

Report for: Health and Wellbeing Board

Title: Approval of Haringey Better Care Fund (BCF) 2023-25
Submission to NHS England

Report

authorised by: Vicky Murphy, Service Director & Deputy Director of Adults,
Health and Communities, London Borough of Haringey
Rachel Lissauer, Director of Integration (Haringey), North Central
London Integrated Care Board

Lead Officer: Paul Allen, Head of Integrated Commissioning (Older People &
Frailty), North Central London Integrated Care Board (NCL ICB)
0203 6881173

Ward(s) affected: All

Report for Key/

Non Key Decision: N/A

1. Describe the issue under consideration

- 1.1 The Better Care Fund (BCF) Plan is a national programme to fund integration of health and care services at a local level. In Haringey, it is underpinned through a £38m annual Section 75 agreement to pool funds between North Central London (NCL) ICB and London Borough of Haringey (LBH). The Department of Health & Social Care (DHSC) who run the BCF Programme requested each local area to submit a full Plan in June 2023 for the period 2023/24 and 2024/25.
- 1.2 NCL ICB, LBH and partners worked to construct and agree the BCF funding schedule to support integration, in particular through Haringey's Ageing Well Strategy, as part of the Haringey Partnership Board's responsibilities. The Plan was discussed with partners at Haringey's multi-agency Ageing Well Board, a sub-group of the Haringey Borough Partnership Board. Out-of-hospital targets were also signed-off through North Middlesex University Hospital (NMUH) A&E Board.
- 1.3 As per DHSC mandated requirements, as national release and completion of the BCF Plan framework and template was outside the cycle of the Health & Well-Being (HWB) Board meetings, the Chair was requested to sign off Haringey's Plan pending full submission of the Plan to the Board during the first half of 2023/24. This report requests the Board to approve the BCF Plan Narrative, its investment schedule (confirming the breakdown of the funding fulfils National Funding conditions for 2023-25) and the trajectories for the metrics included in its scope over the next year. DHSC also requested each area produce a demand and capacity summary associated with intermediate care, i.e. services relating to recovery from crises.

1.4 The BCF Plan is subject to a quarterly update nationally and the first update for Haringey since the BCF Plan was submitted to the national BCF Team is included in Appendix 4.

2. Cabinet Member Introduction

2.1 Not applicable.

3. Recommendations

3.1 The Health and Wellbeing Board is asked to note the year end summary for the Haringey Better Care Fund (BCF) Plan Narrative for 2021/22 (Appendix 1).

3.2 The Board is asked to confirm the Plan meets national BCF Plan Conditions discussed for 2023/24 and 2024/25, and to note, however, that details in the latter year's Plan will need to be resubmitted to the Board as part of a national and local update in the latter half of 2023/24.

3.3 The Board is asked to endorse the BCF Plan submission for 2023-25:

- The updated Haringey BCF Plan Narrative (Appendix 2);
- The BCF National Funding Template for Haringey with an investment schedule and trajectories for BCF metrics, plus a demand & capacity analysis associated with Haringey's intermediate care services in 2023/24 (Appendix 3). The funding schedule in Appendix 3 includes additional Discharge Fund investments that assure the availability of the stated service capacity in 2023/24.
- The BCF Plan Q2 update for Haringey is included in Appendix 4.

4. Reasons for decision

4.1 The BCF Plan is a national programme to support integration of health and social care, to enable people to stay well, safe and independent and to provide the right care in the right place at the right time to support positive outcomes for local people. It aligns with the ICB and Council Plans (including the Haringey Deal) and is key to delivering Haringey's multi-agency Ageing Well Strategy.

4.2 One requirement of DHSC's BCF national programme is for the Health and Well-Being Board to report on progress on last year's investments from the Plan, and the current report incorporates highlights key successes and areas for improvement from the 2022/23 Plan the Board signed off in September 2022.

- 4.3 The DHSC's national policy requirements, template and supporting documents for the BCF Plan 2023-25 to local areas were released in May 2023, with local Health & Well-Being Boards needing to submit the Plan to DHSC by the end of June 2023. The entire BCF Plan for this two-year period is included in Appendices 2 & 3.
- 4.4 The information presented in the Plan should give the Health and Wellbeing Board the assurance Haringey is maintaining its commitment to health and social care integration to deliver its vision in light of local and national strategies and plans, such as NHS Long-Term Plan, Haringey Deal and Haringey's Ageing Well Strategy.
- 4.5 The Narrative submitted for Haringey's 2023-25 BCF Plan built on progress in previous years. It focusses on our response to three national challenges:
- The need to continue to respond to the legacy of the pandemic and system shocks such as higher cost of living, in particular the consequences for patients and residents and the health and care system of managing a greater number of people whose underlying health status and conditions have worsened during the pandemic which has consequences for the health and care system.
 - Assuring out-of-hospital systems are well prepared for heightened activity, and particularly average acuity of resulting care needs per patient, in local secondary care Trusts to facilitate safe and timely hospital discharge. This includes through additional NCL ICB and Council investment in intermediate care services to support discharge and short-term support for patients.
 - Addressing underlying issues associated with equity of access, outcomes and experience – and the resources to 'level to need' - across NCL and within the Borough. We know people living in more deprived (and often most diverse) neighbourhoods had around 17 years shorter healthy life expectancies than their most affluent peers pre-pandemic and there is good evidence nationally social gradients in inequality have worsened as a result of the pandemic.
- 4.6 The Narrative Plan sets out how partners will address these multi-agency medium- and longer-term challenges in as integrated a way as possible building a framework of support – called Haringey's integrated 'care cone' - that tailors the needs of individuals to the best response in the system. The framework's aim is to:
- Emphasise the importance of a strength-based approach, prevention, self-management and personalisation, so people can stay as healthy, well and independent as possible;
 - Where people do need help, to ensure the 'right joined-up solutions for the right person are delivered at the right time' as close to home as possible, to improve or maintain their physical and mental health, well-being and independence now and in the future - and best support their carers;
 - Help people avoid future health or social crises as far as possible and/or people can recover as fully as possible after crises, ideally at home. We know we can

