forward | 0          |            | 1,157,668  |                    |
| Grand total                               |            |            | 31,931,675 |                    |

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

**Table 2**

|   | 2020/21    | 2021/22    | 2022/23    | % change this year |
|---|------------|------------|------------|--------------------|
| CCG minimum contribution to adult social care | 11,096,836 | 11,651,150 | 12,310,605 | 5.66%              |
| NHS commissioned out-of-hospital spend        | 4,950,544  | 5,197,836  | 5,492,034  | 5.66%              |

## 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 1 September 2022
- Been agreed by the Health and Wellbeing Board on 22 September 2022
- Been agreed internally by the Local Authority and the ICB in advance of Health and Wellbeing Board
- Been submitted to NHS England by deadline of 26 September 2022

Officers from the Local Authority and the ICB are currently reviewing the Section 75 Agreement, this is the legal agreement between the Local Authority and the ICB 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 December 2022.

## **6. Future Arrangements**

The current arrangement and BCF planning framework applies to 31 March 2023.

Operational planning guidance for 2023/24 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. There has been an indication that the planning guidance will cover a two year period from 2023/24 which would allow for an improved planning process.

The introduction of Integrated Care Boards in 2022/23 have had minimal impact on the Better Care Fund in 2022/23 and we await the publication of policy intentions and detailed guidance for 2023/24.

## **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:

2022/23 Better Care Fund Policy Framework. Department of Health and Social Care and the Department for Levelling Up, Housing & Communities.  
<https://www.gov.uk/government/publications/better-care-fund-policy-framework-2022-to-2023>

Better Care Fund Planning Requirements for 2022 to 2023. Department of Health and Social Care and the Department for Levelling Up, Housing & Communities.  
<https://www.england.nhs.uk/publication/better-care-fund-planning-requirements-2022-23/>

## **8. Appendices**

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

## Appendix 1 – BCF services and expenditure

| Scheme ID | 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 including falls first responder; and seven-day social work | Social Care      | Minimum CCG Contribution | 9,111,037       |
| 27        | Community-based support                                   | Health contribution to CarePoint   | Community Health | Minimum CCG Contribution | 2,531,466       |
| 2         | Intermediate Care beds                                    | Intermediate Care  | Community Health | Minimum CCG Contribution | 3,423,128       |
| 3         | Intermediate Care - Community Services                    | Community Rehabilitation Team  | Social Care      | Minimum CCG Contribution | 911,846         |
| 4         | Liaison Psychiatry - Working Age Adults                   | Liaison Psychiatry - Working Age Adults  | Mental Health    | Minimum CCG Contribution | 812,371         |
| 19        | End of Life Care - RAPID                                  | End of Life Care   | Community Health | Minimum CCG Contribution | 248,899         |
| 8         | Improving access to advice and information                | MyCare and Living Well in North Tyneside digital services  | Social Care      | Minimum CCG Contribution | 38,194          |
| 9         | Care Act implementation                                   | Care Act implementation  | Social Care      | Minimum CCG Contribution | 780,930         |
| 10        | Carers Support  | Carers Support   | Social Care      | Minimum CCG Contribution | 708,979         |
| 12        | Independent Support for People with Learning Disabilities | Independent Support for People with Learning Disabilities  | Social Care      | Minimum CCG Contribution | 759,619         |
| 13        | Impact on care home fees of national living wage          | Meet costs of paying living wage to staff in care homes  | Social Care      | iBCF                     | 2,718,395       |
| 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                     | 865,017         |

| Scheme ID | Scheme Name  | Brief Description of Scheme  | Area of Spend | Source of Funding | Expenditure (£) |
|-----------|--|--|---------------|-------------------|-----------------|
| 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              | 4,037,099       |
| 16        | Effect of demographic growth and change in severity of need                                  | Increased volume and complexity of social care provision                 | Social Care   | iBCF              | 1,958,003       |
| 26a       | Disabled Facilities Grant  | Disabled Facilities Grant  | Social Care   | DFG               | 1,869,024       |
| 26b       | Disabled Facilities Grant carry forward  | Disabled Facilities Grant carry forward                                  | Social Care   | DFG               | 1,157,668       |
| TOTAL     |  |  |               |                   | 31,931,675      |

