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 2024/25 Quarter 3 Report

Date of Meeting:
11 Feb 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

Contact: Chas Walker

Email:
Chas.walker@brighton-hove.gov.uk

Wards Affected: All

FOR GENERAL RELEASE

Executive Summary
The report provides the Health & Wellbeing Board with an update on the Better Care Fund (BCF) plan for 2024-25, and performance against the plan up to quarter 3 (April 24 to December 24)

The Performance report covers our formal governance compliance against the national conditions of the grant, performance against the national BCF metrics, capacity and demand associated with our local hospital discharge and community care pathways, and the expenditure of the BCF grant against the individual schemes included in 2024-25 plan.

The report also covers the new BCF policy framework from NHSE supporting the BCF planning process for 2025-26

Decisions, recommendations and any options

Brighton & Hove Health and Wellbeing Board is recommended to:

1. Note the performance against the Better Care Fund plan 2024-25 to the end of quarter 3 and agree the quarter 3 monitoring submission to NHS England
2. Note the new national BCF framework policy for 2025-26 BCF planning process

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 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. We have continued to keep the Board updated on progress on the plan including agreeing the specific scheme expenditure changes for 2024-25 at the start of this financial year.

2. Performance against the BCF Plan for 2024-25

Governance

2.1. We can confirm to the Board that at the end of Quarter 3 we met all the national conditions of the BCF grant including ensuring there is a section 75 agreement in place between the Local Authority & NHS Sussex to enable the delivery of the BCF plan

National BCF Metrics

2.2. As part of the BCF planning local health & care partnerships are required to set stretched targets against the national BCF metrics. Our performance against the agreed metrics on our BCF plan for 2024-25 are set out in the table below. Noting that we are on track to meet two out of four of the planned targets, we set, against the national BCF metrics.

Metric	Detail	Performance standard	Actual performance	narrative
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.	At end of Q2 136.8 **Improving position, on track to meet target**	We had an extremely hight start to the year with the first quarter average of 167.1. Since then performance has improved and if we continue on the current trajectory we will meet our planned target by the end of the year
Falls Admissions	Emergency hospital admissions due to falls in people over 65	Rate per 100,000 of 2,296.7 admissions for falls in a year.	For Q1 646.3 Q2 678.1 **Not on track to meet target**	Over the first two quarters there were 1,324.4 per 100,000 recorded admissions for falls in people 65+ on current trajectory we will not meet planned targets
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)	Rate per 100,000 of the population of 582	Q3 651 residential care admissions **Improving position, not on track to meet target**	This was an improvement from 752 average admissions in Q2 to 651 so getting closer to target but on current trajectory unlikely to meet target by end of year
Discharge destination	Percentage of discharges to a person's usual place of residence (SUS data)	**91.7%** of people being discharged to normal place of	**91.5%** **On track to meet target**	To note early data for Q3 period shows a small spike to 92% but still confident we will meet planned target for the end of the year

2.3. The Falls Admissions metric for people over 65 years of age is the metric we are furthest off our original planned targets and latest data shows this is continuing to go in the wrong direction. There is work going on between Local Authority and NHS Sussex to review the national data sources and drill down into local data to be better understand the underlying issues around the current performance. Our local Health & Care Partnership Executive Board have signed off on a local Frailty Plan which aims to improve integrated working and ensure a focus on preventative approach to supporting frailty and reducing the number of people over 65 needing to be admitted to hospital related to falls. As part of this plan, and through the new Integrated Community Teams model, we have several evolving initiatives designed at delivering a proactive and integrated community interventions to better support frailty in the local community.

2.4. Residential care admissions are the other metric where we are not meeting our original planned target, but performance has improved over the last quarter. In line with the review by Professor John Bolton into our hospital discharge services, increasing investment in our hospital and community reablement services is helping prevent older people deconditioning in hospital and promoting our ability to help them maintain independent living in the community. As per 2.3 the partnership work on our local frailty plan and associated Integrated Community Team approach should also enable us to improve our support of frailty in the local community enabling people to live for longer in the local community before needing long-term residential care.

2.5. Avoidable admissions are an improving position and on current trajectory we should meet our planned targets by the end of the year. Noting a level of caution linked to the level of demand over the winter in our acute hospital and whether

this will show up as an increase in avoidable admissions through Q3 and Q4 data.

Capacity and demand

2.6. As part of the BCF plan we are required to model capacity requirements across our hospital discharge and community response services and then report on actual demand across these pathways. In general demand has tracked our original planned capacity with some variations which are mainly linked to improved data capture over the year.

