

HEALTH & WELLBEING BOARD ADDENDUM

4.00PM, TUESDAY, 8 APRIL 2025

COUNCIL CHAMBER, HOVE TOWN HALL

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ADDENDUM

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Although a formal committee of Brighton & Hove City Council, the Health & Wellbeing Board has a remit which includes matters relating to the Integrated Care Board (NHS Sussex,) the Local Safeguarding Boards for Children and Adults and Healthwatch.

Title:

Better Care Fund Planning Submission 2025-26

Date of Meeting:

8 April 2025

Report of: Steve Hook Director Health & Adult Social Care & Tanya Brown-Griffith NHS Sussex Director for Joint Commissioning and Integrated Community Teams – Brighton and Hove

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Wards Affected: All

FOR GENERAL RELEASE

Executive Summary

The report sets out and seeks approval from the Health & Wellbeing Board for the Brighton & Hove Health & Care Partnership Better Care Fund (BCF) planning submission for 2025-26

As reported to the Board in February the Government launched the [Better Care Fund policy framework](#) for 2025-26 in February. The framework was for one year with the national BCF objectives building on the emerging themes that are driving the new NHS long-term planning reform work.

- Reform to support the shift from sickness to prevention
- Reform to support people living independently and the shift from hospital to home

There was a small increase in our grant allocation for 25/26 from £42.431m to £43.094m. This included a £347k increase to the disabled facilities grant. It also allowed for £400k increase requirement to the NHS minimum contribution investment into Adult Social Care within the grant allocation. The other important change was the removal of the ring-fenced hospital discharge allocation, noting that hospital discharge remained one of the national BCF objectives

Our BCF submission consists of a narrative plan, planning template covering performance metrics and expenditure, and a capacity and demand template setting out expected demand and provision in our hospital discharge pathways and our community hospital admission prevention services.

The planning submission has been completed by our Brighton & Hove Better Care Fund Steering Group in close consultation with colleagues across the Sussex Health & Care System. The draft submission went to our Brighton & Hove Partnership Executive on the 19 March and was agreed by this Board ahead of final sign off by the Health & Wellbeing Board at your meeting on 8 April

Decisions, recommendations and any options

Brighton & Hove Health and Wellbeing Board is recommended to:

1. Approve our BCF Planning submission for 2025/ 26 to NHS England

1. Background & context

- 1.1. Since 2014 the Better Care Fund (BCF) has provided a mechanism for joint health, housing and social care planning and commissioning, focusing on personalised, integrated approaches to health and care that support people to remain independent at home or to return to independence after an episode in hospital. It brings together ring-fenced budgets from NHS Integrated Care Board (ICB) allocations, and funding paid directly to Local Government, including the Disabled Facilities Grant (DFG) and the Local Authority Better Care Fund (formerly called the Improved Better Care Fund).
- 1.2. The BCF has two core policy objectives:
 - Reform to support the shift from sickness to prevention
 - Reform to support people living independently and the shift from hospital to home
- 1.3. As set out in the policy framework, HWBs will be expected to agree goals against three headline metrics as part of their planning return:
 - Emergency admissions to hospital for people aged 65+ per 100,000 population.
 - Average length of discharge delay for all acute adult patients, derived from a combination of- proportion of adult patients discharged from acute hospitals on their discharge ready date (DRD), for those adult patients not discharged on DRD, average number of days from DRD to discharge.
 - Long-term admissions to residential care homes and nursing homes for people aged 65+ per 100,000 population.
- 1.4. Supporting indicators aligned to the metrics will be:
 - Unplanned hospital admissions for chronic ambulatory care sensitive conditions.
 - Emergency hospital admissions due to falls in people over 65.
 - Patients not discharged on their discharge ready date (DRD), and discharged within 1 day, 2 to 3 days, 4 to 6 days, 7 to 13 days, 14 to 20 days, and 21 days or more.
 - Average length of delay by discharge pathway.
 - Hospital discharges to usual place of residence.
 - Outcomes from reablement services.
- 1.5. Local authorities and ICBs must agree a joint plan, signed off by the HWB, to support the policy objectives of the BCF for 2025 to 2026. The development of these plans must involve joint working with local NHS trusts, social care providers, voluntary and community service partners and local housing authorities.
- 1.6. The NHS minimum contribution to adult social care must be met and maintained by the ICB and will be required to increase by at least 3.9% in each HWB area. Local authorities must comply with the grant conditions of the Local Authority Better Care Grant and of the Disabled Facilities Grant. HWB plans will also be

subject to a minimum expectation of spending on adult social care, which are published alongside the BCF planning requirements. HWBs should review spending on social care, funded by the NHS minimum contribution to the BCF, to ensure the minimum expectations are met, in line with the national conditions.