## Appendix 2 – BCF metrics

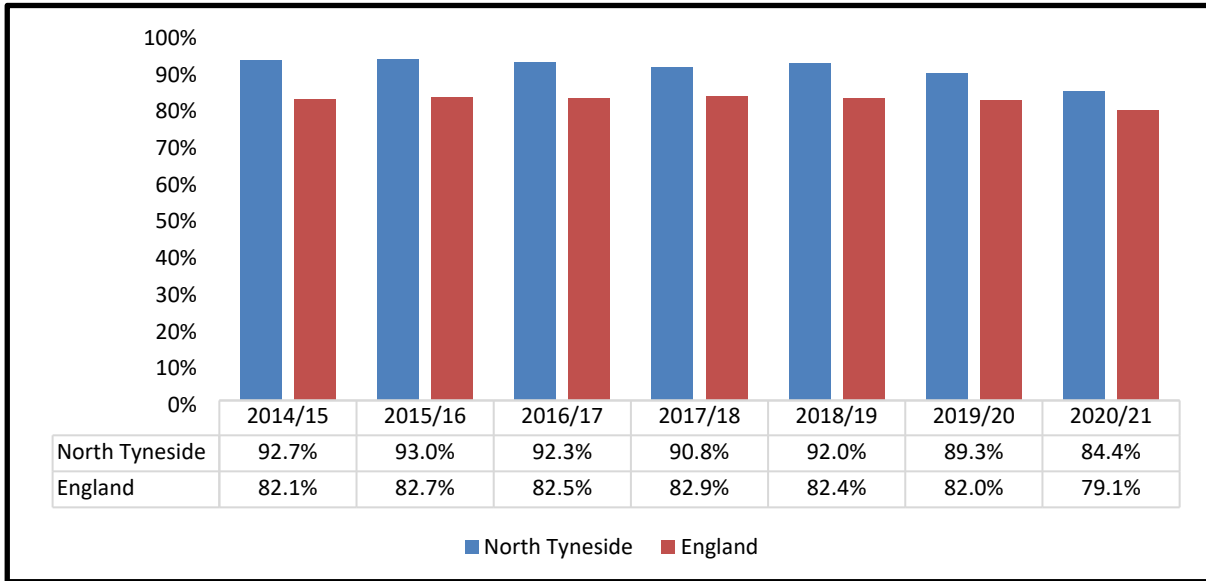
This section outlines current performance against the national BCF metrics and explains our level of ambition.

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

Figure 6 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. Performance in 2021/22 was 90.8% returning to pre-Pandemic levels (national comparative data is not yet available for 2021/22). Due to recent issues with recruitment and retirement of experienced staff, we have set the target for 2022/23 at 90.0%. The service has undergone restructuring to provide an optimum skill mix and provide career development opportunities for staff to progress within the service and the target aims to maintain the performance from 2022/23 while new staff and the new structure bed in.



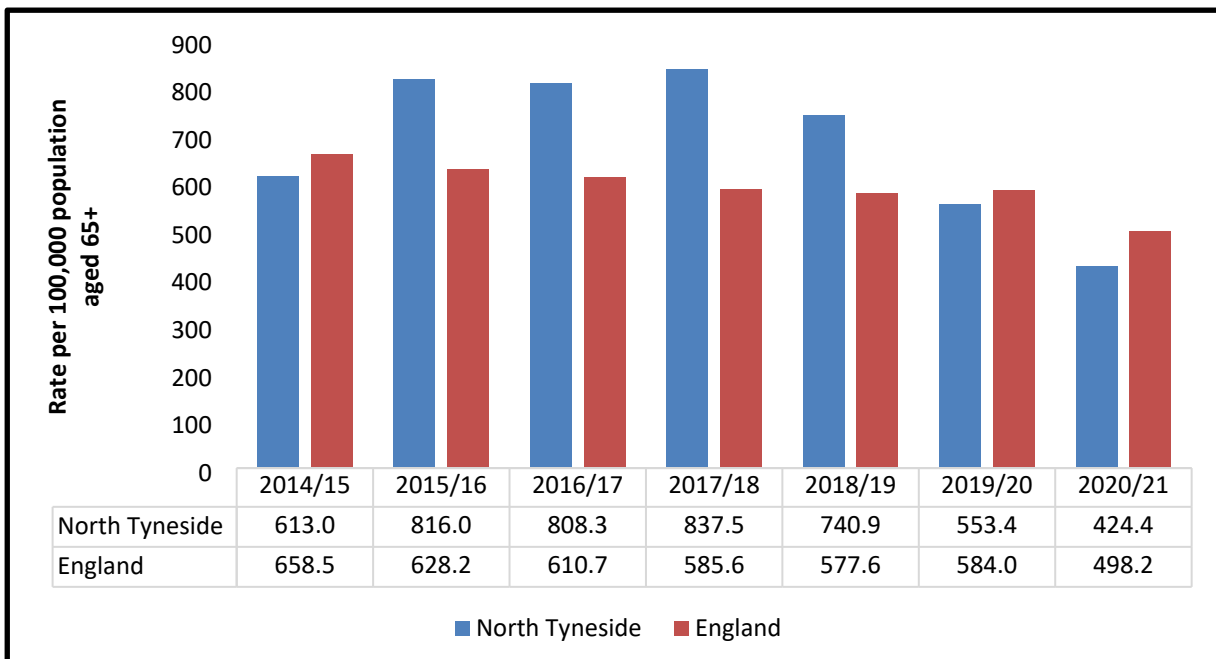
Figure 6: Effectiveness of reablement metric, time series



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

Figure 7 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 where national comparatives are available. In 2020/21 and 2021/22, the outturn was influenced by the COVID-19 pandemic and shortages of capacity in homecare resulting from workforce recruitment and retention issues, 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. The outturn for 2021/22 was 423 admissions.