mitigate the risk of some of these avoidable crises for residents via earlier detection, diagnosis and improved management of physical and mental health conditions, particularly in more deprived (and diverse) communities;

- 4.7 Achieving these people-centred aims also promotes system outcomes, including mitigating demand for intensive and costly interventions within the population. The framework of support achieves this is in 'the here and now' through reducing people's risk of crises and acute or non-acute hospitalisation. It also mitigates future demand by investing in early help and prevention to reduce the risk of individuals acquiring, or exacerbating existing, long-term conditions or adversely affecting their mental health and well-being. A key priority for 2023-25 is to continue to address inequity in access and outcomes (and the resources available to do so) in under-served communities, as well as a priority to support carers, in Haringey.
- 4.8 The BCF Narrative provides details of our approach. Our plans and investments categorises solutions within the care cone's levels of intervention as a way of matching our solutions to the underlying need:
- *Feeling Healthy, Safe & Well:* This element of the 'care cone' is closely linked to local and national public health messages/services to encourage people to adopt, or get help with adopting, healthier lifestyles, e.g. smoking cessation, being active etc., and 'making every contact count'. Investment in this area is *outside* of the BCF Plan, e.g. Council Public Health spend;
 - *Early Help & Prevention:* a targeted approach working with individuals to address issues or needs within communities, and/or those at 'rising risk' of needing more intensive or crisis-driven solutions soon. This includes encouraging people to come forward for earlier diagnosis, adopt healthy lifestyles, and better self-manage their conditions, or get help to meet health, housing or social needs. In response, we launched a 'Healthy Neighbourhoods' collaboration between the statutory and voluntary sector to work together to engage and support communities, starting in under-served communities in the more deprived (and diverse) east of the Borough. The collaboration consists of a locally-based network of Council, VCSE and NHS partners, including primary care, who will work to engage with communities and their representatives on local health priorities, and develop community asset-based solutions to address them. The initiative is part-funded through the £5m NCL-wide ICB Inequalities Fund aimed at addressing inequity of access, outcomes and experience amongst under-served communities, and partly through the BCF Plan in 2023-25.
 - *Proactive and Anticipatory Care & Support:* people whose health, housing and social needs are more complex and/or intense, who need a tailored and often an integrated and multi-disciplinary response to these needs including care and support services. Two major initiatives discussed in the BCF Plan are the Multi-

Agency Care & Coordination and Enhanced Care in Care Homes Team to plan with, and support, people proactively with frailty/multi-morbidity.

- *Specialist/Emergency Solutions*: people who need highly specialised health and social interventions and/or who are approaching or are at a social or health crises or need help recovering from crisis, ideally at home. This includes a focus on out-of-hospital solutions to meet demand, and we have continued to expand capacity of our existing schemes, partly through the 'main' BCF Plan and partly via additional BCF Discharge Funding available in 2023-25.

4.9 BCF-funded services particularly fit the latter three 'care cone' categories. The Plan and its investments set out in Appendix 1 reflect the need to balance additional investment to support out-of-hospital services in the short-term, with funding for longer-term preventative solutions to help people adopt healthier lifestyles and self-manage in the community earlier, particularly in more deprived communities.

4.10 The BCF Plan is just one investment 'pot' which promotes integration and out-of-hospital solutions – several other local and national funding streams are available, e.g. NCL ICB Inequalities Fund. These investments and the joint work across partners should be seen as a developing an integrated response across Haringey and NCL. The Plan sets out some of the areas of particular development:

- How we intend to improve equity of access, outcomes and experience in terms of health, well-being and independence amongst our under-served communities;
- How we intend to improve our integrated health and care system in the Borough as part of our response to the NHS Long-Term Plan, including development of multi-disciplinary primary care and integrated care networks, to deliver health and care closer to home at a Borough and neighbourhood footprint;
- How we continue to work with our wider set of partners, such as housing and the voluntary sector, to ensure our plans are aligned with wider planning to strengthen communities;
- How we will continue to support unpaid family/friend carers of all ages, including through our multi-agency Carers' Strategy. The 2023-25 Plan includes enhanced investment in cross-Haringey locality-based carers' support as part of our early help and prevention offer.
- How we will ensure there is a 'golden thread' connecting care solutions across differing geographical footprints so there is a coherent picture of support across NCL, Borough and neighbourhood footprints.
- How partners intend to utilise the additional ICB and Council investment in Discharge Funding in the BCF Plan to build care and support capacity to deliver timely and safe hospital discharge for patients.