2. Narrative Plan

- 2.1. Appended to this report is our full BCF narrative plan. The plan is set out in three sections requiring us to:
 - Section 1- asks us to provide an overview of our plan setting out our priorities and joint planning approach for 2025-26 and highlighting the changes from our 2024-25 BCF plan
 - Section 2- asks us to set out how we will meet the national conditions and BCF objectives through our plan
 - Section 3- asks us to set out our local planning priorities and duties
- 2.2. In responding to these requirements, we have taken a collaborative approach across the Sussex Integrated Care System using the new Sussex ICT Neighbourhood Health Plan as the basis for our narrative, as it responds directly to the new NHS reform set out in the [Neighbourhood health guidelines](#) and to the [NHS 2025/26 priorities and operational planning guidance](#)
- 2.3. The narrative plan covers:
 - Our strategic approach supporting the national reform agendas of *sickness to health and hospital to home*, and how the development of our Integrated Community Teams and our home first approach is supporting these national reforms
 - Our strategic approach to hospital discharge, urgent and intermediate care which is being driven through our learning from 2024/25, the in depth Sussex hospital discharge review carried out by Professor John Bolton and our joint discharge planning for 2025/26 with a focus on moving from reactive to proactive planning
 - Our local priorities and duties, setting out our local health & care priorities and specific health inequalities across the city and how our BCF plan supports us in meeting our formal duties aligned to our local Health & Wellbeing Strategy and specific duties to tackle health inequalities.

3. BCF Planning Template

- 3.1. The planning template requires us to provide planned performance targets against the national BCF metrics and detailed expenditure plan.
- 3.2. **BCF metrics-** there are three national metrics where we are required to provide a performance plan, these are:
 - **Emergency admissions to hospital for people aged 65+** (per 100,000 of population). Over the past 12 months we have averaged from 470 to 570

admissions per 100,00 a month with expected seasonal variances. This year we have set the targets in line with our actual demand levels from the previous year. Partners agreed we need to be realistic with the pressures in our system both in terms of demand and resources. That delivering improved performance would be challenging. In our submission return we noted the work we want to do as a partnership to consider how we can deliver improved performance in this area over the coming year

- **Average length of discharge delay for all adult patients.** This is a new metric and one that we are struggling to ensure we have consistent and accurate data, so there isn't a strong data source from previous years to base planned performance from. Our planned targets for the year are predicated on 87.9% of adult patients being discharged on their discharge ready date. For those not discharged on their discharge ready date an average delay of 12.47 days giving an overall performance target of 1.51 average discharge delay. In our planning submission we note the work that still needs to go on through the year to improve data collection to support our work to focus on performance improvement
- **Long-term support needs of older people (65+) met by admission to residential and nursing care homes** (per 100,000 population). Over the last couple of years, we have averaged around 250 admissions per 100,000 of population. Based on projected demand and resources we have set a performance target at 253 admissions per 100,000 for the year, so maintaining existing performance

3.3. **Expenditure Plan-** below is summary of our expenditure plan against the nationally mandated requirements

Running Balances	2025-26		
	Income	Expenditure	Balance
DFG	£2,869,975	£2,869,975	£0
NHS Minimum Contribution	£28,150,986	£28,150,986	£0
Local Authority Better Care Grant	£11,669,360	£11,669,360	£0
Additional LA contribution	£404,140	£404,140	£0
Additional NHS contribution	£0	£0	£0
Total	£43,094,461	£43,094,461	£0

Required Spend

This is in relation to National Conditions 3 only. It does NOT make up the total NHS Minimum Contribution (on row 10 above).

	2025-26		
	Minimum Required Spend	Planned Spend	Unallocated
Adult Social Care services spend from the NHS minimum allocations	£10,582,365	£10,582,365	£0

- 3.4. **Disabled Facilities Grant (DFG)**- this is a statutory requirement of Local Authorities to make funds available for major adaptations for people with disabilities. The grant allocation has been increased this year by £347k
- 3.5. **Local Authority Better Care Fund**- this is funds paid directly to the Local Authority to support their statutory service investment that is aligned to delivering the national BCF objectives and conditions. In 24/25 this was two separate funds the Improved BCF and the LA discharge fund. This year it is one single fund which is financially equivalent to the BCF funding made available to across the two separate allocations last year. We can confirm that the investment profile across the local authority discharge and community social care schemes remains broadly the same as 24/25
- 3.6. **Local Authority additional contribution**- covers the additional finance the local authority is committing to the community equipment grant and to support our investment into carers services.
- 3.7. **NHS minimum contribution to adult social care**- is a national condition of the BCF requiring the partners to agree local NHS investment into social care services. The plan meets the £10.582m minimum investment requirement. Examples of agreed investment:
- Investment into the adult social care teams that are supporting integrated working at a neighbourhood level
 - Additional discharge investment into social care teams and commissioning of social care packages that support discharge
 - Community equipment grant supporting people to remain independent in their own homes
- 3.8. **NHS minimum contribution to delivering the Better Care Fund Plan**- once you take the £10.582m invested into adult social care it leaves £17.568m for the ICB to allocate/ commission services that support the delivery of the BCF plan. The profile of investment remains largely consistent with last year. Examples of agreed investment are:
- Investment into our NHS community healthcare services that support integrated working across primary and secondary care in the community
 - Our urgent community health response services that support discharge flow and admission prevention
 - Hospital discharge services commissioned directly by the NHS
 - VCSE commissioning to support community health and people being able to remain independent in their own homw
- 3.9. Some final points to draw the Boards attention to in terms of the expenditure plan
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- Profile of investment into community and hospital discharge services remains reasonably consistent to 24/25 with £27m supporting community and intermediate care services and £16m supporting hospital discharge services
- Following several commissioning programmes over the last 12 months there was just over £500k in savings available to reinvest into the BCF plan. Half will be invested in our priorities for ICT development around frailty and complex needs and the other half will use to increase the winter discharge investment from £700k to £950k giving us a level of flexibility to respond to seasonal demand in our hospital discharge provision.
- We can confirm that investment into the VCSE sector remains consistent with the 24/25 investment levels