Figure 7: Time series of permanent admissions to residential care for persons aged 65+, per 100,000 population aged 65+



For 2022/23 we expect the outturn to be 402.3 admissions per 100,000 people aged 65+ delivering a 5% improvement on the outturn for 2021/22 which will be challenging to deliver as capacity issues remain in the homecare market in line with national trends despite local and regional measures to improve workforce recruitment and retention.

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.

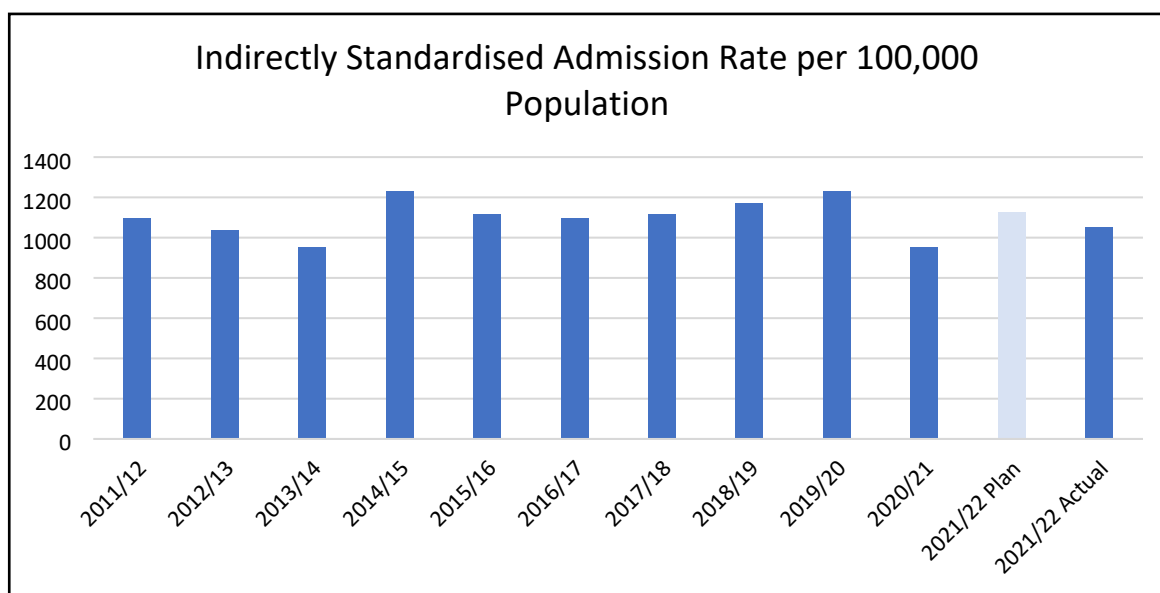
Other developments, not part of the BCF scope, will impact as follows:

- Up to 2021/22 there were 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.
- A further two extra care schemes with 104 apartments came on stream at the end of 2021/22. One of these schemes with 40 beds is dementia specific and offers a real alternative to a placement in a care home.

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

Figure 8 below shows a time-series of unplanned hospitalisation for chronic ambulatory care sensitive conditions, expressed as an indirectly standardised rate per 100,000 people. In 2021/22 North Tyneside's actual performance of 1052.89 was within the target of 1125.

Figure 8: Standardised admission rate of chronic ambulatory care sensitive conditions



Our ambition for 2022/23 is a rate of 1044 which is the average performance in the region and would represent a modest improvement but a significant improvement against the last pre-Pandemic year's result of 1229.4

BCF services will impact this goal by:

- The Enhanced Care in Care Homes service continues to improve 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 and the more holistic approach to carers assessment using the Ways to Wellbeing model will further strengthen this effect in 2022/23.
- 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 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.