- 4.11 We know delivery of the previous year's Plans already had a positive impact on supporting people in Haringey to have healthy, long and fulfilling lives in 2022/23, and the 2023-25 BCF Plan will further enhance these outcomes. Highlights include:
- a. Rising to the challenge of recovery from the pandemic and how this has changed delivery of care and support. There is national and local evidence the number of older people with moderate or severe frailty increased by 20% post-COVID Wave 1 due to individuals' deconditioning (e.g not being as active as they were, feeling isolated etc.), and nationally Office for Health Improvement and Disparities estimate up to half of older people did not come forward when their conditions worsened during lockdown. In response, our care system increased the level of support available to people including:
- We developed and updated an Ageing Well Guide and Ageing Well Resource Directory on the Council's web-site with hints, tips and contacts to support people to stay as fit, well and independent as possible. We are currently finalising a training and awareness-raising programme targeted at the VCSE and public-sector colleagues about the issues people face as they age as part of our development of 'Age-Friendly Haringey' initiative. We intend to roll this out as a partnership in the latter half of 2023/24.
 - The ICB and Council made a substantial part-BCF investment in a range of VCSE projects within the Healthy Neighbourhood (HN) model described above. A Community Chest was developed to support development of 7 voluntary sector led initiatives from Q4 2022/23 associated with HN themes such as Improving Long-Term Conditions or Best Start in Life. Further VCSE investment collaborative opportunities, including development of a Community Participatory Budget, are planned in the latter half of 2023/24.
 - Nearly 30% increase in the number of GP consultations for older people pre-pandemic and post-Wave 2 in 2021/22 with this level of consultations sustained in 2022/23. This increase in the number of consultations was largely equitable across Haringey, e.g. a nearly 30% increase in consultations for residents living in more deprived areas. We continue to work on improving access to primary care.
 - Expanded access to our Multi-Agency Care and Coordination Team (MACCT) in the community and in our Enhanced Health in Care Homes (EHCH) Teams in 2022/23 to better manage and work with a group of individuals, including to manage the holistic (and often complex) needs of older residents/those with multi-morbidity in the community and in care homes. The EHCH Team, in conjunction with primary care, provides a comprehensive health support service to Haringey's 300 residents living in care homes, which include some of the most vulnerable individuals in the Borough. The Team is expanding to cover care homes for people with learning disabilities in 2023/24.

- MACCT, which is a joint GP-led integrated team consisting of nurses, therapists, pharmacists, social and mental health workers and care navigators, worked with nearly 2,000 individuals over the last 12 months. Patients with whom the service works are largely representative of Haringey's population (e.g. nearly 40% of cases are of people living in 20% most deprived areas). A recent evaluation of the MACC Team showed outcomes were positive:
 - Satisfaction was overwhelmingly positive amongst patients, with 94% who thought their care was well coordinated and 85% knowing who their care coordinator was. Two-thirds of participants reported they had improved their health, independence and social opportunities;
 - There was an encouraging 40% reduction in hospitalisation rates pre- and post-MACC Team intervention amongst patients.

Our next steps are to expand scope of the service, and number of people supported, to a wider group of patients, e.g. those living with specific long-term conditions such as COPD, CKD etc., as part of improved LTC management in primary care, and alignment with the neighbourhood-based initiatives emerging in Haringey.

- BCF investment in a dedicated Council-led Coordinator supported partners to refresh our Dementia Friendly Haringey initiative post-pandemic. This is a partnership network across the statutory, voluntary and private sector to support organisations to make simple adjustments to their services to better support people with lived experience of dementia. We are currently looking to expand the network of organisations committed to making these changes, and build our partnership, including planned development of a North Central London-wide recognition scheme of these organisations' efforts.
- b. During the pandemic, the proportion of people discharged from hospital who needed short-term care and support to recover increased nationally and locally. This was in part due to the direct impact of individuals hospitalised due to COVID, but it was also in part due to the issue that the typical acuity of older patients who did need to be admitted was greater than pre-pandemic – a trend emerging nationally.
- c. In response, the NHS, Council and voluntary sector worked together at WHT, NMUH and other NCL hospitals to discharge more patients, predominantly back home, more quickly than at any time pre-COVID, with staff working extended hours and 7 day working. For example:
- 93% of acute Haringey patients were discharged home from hospital over the 12 months ending June 2023, as part of our 'Home First' approach which is where people tell us they would prefer to return. This figure is one of the highest proportions in NCL, and our target is to achieve 95% for March 2024.

