



*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 2023-25 Report

**Date of Meeting:**

16 July 2024

Report of: Steve Hook Executive 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**

- Reports on 2023-25 Better Care Fund Plan Agreed by the Board July 2023
- Reports on performance against the Plan for 2023-24
- Reports on changes to the Better Care Fund policy framework for 2024-25
- Reports on recommended changes to the Plan for 2024-25
- Sets out recommendation for future reporting of the Better Care Fund to the Health & Wellbeing Board

## Decisions, recommendations and any options

Brighton & Hove Health and Wellbeing Board is recommended to:

1. Note performance against the Better Care Fund plan for 2023-24
2. Note the Better Care Fund requirements for 2024-25.
3. Approve the revised Brighton & Hove Better Care Fund Plan for 2024-25 recognising these represent a refresh of the 2023-25 plans approved by the Board in July 2023.
4. Agree recommendation that Better Care Fund is reported to Board every six months

### 1. Background

- 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 improved Better Care Fund (iBCF).
- 1.2. The BCF has two core policy objectives:
  - Enable people to stay well, safe and independent at home for longer.
  - Provide people with the right care, at the right place, at the right time.
- 1.3. The BCF has four national conditions:
  - A jointly agreed plan between local health and social care commissioners, signed off by the HWB.
  - Implementing BCF policy objective 1: enabling people to stay well, safe and independent at home for longer.
  - Implementing BCF policy objective 2: providing the right care, at the right place, at the right time.
  - Maintaining the NHS's contribution to adult social care (in line with the uplift to the NHS minimum contribution to the BCF), and investment in NHS commissioned out of hospital services.
- 1.4. The continuation of national conditions and requirements of the BCF in recent years has provided opportunities for health and care partners to build on their plans to embed joint working and integrated care further. This includes working

collaboratively to bring together funding streams and maximise the impact on outcomes for communities whilst sustaining vital community provision.

- 1.5. Since last year, the Additional Discharge Funding to enhance community and social care capacity is also required to be included in the BCF pooled budget arrangements.
- 1.6. Following approval of the full BCF narrative Plan, for 2023-2025, by the Board in July 2023. This report updates the Board on progress on the first year of the plan, revisions to the BCF framework policy and proposed revisions to our BCF plan for 2024-2025

## 2. Performance against the BCF Plan for 2023-24

- 2.1. We are required to submit a detailed expenditure plan demonstrating how the investment supports our agreed BCF plan and national conditions for the BCF. Our total BCF income and planned spend for 2023-24 was £39.468 million and our actual spend for the year was £39.267 million.
- 2.2. Our performance against the agreed metrics on our BCF plan for 2023-24 are set out in the table below. Noting that we met three out of five of the metrics we set in the BCF plan for 2023-24. Appended to the reports is more detailed set of graphs showing metric performance trends over period of time to provide further context.

Metric	Detail	Performance standard	Performance against metric
Avoidable admissions	Unplanned Admissions for chronic ambulatory care sensitive conditions (NHS OF 2.3i)	Average per quarter of 131.6 per 100,000 of the population. We met and exceeded the planned targets by 2.3%.	Metrics in line with plan
Falls Admissions	Emergency hospital admissions due to falls in people over 65	Our rate per 100,000 was 2,405 admissions. We met our planned target, significant improvement on previous year	Metrics in line with plan
Residential care admissions	Annual rate of older people whose long-term support needs are best met by admission to residential and nursing care homes. (ASCOF 2A part 2)	Our rate per 100,000 of the population was 634. This meant we did not meet our planned target	Did not meet planned targets
Discharge destination	Percentage of discharges to a person's usual place of residence (SUS data)	91.96% of people being discharged to normal place of residence. We met the planned target	Metrics in line with plan
Effectiveness of reablement	People over 65 still at home 91 days after discharge from hospital with reablement (ASCOF 2B part 1)	73% still at home after 91 days. This meant we did not meet our planned target	Did not meet planned targets