2.7. Where we have seen an increase in demand across our system, above our plan, we have been able to use the BCF winter pressure finance resources, we held back, in anticipation of additional demand pressures through the second half of the year. There is a more detailed list of this investment in section 2.13 of this report

Expenditure

2.8. As part of our BCF planning for 2024-25 the Board agreed a detailed expenditure plan. The table below summaries the current expenditure to the end of Q3 against planned expenditure

	2024-25			
Running Balances	Income	Expenditure to date	Percentage spent	Balance
DFG	£2,522,833	£1,565,427	62.05%	£957,406
Minimum NHS Contribution	£25,369,113	£19,079,630	75.21%	£6,289,483
iBCF	£9,459,107	£7,094,331	75.00%	£2,364,776
Additional LA Contribution	£487,830	£350,873	71.93%	£136,957
Additional NHS Contribution	£0	£0		£0
Local Authority Discharge Funding	£2,210,253	£1,657,690	75.00%	£552,563
ICB Discharge Funding	£2,382,192	£1,188,450	49.89%	£1,193,742
Total	**£42,431,328**	**£30,936,401**	**72.91%**	**£11,494,927**

2.9. The key performance measure is how close to budget are we. The table shows 72.9% of the budgeted expenditure has been spent, so close to the 75% we should be at by the end of Quarter 3. The two areas where we are currently underspent is on the disabled facilities grant (DFG) and ICB discharge funding

2.10. The DFG is showing 62% expenditure against budget. We have profiled anticipated spend to the end of the year which we expect to be closer to the full budget with current commitment of disabled facilities grants approved but not completed standing at £837k.

2.11. The ICB discharge figure is showing an underspend due to the £705k we have held back to support winter planning and pressures. As per section 2.13 of this report we have now agreed the schemes and expenditure of these grant funds

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over quarter 3 and 4 of the BCF plan will feed into the figures when we report at the end of Quarter 4

Winter planning

2.12. The table below sets out the schemes agreed through our local health & care partnership for supporting our local winter pressures plan

Brighton & Hove Scheme	Capacity	Provider	Annual Plan
Additional P1 HCA Hours	10.8 WTE	SCFT	372,040
Additional Therapy for P1 Discharge	8.4 WTE	SCFT	129,848
ASC in UCR	3 WTE	SCFT	32,000
OT for TOCH	6 WTE	UHSx	25,184
OT Frailty Therapy	6 WTE	UHSx	25,184
MH Rapid Discharge Service	4.8 WTE	BHCC/SPFT	36,184
Home First Expansion	4 WTE	BHCC/SPFT	48,000
Hospital Agency SW	1.5 WTE	BHCC/SPFT	49,600
Facilitated Discharge CRHT	4 WTE	SPFT	21,000

3. BCF planning for 2025-26

3.1. NHSE have now sent out their BCF policy framework to support HWBs in their statutory BCF planning role

3.2. In line with the government's vision for health and care, the Better Care Fund policy framework sets out the vision, funding, oversight and support arrangements, focused on 2 overarching objectives for the BCF in 2025-26:

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

For the forthcoming year, will streamline the planning and reporting process for most health and wellbeing board areas (HWB areas). HWB areas, comprising health and wellbeing boards (HWBs), their local authorities and integrated care boards (ICBs), are responsible for developing and agreeing plans in collaboration with other local partners. They are best placed to assess the required service capacity, balance priorities within the overall objectives of the BCF and integrate BCF-funded service developments with other health and adult social care services.

3.3. As set out in the policy framework, HWBs will be expected to agree goals against 3 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

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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.

3.4. 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.

3.5. 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.

3.6. 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.

3.7. HWBs will need to submit for assessment:
- a narrative plan
- a completed planning template which articulates their goals for the 3-headline metrics in line with the requirements and guidance in the table in planning expectations section above
- an intermediate care (including short-term care) capacity and demand plan

Together, these make up a HWB area's submission of its BCF plan.
Plans must be accompanied by signed confirmation from local authority and ICB chief executives that they have agreed to their BCF plans, including the goals for performance against headline metrics. It is recommended that HWB areas publish BCF plans on the local authority and ICB websites. Submissions of plans are due by 31 March 2025 (noon).

3.8. Board members are asked to note that apart from the increase to the Disabled Facilities Grant there is no other increases, including no inflationary increase to the BCF for 2025-26

7. Important considerations and implications

Legal:

7.1. The report explains the objectives and requirements in relation to the better Care Fund.

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. 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.

7.3. The report confirms that at the end of Quarter 3 national conditions of the BCF grant including ensuring there is a section 75 agreement in place between the Local Authority & NHS Sussex to enable the delivery of the BCF plan

Lawyer consulted: Natasha Watson Date: 3.2.25

Finance:

7.4. 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 £14.680m, which includes the £9.459m Improved Better Care fund and the £2.523m Disabled Facilities Grant.

7.5. 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: 3.2.25

Equalities:

7.6. 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 EHIAs are carried out for specific new schemes as they are developed. All schemes funded by the NHS are required to apply EHIA processes to of 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 EHIAs 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:

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7.7. None

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

7.8. 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