- Conversely, only 1.2% of acute patients were admitted directly to long-term care home placements. Partners remained committed to helping as many people to recover post-discharge as possible, and to avoid making decisions about their long-term accommodation in a hospital bed;
 - The number of people aged 65+ per 100,000 population admitted to Council-funded long-term residential and nursing care placements decreased by 3% between 2021/22 and 2022/23, despite the increased complexity of cases, largely due to this commitment to help remain at home for as long as possible. Current performance analysis suggests the Council and its partners are on course target to meet its target of no more than 116 admissions in 2023/24.
- d. The number of people aged 65+ per 100,000 who were admitted to hospital due to falls is a new BCF measure introduced in the 2023-25 Plan. Haringey's rate of 1,809/100,000 65+ population (509 admissions) for 2022/23 is in the best performing quartile in England (and better than the London average), with the number of hip fractures (155 or 433/100,000) also much lower than the national position. The ICB is committed to improving this promising position further, and Whittington NHS Trust and its partners are developing a more holistic falls network in 2023/24 funded outside of the BCF Plan.
- e. Nearly 1,350 reablement episodes were completed in 2022/23. LBH's Reablement Service and its partners provide short-term (<6 weeks) intensive therapy to help people recover their ability to undertake daily living, such as washing or getting around their home, after a crisis and/or hospital episode, e.g. due to a fall.
- f. The majority of these individuals were aged 65+, and, of these, 76% were at home for 91 days after hospital discharge, i.e. as opposed to returning to hospital or being admitted to a care home. This is a considerable improvement on the figure the previous year (53%) partly due to better tracking of patients in the community during and post-recovery, e.g. onward connections to services to support people to live at home. However, the increased level of underlying need in the population due to the legacy of the pandemic and cost of living crises means the proportion of reablement clients who need Council-funded long-term care and support has nearly doubled pre-pandemic to 2022/23.
- g. During the pandemic, there was a 64% increase in the typical month number of patients (to over 180) accessing the multi-disciplinary Rapid Response service (usually responding within 2-4 hours) to treat people who are nearing, or at, a health crisis at home for up to 5 days following referral via a care professional. The service ensures people don't need to go to A&E unnecessarily.

- h. As a result of the above initiatives, we have reduced the number of emergency admissions of Haringey patients aged 65+ per head of older population by one-third between 2019/20 and 2022/23. However, the average length of stay for older people increased significantly due to acuity of need, as the number of conditions associated with each patient increased by nearly 40%. Our hospitals therefore continue to have very high utilisation due to increased acuity and greater likelihood of multi-morbidity than corresponding patients pre-pandemic.
- 4.12 One element of improvement partners have agreed to address is to strengthen our joint commitment to support for carers as part of the Carers' Strategy and roll out of locality working within the BCF Plan 2023-25. This reflects partners' aim is to build a local neighbourhood-based support network with carers to better help them continue their caring role and to have a life of their own. Overall funding for Carers' Services has therefore increased by one-third to £1.4m in the BCF Plan – the highest BCF contribution amongst the 5 Boroughs.
- 4.13 One funding stream newly-incorporated into the BCF Plan is the ICB and Council Discharge Fund. Nationally, the BCF Discharge Fund stream consists of two separate investments elements, one directly paid to Councils (the 'Local Authority element'), the other paid to ICBs (the 'ICB element') and then distributed onwards to each Health & Well-Being Board within each ICB's respective Integrated Care System. For NCL, the ICB element of the Discharge Fund investment is split between the 5 Borough Boards. Details of funding are included in the next section.
- 4.14 Discharge Fund investments need to focus on enhancing investment to assure capacity against predicted demand for safe and timely discharge of secondary care patients and onward support to help people recover in the short-term. Both the total amount of funding split between the ICB and Council for the 'ICB element' in each Borough and how both elements of the Discharge Fund should be utilised need to be agreed between both parties. For 2023/24, partners agreed how the final agreed total of £2.4m (Table 1) should be utilised in Haringey. The schemes in which partners agreed Discharge Fund investment are included in Appendix 1.
- 4.15 Nationally, there will be a substantial increase in both elements of the Discharge Fund between 2023/24 and 2024/25. For example, the 'Local Authority element' of the Discharge Fund will increase by nearly two-thirds in Haringey to £2.4m in 2023/24. However, the ICB and all 5 Councils in North Central London were unable to conclude their discussions about the distribution of the 'ICB element' of funding between the 5 Health & Well-Being Boards for 2024/25 and the schemes that could be invested in prior to national submission deadlines at the end of June 2023.
- 4.16 Further work is ongoing between NCL-wide partners to conclude this discussion and a placeholder was included in each Borough's BCF Plan to acknowledge this

position at the time of the submission at the behest of the BCF Regional Team (included in Appendix 1). However, the BCF template in Appendix 2 will show Haringey's BCF Template submissions has 'failed' the automated checklist for completion against its Expenditure tab; however, the BCF Regional Team have acknowledged this interim position, as they have for the other NCL Boroughs, and accepted all 5 Borough's BCF submissions.

- 4.17 For the first time post-pandemic, the BCF Plan covers 2, rather than a single, year. National expectations are that the contents of local BCF Plans will be refreshed in the latter half of 2023/24 for 2024/25. This will provide an opportunity locally to consider the effectiveness of all of the current schemes and the potential to re-allocate funding to match local and national priorities in 2024/25, including finalising utilisation of the Discharge Fund for 2024/25. A further refinement of Haringey's BCF Plan will therefore be submitted to the HWB later in 2023/24 when national requirements and timescales are available. The current BCF investment schedule for 2024/25 in Appendix 1 is therefore provisional and subject to change in discussions between partners.

