



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:

Brighton & Hove Better Care Fund 2024/25 End of Year Monitoring Report & Planning Submission 2025/26

Date of Meeting:

22 July 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 a summary of the end of year performance monitoring report we are required to submit to NHS England as part of the BCF national grant conditions

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 discharge and urgent care pathways, and the expenditure of the BCF grant against the individual scheme expenditure profile. If we could specifically bring Board members attention to the metrics performance in section 3 of the report, where there



have been several challenges in meeting all of our BCF performance metrics this year.

The report also covers NHS England confirmation of our BCF Plan for 25-26, but Board members are asked to note the conditions that have been placed on that approval as detailed in section 5 which is the same for East Sussex and West Sussex.

Decisions, recommendations and any options

Brighton & Hove Health and Wellbeing Board is recommended to:

1. Endorse the end of year performance monitoring report for Better Care Fund plan 2024-25, following submission to NHSE in May.
2. Note the national approval of our BCF Plan for 2025-26 but that this has associated conditions

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 Framework for 2023-25 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. Confirmation of governance compliance with the national BCF conditions for 2024/25

- 2.1. We can confirm to the Board that at the end of Quarter 4 we meet all the national conditions of the BCF grant including there is a section 75 agreement in place between the Local Authority & NHS Sussex to enable the delivery of the BCF plan
- 2.2. As is usual with the BCF submission deadlines they don't match with Health & Wellbeing Board meeting dates. In our submission we are required to say whether the monitoring report has been reported and approved by the Health & Wellbeing Board and if not the date of the next meeting for formal endorsement by the Board.

3. BCF national metric performance for 2024/25

- 3.1. Our performance against the agreed national metrics in our BCF plan for 2024-25 are set out below. Noting that over the year we met 2 out of the 4 national metric targets (avoidable admissions and discharge to normal place of residence).
- 3.2. **Falls admissions over 65-** (emergency hospital admissions due to falls in people over 65 per 100,000 of population) our performance target for the year was 2,296 falls per 100,000. The table below shows that levels of falls in people over 65 has continued to increase this year to 2,595 per 100,000, with Brighton & Hove seeing greater increases than across the rest of Sussex, so we missed our metric performance target. This data can now be broken down to an ICT geography across the city which shows the increases are particularly pronounced for people living in the East and West of the city.

ICB/Sub ICB	Measure: Falls in people over 65 per 100,000 rate				
	22/23 Apr to Mar	23/24 Apr to Mar	24/25 Apr to Mar	Change No 24/25 v 23/24	
Sussex ICB	2,179.2	2,402.7	2,373.6	▼	-29.2
Brighton and Hove	1,867.9	2,262.8	2,594.9	▲	332.1
East Sussex	2,331.1	2,522.8	2,492.1	▼	-30.7

West Sussex	2,138.6	2,348.8	2,245.3	▼	-103.4
Brighton Central	1,821.6	2,087.0	2,241.3	▲	154.4
Brighton East	1,893.0	2,216.6	2,688.1	▲	471.5
Brighton West	1,874.9	2,425.7	2,746.6	▲	320.8

The performance deterioration is concerning, but there is significant work going on locally and across our Health & Care System, through the new Sussex Neighbourhood Health Plan to ensure we embed and integrated model of pro-active care for people who have higher levels of frailty in the city and are most likely to be admitted to hospital for a fall. Locally we ran the West ICT frailty test of change pilot last year and this demonstrated significant potential to reduce falls. We are bringing together key partners to review our local frailty work and how we can establish new Multidisciplinary Team models of pro-active care across our 3 ICT partnerships in the city.

- 3.3. **Avoidable admissions-** (Unplanned Admissions for chronic ambulatory care sensitive conditions) we ended the year with a performance figure of 515.9 avoidable admissions per 100,000 of the population against a performance target of 526.3 meaning we met our performance target.

ICB/Sub ICB	Measure: Avoidable Admissions per 100,000 rate				
	22/23 Apr to Mar	23/24 Apr to Mar	24/25 Apr to Mar	Change No 24/25 v 23/24	
Sussex ICB	684.1	733.4	720.4	▼	-13.0
Brighton and Hove	415.3	479.9	515.9	▲	36.1
East Sussex	921.5	1,009.4	895.0	▼	-114.4
West Sussex	634.2	654.4	686.1	▲	31.7
Brighton Central	261.0	338.1	366.1	▲	28.1
Brighton East	540.9	622.5	642.3	▲	19.8
Brighton West	425.0	465.5	521.9	▲	56.4