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

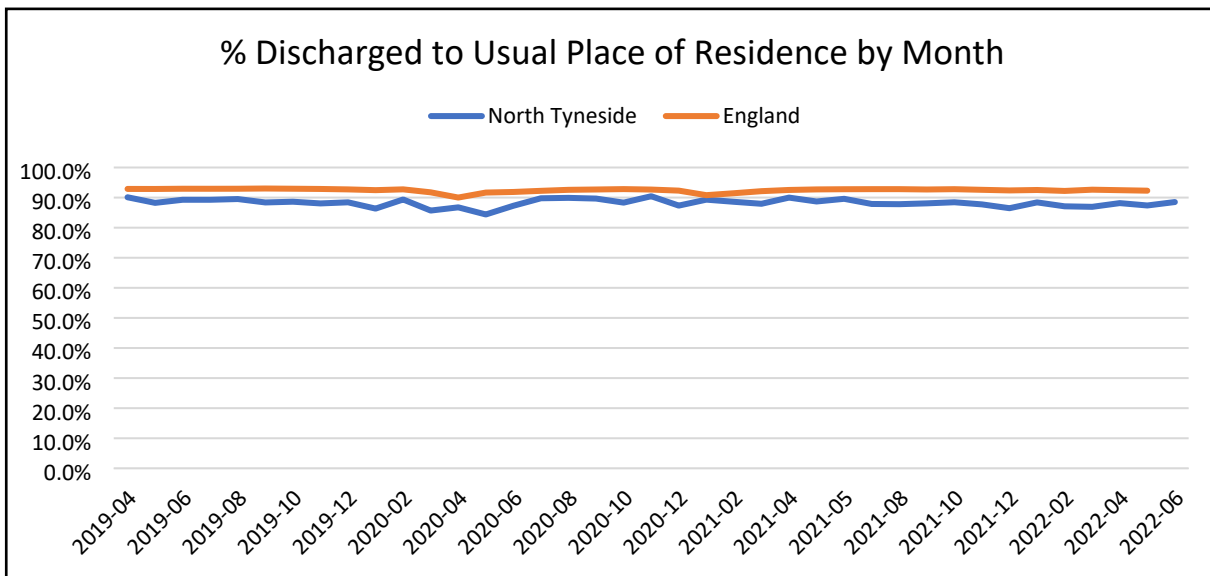
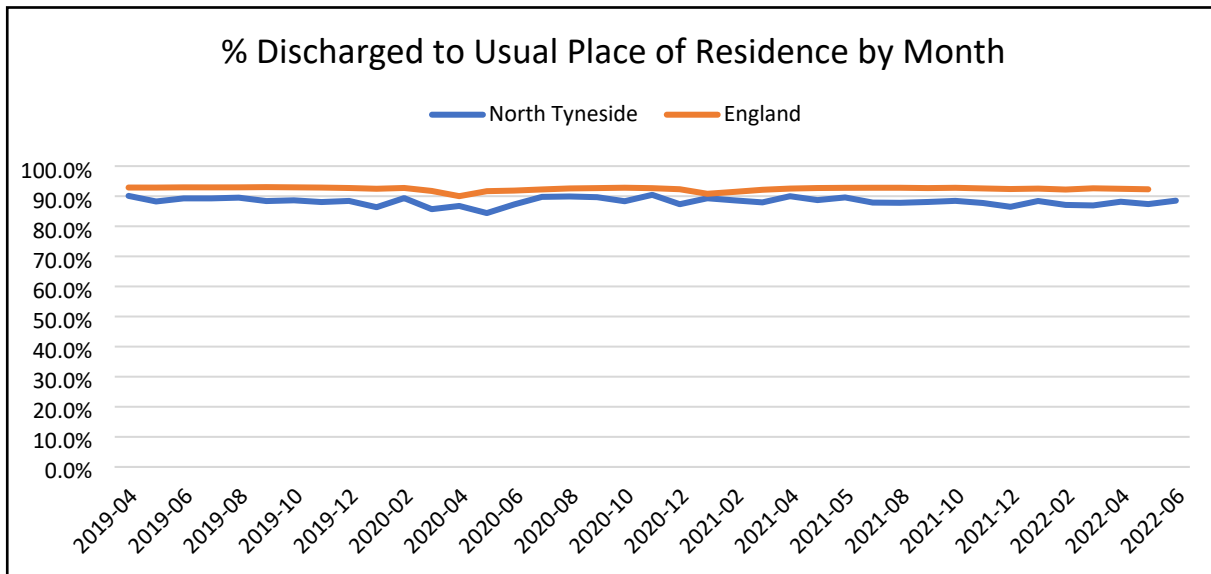


Figure 9

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

Figure 9: % discharged to usual place of residence, North Tyneside compared to England



The outcome for 2021/22 was 88.1% and it is proposed that the target for 2022/23 is 89.0% representing a small improvement in line with North Tyneside’s recent performance and moving closer to the England average.

BCF services will impact this goal by:

- The continued operation of the CarePoint service, promoting a Home First response to hospital discharges, and its 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.