5. Alternative options considered

- 5.1 Not applicable.

6. Background information

- 6.1 The national policy requirements state the Health & Well-Being Board must sign-off the schedule of investment for the Better Care Fund (BCF) Plan as part of a pooled Section 75 for 2022/23.
- 6.2 NCL ICB is expected to make a Minimum Contribution to the Haringey BCF Plan (outside of the Discharge Fund). Two of the national conditions are that:
- The agreed contribution to social care from the ICB meets or exceeds the minimum expectation allocated;
 - The spend on ICB commissioned out-of-hospital services meets or exceeds the minimum ringfence.
- 6.3 There are additional grants that represent LBH's contribution, in the BCF Plan:
- Improved Better Care Fund (iBCF) to meet the growing demand for care packages and reduce LBH's financial risk;
 - Disabled Facilities Grant to fund major adaptations to LBH clients' properties (regardless of tenure type) to support them to live at home.

6.4 Table 1 shows the changes in BCF Plan funding between 2022/23, 2023/24 and 2024/25 and the proposed schemes are listed in Appendix 1. The majority of these schemes are existing services which we are continuing to fund in 2023/24. There is a step-change in investment overall in the BCF Plan between 2022/23 and 2023/24, largely due to the introduction of the £2.4m Discharge Fund into the BCF Plan in 2023/24 – a national discharge funding scheme was available in NCL in 2022/23 but this was outside of the original national BCF Plan last year.

6.5 There is an £1.26m uplift in the Minimum ICB Contribution between the two years. To conform to the national conditions above, £412k of this uplift must be spent on social care, including preventative solutions. Appendix 1 highlights schemes that are either newly BCF funded or in which the investment in an existing service from 2022/23 has been increased; collectively the additional investment in these rows make up the £1.26m uplift, including the £412k spend on adult social care.

Haringey BCF Plan Investment	2022/23	2023/24	Change 23-24 v 22-23		2024/25	Change 24-25 v 23-24	
	Inv Needed	Inv Needed	Increase	% increase	Inv Needed	Increase	% increase
Disabled Facilities Grant*	£2,678,851	£2,678,851	£0	0%	£2,678,851	£0	0%
iBCF, including WP Grant*	£9,806,399	£9,806,399	£0	0%	£9,806,399	£0	0%
ICB Contribution, of which minimum spend on:	£22,210,641	£23,467,763	£1,257,122	5.7%	£24,796,038	£1,328,275	5.7%
- NHS commissioned Out-of-Hospital Spend	£6,311,634	£6,668,873	£357,238	5.7%	£7,046,331	£377,458	5.7%
- Adult Social Care Spend (LA Recharge Value)	£7,295,342	£7,708,259	£412,916	5.7%	£8,144,546	£436,287	5.7%
NEW: Discharge Fund - Total. Of which:	Not included in	£2,413,842	-	-	£4,276,986	£1,863,144	77%
- LA Element Discharge Fund*	BCF Plan in	£1,374,842	-	-	£2,295,986	£921,144	67%
- ICB Element Discharge Fund (Haringey Allocation)	2022/23	£1,039,000	-	-	£1,981,000	£942,000	91%
TOTALS	£34,695,891	£38,366,854	£3,670,964	10.6%	£41,558,274	£3,191,419	8.3%

NB: ICB element of Discharge Fund is initial proposal for 2024/25 & needs to be confirmed between partners. 2023/24 corresponding position confirmed.

Table 1 – Requirements for Spend Haringey BCF Plan Funding 2022 - 2025

6.6 Table 2 confirms the schedule in Appendix 1 fulfils the 2023/24 National Conditions in Haringey. The position for 2024/25 is more complex given that although the table does confirm the schedule meets the National Conditions, this is because a placeholder in the schedule of investments is included in relation to the ICB element of the Discharge Fund in 2024/25. This table will need to be updated and re-presented to the Board once agreed as part of the 2024/25 Plan refresh.

Running Balances	2023-24			2024-25		
	Income	Expenditure	Balance	Income	Expenditure	Balance
DFG	£2,678,851	£2,678,851	£0	£2,678,851	£2,678,851	£0
Minimum NHS Contribution	£23,467,763	£23,467,763	£0	£24,796,038	£24,796,038	£0
iBCF	£9,806,399	£9,806,399	£0	£9,806,399	£9,806,399	£0
Additional LA Contribution	£0	£0	£0	£0	£0	£0
Additional NHS Contribution	£0	£0	£0	£0	£0	£0
Local Authority Discharge Funding	£1,374,842	£1,374,842	£0	£2,295,986	£2,295,986	£0
ICB Discharge Funding	£1,161,600	£1,161,599	£0	£2,394,206	£2,394,206	£0
Total	£38,489,454	£38,489,454	£0	£41,971,480	£41,971,480	£0

Required Spend

This is in relation to National Conditions 2 and 3 only. It does NOT make up the total Minimum ICB Contribution (on row 33 above).