- 2.3. The metrics where we did not meet our planned targets were around our rate of residential care admissions and the effectiveness of reablement services. These are both statutory local authority reporting measures under the Adult Social Care Outcomes Framework (ASCOF)
- 2.4. Residential care admissions: the metric is an annual rate of people over 65 whose long-term support needs are best met by an admission to a residential care setting. This is measured as a rate per 100,000 of the local population. Local demographics around the profile of the ageing population will be factored into determining the performance rate. In line with the overall aims of the BCF the performance measure is about how effective we are at enabling people to remain independent at home for longer. Brighton & Hove is above the national average for people entering residential care funded by the local authority. Comparing with other local authorities in the Southeast our rates of people in residential care is consistent with other unitary authorities like Portsmouth and Southampton. We are doing some work to better understand how much of this is down to population demographics outside of the control of the local authority i.e. higher percentages of older people eligible for local authority assistance, the impact of deprivation levels on people needing local authority assistance to access residential care. One area we have identified where we can potentially improve the metric performance, outcomes for individuals and cost effectiveness for the Local Authority is the development of more extra care provision in the city that enables older people to remain independent for longer in their own homes rather than entering residential care. We are currently profiling provision against level of need in the city to see whether there is a good business case for developing more extra care resource.
- 2.5. Effectiveness of reablement: the metric focuses on the number of people over 65 that are still at home 91 days after discharge from hospital. This measure is difficult to measure accurately and consistently as it requires us to contact everyone who fits the criteria 91 days after they have left hospital. This is recognised nationally, and it has been agreed that this metric will not be a BCF reporting requirement going forward. In terms of partnership work around reablement. Local reablement services were part of an external review this year by Professor John Bolton, an expert in this field. Our reablement services are provided in three ways:
- Patient mobilisation on the ward, to prevent our people losing skills and ability which may delay them going home or affect their long-term recovery and level of independence. This work is being further developed through the recommendations from the reablement review.
  - SCFT provide community rehabilitation services supporting people to regain self-sufficiency after illness or injury.
  - Residential reablement where we have 16 reablement beds run by the local authority with specialist physio and occupational therapy staff

working alongside social care staff. These are short term/ respite care beds designed to support reablement and enable to return home

The community rehabilitation and residential reablement are part of our BCF investment

### 3. National BCF Planning Guidance

- 3.1. The Addendum to the BCF 23/25 Policy Framework was published on 28<sup>th</sup> March 2024. This provided a refreshed planning template to update on income, expenditure, setting outputs and new metric targets, capacity and demand planning for 2024-25 alongside updated narrative to provide assurance of meeting the national conditions for the year ahead.
- 3.2. The Addendum also confirms the overarching approach to, and the funding conditions for the Discharge Fund for 2024 to 2025 to which expenditure is to be outlined within the plan and monitored quarterly.
- 3.3. Further information relating to the Addendum can be found on the external web link below.

[Addendum to the 2023 to 2025 Better Care Fund policy framework and planning requirements - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/policies/better-care-fund)

### 4. Brighton & Hove updated Better Care Plans 2024-25

- 4.1. The contributions to the BCF Pooled budget for 2024-25 are outlined below.

Funding Source	Lead Org	2024/25 Contributions
NHS Minimum Contribution	NHS Sussex ICB	£25,369,113
Additional LA Contribution	BHCC	£487,830
Disabled Facilities Grant	BHCC	£2,522,833
Improved Better Care Fund	BHCC	£9,459,107
Discharge Funding	BHCC	£2,210,253
Discharge Funding	NHS Sussex ICB	£2,382,192
<b>Total BCF Resources</b>		<b>£42,431,328</b>

- 4.2. The NHS minimum contribution has risen by 5.66% for 2024/25 as in previous years.
- 4.3. The additional Discharge funding for 2024/25 has been allocated to Local Authorities (LAs) and the ICB to be included in the BCF. The ICB is required to

agree with local Health and Wellbeing Boards how the ICB element of Discharge funding will be allocated at HWB level rather than being set as part of overall BCF allocations, this being based on allocations proportionate to local area need.

- 4.4. Improved Better Care Fund (iBCF) and Disabled Facilities Grant (DFG) conditions remain as previous years and the allocations for each remain at the 2022/23 rate for both years of these plans.
- 4.5. Adult Social Care contribution and NHS commissioned out of Hospital services ringfences have increased in line with the overall increase i.e., 5.66%.
- 4.6. The previous Section 75 agreement which facilitates the pooling of the Better Care Fund in Brighton & Hove will be updated for 2024/25 once these plans have been approved.
- 4.7. Majority of the schemes and services previously funded through the Better Care Fund have continued into this year. Additional investment areas identified in the plan for 2024-25 are:
  - Home care: additional block hours to support hospital discharge.
  - High Intensity Users/Mental Health Discharge Co-ordinators
  - Additional Adult Social Care assessment capacity
  - Additional discharge to assess beds and therapy in-reach support
  - Assisted Discharge to Home: additional capacity for this service provided by the British Red Cross to support low level hospital discharges.
  - Additional homeless and mental health intermediate care bedded provision