When we look at the data across our ICT geographies the East of the city stands out in terms of high rates of avoidable admissions. This has a strong correlation to the recent Health Counts survey data which showed the East of the city has some of the highest levels of health inequalities across the city. The new East ICT Partnership has been running a local community health hub in the Whitehawk Estate aimed at improving access the health & care services. The pilot scheme has been a great success in its first year and partners are keen to build on it as part of tackling health inequalities in the area and pressure this puts on primary and emergency care services. The link is a short video on the Health Hub initiative https://youtu.be/yHkxuP_uSYY

- 3.4. **Discharge to normal place of residence-** (percentage of discharges to a person's usual place of residence) our performance target was 91.7% and we achieved 92.5% meeting our performance target.

ICB/Sub ICB	Measure: % of admissions discharged home
-------------	--

	22/23	23/24	24/25	Change No	
	Apr to Mar	Apr to Mar	Apr to Mar	24/25 v	
				23/24	
Sussex ICB	90.3	92.2	92.1	▼	-0.1
Brighton and Hove	91.3	93.0	92.5	▼	-0.4
East Sussex	92.2	92.6	92.0	▼	-0.6
West Sussex	88.8	91.7	92.1	▲	0.4
Brighton Central	91.1	92.9	93.1	▲	0.2
Brighton East	91.4	93.2	92.5	▼	-0.7
Brighton West	91.4	92.7	92.2	▼	-0.5

A lot of work has gone into developing our discharge approach on the back of the John Bolton review last year and the home first approach we have taken which is reflected in improvements in our discharge performance figures

- 3.5. **Residential care admissions** (Annual rate of older people whose long-term support needs are best met by admission to residential and nursing care homes, measured per 100,000 or population). Target of 582 per 100,000 was missed this year, and we ended the year with 726 per 100,000 which equates to 289 admissions over the year

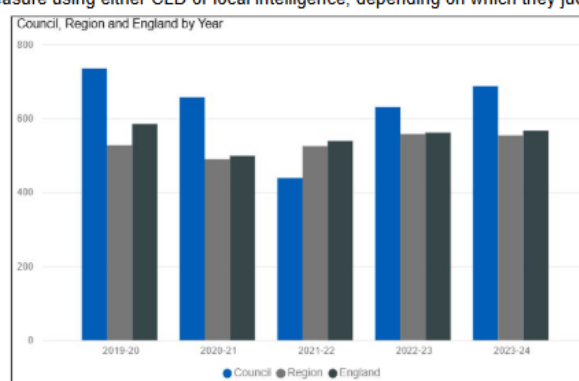
65+ Residential and Nursing Admissions-

Current KPI – ASCOF 2C - long term admissions to residential and nursing care homes for people aged 65 and over per 100,000 population

Frequency: Quarterly

headline metric being used to monitor progress against the Better Care Fund (BCF) objectives for 2025-26. In line with the BCF guidance, Health and Wellbeing Boards (HWWBs) have been encouraged to set goals against this measure using either CLD or local intelligence, depending on which they judge more accurately reflects the local picture.

Source	Value
Regional Value (ASCOF 23/24)	553.20
National Value (ASCOF 23/24)	566.00
CIPFA Value (ASCOF 23/24)	659.40
Brighton Value (24/25)	726.39



Target Setting (proposed):

Green: - 660.00 (in-line with Peer Group average, equates to 263 admissions in the year, 23/24 289 admissions recorded)

Amber: - 726.00 set at 10% below target (equates to 289 admissions)

As you can see from the slide above our residential admissions performance continues to be challenging, this is evident in our benchmarking with peer authorities and was fed back as an area of improvement to BHCC as part of recent Adult Social

Care CQC inspection. Areas of focus are ensuring the right people are accessing our extra care schemes in the city to reduce residential admissions and working with SCFT to consider how their new night monitoring service might enable to people to remain in or return to their own homes.

4. Capacity and demand

- 4.1. 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.
- 4.2. Broadly demand followed the capacity modelling across our discharge and urgent care pathways for the year. 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.