	2023-24			2024-25		
	Minimum Required Spend	Planned Spend	Under Spend	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£6,668,873	£15,643,480	£0	£7,046,331	£16,535,468	£0
Adult Social Care services spend from the minimum ICB allocations	£7,708,259	£7,708,259	£0	£8,144,546	£8,144,546	£0

Table 2 – Schedule of Funding v. National Requirements for BCF Plan 2023-25 (taken from BCF Spreadsheet, Expenditure Tab)

7.1 Contribution to strategic outcomes

7.2 The BCF Plan will contribute to objectives within the Adults, Health & Welfare Theme in the Haringey Deal:

- High Level Outcome 1: *All adults are able to live healthy and fulfilling lives, with dignity, staying active, safe, independent and connected in their communities*
- High Level Outcome 2: *Advice and Support - Low-income residents will receive accessible, non-stigmatising and holistic advice and support to reduce debt and address the underlying causes of financial hardship.*

7.3 Policy Implication:

7.3.1 Haringey's BCF Plan is one of the key plans for the London Borough of Haringey (LBH) and North Central London ICB. In particular it supports and helps deliver:

- North Central London Sustainability and Transformation Plan.
- North Central London Response to the NHS Long-Term Plan.
- LBH Joint Health and Well-being Strategy and is line with Haringey's Joint Strategic Needs Assessment.
- Haringey Borough Partnership Delivery Plan.
- Haringey Deal and LBH Corporate Plan.

Statutory Officers comments (Chief Finance Officer (including procurement), Head of Legal and Governance and Monitoring Officer, Assistant Director of Corporate Governance, Equalities)

8.1 Finance

8.2 The Better Care Fund (BCF) is a pooled budget of £38m in 2023/24 and £41m in 2024/25 between the London Borough of Haringey (LBH) and North Central London Integrated Care Board (NCL ICB), as shown in Table 1. It is part of the overall Section 75 Agreement between both these parties.

8.3 The purpose of the fund is to enable integrated working across NCL ICB, LBH Haringey and its partners to ensure the best value for money is achieved, across the agreed projects, as listed in the BCF Planning template.

8.4 Funding was allocated jointly by LBH and NCL ICB in accordance with the aims and objectives of the plan. As noted above, the BCF Plan investment schedule for 2024/25 in Appndix 1 will be refreshed and is provisional for that financial year.

9.1 Legal

- 9.2 The Government's mandate to the NHS, republished in March 2021, set a deliverable for the NHS to 'help ensure delivery of its wider priorities, which include manifesto commitments to further improve the experience of NHS patients, working with local government to support integration and the sustainability of social care through the Better Care Fund (BCF) and to contributing to the planning for life outside of the EU once the current transition period ends'.
- 9.3 The BCF requires integrated care boards and local government to agree a joint plan, owned by the Health and Wellbeing Board. These are joint plans using pooled budgets to support integration governed by an agreement under s75 NHS Act 2006.
- 9.4 The Better Care Fund Policy framework updated in April 2023 states that BCF plans must include a clear approach for delivery against 2 Policy objectives in 2023-25: firstly that they must enable people to stay well, safe and independent at home for longer and secondly, they must provide the right care in the right place at the right time. Two further sub-objectives were added for this BCF Plan which align with the above long-standing objectives, and which reflect the inclusion of the additional Discharge Fund objectives:
- Improving overall quality of life for people, and reducing pressure on UEC, acute and social care services through investing in preventative services
 - Tackling delayed discharge and bringing about sustained improvements in discharge outcomes and wider system flow
- 9.5 The Policy Framework also confirms the conditions and funding for the BCF in 2023 to 2025. The national conditions are the need for:
- a jointly agreed plan between local health and social care commissioners, signed off by the HWB
 - the plan contains how partners plan to implement BCF policy objective 1: enabling people to stay well, safe and independent at home for longer
 - the plan contains how partners plan to implement BCF policy objective 2: providing the right care, at the right place, at the right time
 - the plan should maintain 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
- 9.6 Planning and assurance of BCF plans for 2023 to 2025 requires plans to be developed locally between the local authority and health commissioners. Plans must be agreed by the ICB and the local authority chief executive, prior to being signed off by the HWB. Plans should align with other strategic documents such as

plans for integrated care systems, wider community services programmes and the implementation of adult social care reform. Local authorities must comply with the s31 Local Government Act 2003 grant conditions.

- 9.7 The improved Better Care Fund (iBCF) is grant monies paid to local authorities with condition attached. The grant may be used only for the purposes of meeting adult social care needs; reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready; and ensuring that the local social care provider market is supported. The conditions require local authorities to a) pool the grant funding into the local Better Care Fund, unless an area has written Ministerial exemption; b) work with the ICB and providers to meet national condition that relates to hospital discharge within the policy framework.