Appended to this report is more detail breakdown of the investment for 2024-25

- 4.8. Modelling of the Capacity and Demand on community services to support avoidance of admission to and reduction in length of stay in bedded care have been reviewed for 2024-25. It is anticipated a further review of this will be required in October.
- 4.9. Metrics targets for 14-25 have been reviewed for the following measures:

Metric	Detail
Avoidable admissions	Unplanned Admissions for chronic ambulatory care sensitive conditions (NHS OF 2.3i)
Falls Admissions	Emergency hospital admissions due to falls in people over 65
Residential care admissions	Annual rate of older people whose long-term support needs are best met by admission to residential and nursing care homes. (ASCOF 2A part 2)
Discharge destination	Percentage of discharges to a person's usual place of residence (SUS data)

4.10. There is one measure which has been removed from BCF reporting for 24-25.

Effectiveness of reablement	People over 65 still at home 91 days after discharge from hospital with reablement (ASCOF 2B part 1)
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## 5. Assurance

5.1. The 2024-25 revised BCF Plan was presented and supported at the B&H Health & Care Partnership Executive Meeting on 11 July 2024, with representation from.

- Brighton and Hove City Council
- Brighton and Hove (NHS Sussex)
- Sussex Community Foundation Trust
- Sussex Partnership Foundation Trust
- University Hospitals Sussex NHS Trust
- Voluntary Sector in Brighton and Hove

5.2. The 2024-25 revised BCF Plan has been reported to and signed off through the Integrated Care Boards internal governance.

5.3. The 2023-24 Year End report and the 2024-25 revised BCF Plan was submitted to NHSE in June 2024

5.4. Assurance milestones

2023-25 BCF Plan signed off by HWB	18 July 2023
2024-25 refresh of the BCF Plan submitted	10 June 2024
NHS Sussex Brighton & Hove and BHCC internal sign off	15-19 June 2024
HCP Executive Board sign off	11 July 2024
Better Care Fund Steering Group	31 May 2024
Brighton & Hove Health & Wellbeing Board	16 July 2024

## 6. Conclusion and reasons for recommendations

6.1. This paper summarises the Better Care Fund requirements for this year and sets out the Brighton & Hove revised plans for 2024-25 confirming their alignment with the national conditions.

6.2. The Health and Wellbeing Board is asked to:

- Note performance against the BCF plan for 2023-24
- Note the Better Care Fund requirements for 2024-25.
- Approve the Brighton & Hove Better Care Fund Plans for 2024-25 recognising these represent an update on 23-25 plans approved by the Board in June 2023.



- It is being recommended to the Board that we report on the Better Care Fund every six months/ every other Board meeting. This recognises that the governance of the Better Care Fund is important statutory requirement of the Board. More regular reporting will build the familiarity of the Board with the Better Care Fund and further develop the governance around the performance and investment of the Better Care Fund. More regular reporting will be supported by a new BCF dashboard that is being developed by NHS Sussex Business Intelligence Team. This will provide more detailed reporting and comparison data on the BCF metrics which will help inform the governance of the BCF.

## 7. Important considerations and implications

Legal:

- 7.1. The national Better Care Fund (BCF) Policy Framework sets out the requirements for two year plans to enable areas to deliver tangible impacts in line with the vision and objectives set out in the Policy Framework. It is published by NHS England and Government to be actioned jointly by Integrated Care Boards (ICBs) and local councils. The priorities for 2023-25, referenced in the body of the report, is underpinned by the two core BCF objectives:
- Enable people to stay well, safe and independent at home for longer
  - Provide the right care in the right place at the right time
- 7.2. 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 in a prescribed format .

Lawyer consulted: Natasha Watson

Date: 8 July 2024

Finance:

- 7.3 The Better Care Fund is a section 75 pooled budget which totals £42.431m for 2024/25. The ICB contribution to the pooled budget is £27.751m and the Council contribution is £14.852m, which includes the £9.459m Improved Better Care fund and the £2.523m Disabled Facilities Grant.
- 7.4 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: David Ellis

Date: 01/07/24



Equalities:

7.5 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:

7.6 None

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

7.7 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.

## 8 Supporting documents and information

Appendix 1: Brighton & Hove HWB Better Care Fund Metrics Performance Graphs

Appendix 2: BCF 2024-25 new scheme investment schedule