4. Capacity & Demand Plan

- 4.1. The capacity and demand planning requirements have been changed from last year with a focus on step down pathways from hospital and step up social care and community reablement and rehabilitation services.
- 4.2. Stepdown- is predicated on our three discharge pathways
 - Pathway one- is social care and reablement services delivered in people's homes
 - Pathway 2- is social care, reablement and rehabilitation services delivered in a bedded setting
 - Pathway 3- is short term residential/ nursing care likely to lead to long-term residential admission

The plan sets out the capacity in each pathway and the estimated time from referral to service commencement. Over the year we will then report on demand against the capacity in the system and performance of referral to service commencement

- 4.3. Step up- sets out the capacity in our community services that provide an alternative to hospital admission/ admission prevention covering social care & support, reablement and rehabilitation at home or in a bedded setting. Over the year will report on demand against the system capacity

5. Conclusion

5.1. We can confirm:

- That the plan was submitted to NHSE England in line with their deadline of 31 March
- The plan meets all the national BCF conditions and planning objectives
- The plan was signed off by Chair of our Health & Wellbeing Board and the ICB and Local Authority CEOs and Finance Directors following consultation through our local health & care partnership structures.

5.2. We are asking the Health & Wellbeing Board to formally approve the BCF Plan

5.3. We are expecting feedback from NHSE on the submitted plan over the next month with the target of June to have formal plan agreed with NHSE which will then lead to us refreshing the section 75 Agreement which is the legal basis for the pooled budget between Brighton & Hove City Council and NHS Sussex

6. Important considerations and implications

Legal:

6.1. It is a requirement that the Better Care Fund is managed locally though a pooled budget. The power to pool budgets between the Council and the (then) CCG is set out in the NHS Act 2006 and requires a formal Section 75 Agreement. Regulations prescribe the format and minimum requirements for a Section 75 Agreement. A new Section 75 Agreement was agreed in 2023 to support the 2023-25 plan. This agreement was updated in 2024 to reflect the agreed changes to the BCF plan scheme profile for the year 2024-25. s75 agreements for 25/26 will be updated and agreed after the final plan has been formally approved by NHSE; the target date for final approval is June 25.

Lawyer consulted: Sandra O'Brien

Date: 01/04/25

Finance:

6.2. The Better Care Fund is a section 75 pooled budget which totals £43.094m for 2025/26. The ICB contribution to the pooled budget is £28.151m and the Council contribution is £14.943m, which includes the £11.669m Improved Better Care fund and the £2.869m Disabled Facilities Grant.

6.3. This informs budget development and the Medium-Term Financial strategy of the partner organisations, including the council. This requires a joined-up process for budget setting in relation to all local public services where appropriate, and will ensure that there is an open, transparent and integrated approach to planning and provision of services. Any changes in service delivery for the council will be subject to recommissioning processes and will need to be delivered within the available budget.



Finance Officer consulted: Jane Stockton

Date: 31/03/2025

Equalities:

- 6.4. The BCF plans set out in the narrative submission specifically how the schemes invested in will support the equalities and health inequalities of their local population. Individual EHIA's are carried out for specific new schemes as they are developed. All schemes funded by the NHS are required to apply EHIA processes to all services commissioned. The plans and strategies have been developed jointly based upon detailed population analysis, reflecting the Place based plans that are informed by EHIA's and the local JSNAs. There is not a formal public and engagement process supporting this annual process, but individual schemes will be informed by views of patients and public.

Sustainability:

- 6.5. None

Health, social care, children's services and public health:

- 6.6. The BCF plans set out in the narrative submission specifically how the schemes invested in will support equalities and health inequalities policy and requirements of their local population. The development, agreement and delivery of the plan is the responsibility of the local Health and Wellbeing board.

7. Supporting documents and information