10. Equality

- 10.1 The Council and its NHS partners have a Public Sector Equality Duty (PSED) under the Equality Act (2010) to have due regard to the need to:
- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act
 - Advance equality of opportunity between people who share protected characteristics and people who do not
 - Foster good relations between people who share those characteristics and people who do not.
- 10.2 The three parts of the duty apply to the following protected characteristics: age, disability, gender reassignment, pregnancy/maternity, race, religion/faith, sex and sexual orientation. Marriage and civil partnership status applies to the first part of the duty. Although it is not enforced in legislation as a protected characteristic, Haringey Council treats socioeconomic status as a local protected characteristic.
- 10.3 An Equalities Impact Assessment (EIA) was undertaken as part of the wider Ageing Well Strategy in 2020 for which the BCF Plan is largely a funding vehicle .
- 10.4 The 2020 EIA indicates the Ageing Well (and by extension BCF Plan) programme has a number of perceived benefits to people with protected characteristics. The assessment highlighted a particularly positive impact on promoting outcomes for older people (over 65), disabled people (including mental health), women and people from non-white British ethnic groups. The same positive impact will occur in 2023-25, but we recognise that the EIA needs to be refreshed to better consider the impact of COVID-19 in particular on specific communities or groups in Haringey. The BCF Plan Narrative has a dedicated section that considers equity of access, outcomes, and experience. No negative impacts were highlighted.

- 10.5 The positive impacts in the Ageing Well EIA were mainly due to: the cohort of patients and services users that will be the main beneficiaries; the delivery of services in people's homes; working in a service user centred way to define health and social care goals; and the intention to improve health and well-being.
- 10.6 Since 2020, there have been developments to specific aspects, specifically the 'Healthy Neighbourhoods' scheme (which focuses on the east of the Borough), and aims to help tackle equity of access and outcomes within Haringey's more deprived (and diverse) neighbourhoods. The Healthy Neighbourhoods model will also support particularly vulnerable groups, including people at risk of homelessness, those with specific conditions, and carers .
- 10.7 Intersectionality is a consideration here, recognising the inequalities experienced by Black and minority ethnic populations who live in the east of the Borough, young people from black ethnic groups experiences mental health issues, and older adults with disabilities .
- 10.8 The Bridge Renewal Trust report on the impact of the pandemic on specific ethnic groups recommended a number of actions, including better collection of ethnicity data, improved engagement, communication and shaping of solutions to improve equity of access and outcomes, and the need to address practical barriers, such as digital exclusion. These recommendations were absorbed into the Ageing Well Strategy, and many other projects, such as working with communities to promote vaccine take-up and embedding statistical monitoring on equity of access.
- 10.9 The BCF Plan EIA is currently being updated to reflect the impact of the pandemic on the population for 2024/25. For example, we know the pandemic was disproportionately more likely to result in adverse health outcomes for some groups, including people from Black African and Caribbean, SE Asian and eastern European backgrounds, as well people living in more deprived neighbourhoods.
- 10.10 We will reflect these responses, as well as initiatives part of BCF-funded Healthy Neighbourhoods scheme (specifically designed to address social gradients associated with deprivation and ethnicity in the east of the Borough), in our updated EIA for the BCF Plan.

11. Use of Appendices

- Appendix 1: Haringey's BCF Plan 2023-25 – List of Scheme Investments

- Appendix 2: Haringey's BCF Plan Narrative 2023-25
- Appendix 3: Haringey's BCF Plan Funding Template 2023-25 including Haringey's Demand & Capacity Forecast Oct-22 – Mar-23
- Appendix 4: Haringey BCF Plan Update Q2 2023/24

12. Local Government (Access to Information) Act 1985

Previous years' BCF Plan documents, including the original Equality Impact Assessment, can be found at:

<http://www.haringeyccg.nhs.uk/about-us/better-care-fund.htm>

Appendix 1 – BCF Plan 2023/24 Schemes (including new proposals / increased investment in schemes funded via CCG Minimum Allocation/iBCF in green cells; Discharge Fund investments in red font. * 2024/25 stated investments may be subject to change for 2024/25 BCF Plan Refresh

Service Area	Description	23/24 Budget	24/25 Budget*
EARLY HELP & PREVENTION			
Health-orientated information, advice and guidance for citizens in Healthy Neighbourhoods	Voluntary sector provision of advice, information, signposting and guidance for people needing help	£55,000	£55,000
Local Area Coordination element of locality working and Healthy Neighbourhoods initiative	Voluntary sector coordinators to provide advice, information & signposting for people who need assistance and help develop community assets	£120,136	£120,136
Integrated Early Intervention In Hospital - 'Healthy Neighbourhoods in Acute'	Advice and early help solutions for people to manage finances, housing, health, well-being & independence via integrating community solutions such as Connected Communities in health facilities	£159,000	£159,000
Integrated Early Intervention Solutions to support Health Neighbourhoods	Solutions to provide early help to people to help manage finances, housing, health, well-being & independence via integrating community-facing VCS solutions in HN collaboration	£204,000	£204,000
Self-Management Support	Structured programme of courses for patients on condition self-management/expert patient	£91,600	£91,600
First Response Social Care Team	LBH posts to increase capacity in community first response, initial triaging & management of cases to support timely response (NB: Was 2 lines of investment in 2022/23 merged together in 2023-25, total unchanged)	£282,000	£282,000
Strength and Balance Opportunities	Strengthening & balancing classes & exercises for people with a falls risk	£58,000	£58,000
Support for Dementia Friendly Haringey	LBH-funded Dementia Coordinator to take forward development of DFH (full-year funding from 2023/24)	£65,000	£65,000
Support for Community Navigation / Social Prescribing	Council commissioned support for community navigation/social prescribing network & community of practice (full-year funding from 2023/24)	£45,000	£45,000
PROACTIVE CARE AND SUPPORT			
COPD Exercise Programme	Community-based exercise groups for suitable COPD patients referred via health professionals	£13,000	£13,000
Dementia Day Opportunities	LBH commissioned services to support people with dementia with home/community-based day support	£475,000	£475,000
Nursing Services & WHT Contract Uplift*	District nursing for non-ambulant patients at home (* Increase is associated with NHS Trust uplifts)	£7,115,211	£7,115,211
Multi-Agency Care & Coordination (MACC) Team	MACC Team multi-disciplinary team works in anticipatory care team working to screen, triage, assess & deliver solutions to people with frailty	£1,186,993	£1,186,993
ICB Contribution to Haringey Joint Community Equipment Budget	ICB funding of Joint Community Equipment Service for individuals who need small items of equipment / minor adaptatios prescribed by health professionals	£1,150,000	£1,150,000