5. Expenditure

- 5.1. As part of our BCF planning for 2024-25 the Board agreed a detailed expenditure plan. The table below summaries the expenditure for the year against the plan

Running Balances	2024-25			
	Income	Expenditure to date	Percentage spent	Balance
DFG	£2,522,833	£2,522,833	100.00%	£0
Minimum NHS Contribution	£25,369,113	£25,369,113	100.00%	£0
iBCF	£9,459,107	£9,459,107	100.00%	£0
Additional LA Contribution	£487,830	£487,830	100.00%	£0
Additional NHS Contribution	£0	£0		£0
Local Authority Discharge Funding	£2,210,253	£2,210,253	100.00%	£0
ICB Discharge Funding	£2,382,192	£2,382,192	100.00%	£0
Total	£42,431,328	£42,431,328	100.00%	£0

It shows that we spent 100% of the grant allocated to our BCF expenditure plan for 2024/25

- 5.2. The table below shows the minimum contribution/ allocation requirements to social care and to out of hospital spend. The table shows we met and exceeded those minimum contribution/ allocations.

	2024-25		
	Minimum Required Spend	Expenditure to date	Balance
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£7,209,182	£15,008,972	£0
Adult Social Care services spend from the minimum ICB allocations	£10,182,684	£10,316,511	£0

6. BCF plan 2025/26 national approval and conditions

- 6.1. NHSE have now reviewed and formally approved our BCF 25/26 plan but set certain conditions that we have to meet as part of the approval. The table below is the assurance overview review of our Plan, which details areas of in-year

improvement we need to make which are the formal conditions that we need to meet.

BCF Plan Assurance Overview			
HWB Name	Recommendation		
Brighton & Hove	With Conditions		
NATIONAL CONDITIONS			
Jointly agreed plan	✓		
Implementing BCF objectives	✓		
Complying with grant and funding conditions, including maintaining NHS minimum contribution to Adult Social Care	✓		
Complying with oversight and support	✓		
PLANNING REQUIREMENTS			
National Condition 1 subject to conditions			
FINANCE			
DFG	£2,869,975		
NHS Minimum Contribution	£28,150,986		
Local Authority Better Care Grant	£11,669,360		
Additional LA contribution	£404,140		
Additional NHS contribution	£0		
Total	£43,094,461		
AREAS FOR DEVELOPMENT/CONDITIONS			
Conditions			
<ul style="list-style-type: none">Undertake a joint review of the data supporting BCF metrics and the BCF schemes that impact on these, and develop a joint plan to maximise impact. Refreshed metrics ambitions to be submitted to BCF team (national and regional) to cover Q3 & Q4 to support DAG approach to improving performance.			
Development -			
<ul style="list-style-type: none">Future plans need to ensure applied learning and identified impact, including review of valueThere would be benefit in reviewing governance to ensure equity across health, care and housing			
CAPACITY-DEMAND			
Discharge	Some overcapacity in Rehab/Reablement at Home		
Admission Avoidance	No under or over capacity		
NARRATIVE AND GENERAL COMMENTS			
<ul style="list-style-type: none">The plan is driven by a System focus and vision, however specific HWB needs as part of this approach are not clear and local implementation of this vision is not describedPlan focusses on implementation of Integrated Care Teams, however the expected impact is not clearly definedMetrics are impacted by availability of data to determine baseline			
METRICS			
Emergency Admissions Rate	% Discharged on DRD	Discharge Delay Days	Residential Admissions
Below regional average Below national average +2.94% compared to previous year	Above regional average Above national average	Above regional average Above national average Static in-year improvement	Above regional average Below national average Equal to previous year

0

- 6.2. The conditions detailed in the above have been applied at a Sussex system level and are the same for East and West Sussex. This reflects that the Sussex system is in the bottom quartile for discharge and urgent care performance. It also reflects that each of the three Place BCF plans proposed metric performance set at a standstill position for the year with additional commentary around improvements in data capture that was needed to review and agree more concise metric targets. NHSE have set a clear expectation that they want to see performance improve in the second half of this year, so want us to re-profile an improved performance for quarters 3 & 4 and through the regional Discharge & Admissions Senior Leaders Group to develop an underpinning improvement plan that will support improved performance. There are a series of meetings between regional and national NHSE leads and our system leads to land the plan and agree the metric performance improvements for quarter 3 and 4 of our BCF plan.

7. Important considerations and implications

Legal:

- 7.1 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 is required as the existing Agreement expired in March 2023. The new agreement will reflect the funding allocations and priorities as set out in the Better Care Fund Plan 2023-2025 and 2025/26.
- 7.2. The Performance report provides indicators of compliance against the national conditions of the grant, and sets out the nationally approved BCF Plan for 2025-26 with the associated conditions

Lawyer consulted: Natasha Watson Date: 11 July 2025

Finance:

- 7.1. 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.
- 7.2. 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: Sophie Warburton Date: 11/07/25

Equalities:

- 7.3. 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:

- 7.4. None

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



- 7.5. 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