Service Area	Description	23/24 Budget	24/25 Budget*
<i>New to BCF: Community Wheelchair Services</i>	NHS commissioned long-term patient wheelchair assessment, delivery and repair services	£693,206	£693,206
Enhanced Health in Care Homes/Trusted Assessor	Implementation of EHCH & Trusted Assessor Model to support care homes, their staff & residents	£216,000	£216,000
<i>New to BCF: Community Health Specialised LTC Services</i>	Investment in planned/crisis management CH investments in LTC pathways (e.g. diabetes, respiratory, falls)	-	£651,988
Palliative Care & Advanced Care Planning	NMUH-led multi-agency services to support range of community-, hospital- and bed-based palliative care	£766,000	£766,000
<i>New To BCF: Bereavement Support</i>	Interventions to support VCSE development, community empowerment, health and wellbeing improvements, including support for carers	£15,000	£15,000
Carer's Support	LBH commissioned range of solutions for carers: identifying carers, undertaking assessment of needs and support through to carers' respite.	£1,434,916	£1,434,916
Disabled Facilities Grant	LBH commissioned provider undertaking major adaptations of individuals' home to facilitate improvements in daily living functioning	£2,678,851	£2,678,851
IBCF*	Most of spend on providing long-term packages of care as part of social care clients' Personal Budgets (*includes £1.4m on intermediate care beds/step-down flats, reablement & care packages)	£9,806,399	£9,806,399
<i>New to BCF: Complex Case Management</i>	Funding to support complex cases, to deal with the increase in demand and acuity within Adult Social Care in the community (transition, hospital avoidance- but not exclusive to) in younger adults.	-	£436,287
SUPPORTING DISCHARGE - RECOVERING AFTER CRISIS / ILLNESS (includes <i>Discharge Fund investment</i>)			
Integrated Discharge Team/Single Point of Access to support hospital discharge	Investment in teams involved in discharge (social work & nursing resources), including onward management & assessment of individual. Includes costs to cover extended hours and 7 day working	£266,093	£266,093
Home from Hospital	Voluntary sector scheme to support hospital patients (who do not need public-sector intervention) return home and settled if they need it	£150,000	£150,000
Whittington Integrated Care Therapy Team	Multi-disciplinary therapy service in community and acute that supports older people (& other groups)	£3,494,293	£3,734,293
Rapid Response & Enhanced Virtual Ward	Multi-disciplinary nursing & therapies team to respond when people are at crisis and/or need short-term rehabilitation at home or in A&E (NB: Was 2 lines of investment in 22/23 merged in 2023-25, total unchanged)	£452,000	£452,000
Alcohol Liaison Services	Alcohol Liaison Nurses & Support Worker to support hospital patients with alcohol-related issues & coordinate support in community	£61,585	£61,585
Reablement Solutions and Packages of Care (see also iBCF line uplift)	Community Reablement solutions to support people regain ability to undertake daily living skills, including patients with more complex needs (NB: Was 3 lines of investment in 22/23 merged in 2023-25, total unchanged)	£3,389,534	£3,389,534

Service Area	Description	23/24 Budget	24/25 Budget*
Enhanced bed-based intermediate care capacity	Intermediate care beds in care home to help people recover, assess individuals' needs and eligibility for post-recovery as part of ASC commissioning (beds at PWH & other care homes)	£280,136	£280,136
Nursing Intermediate Care	Nursing beds in care home with MDT input & nursing outreach to patients' homes for those needing period of convalescence post-discharge	£466,523	£466,523
MDT capacity to support patient patient move-on post-recovery	Additional therapy & social worker resources to support for home- and bed-based intermediate care patients in intermediate care nursing care beds	£319,816	£319,816
Supporting people with challenging housing needs to return home post-hospital discharge	Investment in out-of-hospital housing liaison function to facilitate acute and non-acute hospital discharge of people with challenging housing environments to return home (full year from 2023/24)	£96,000	£96,000
LA Element DF: Workforce investment	Funding allocated to LBH workforce Initiatives, to support hospital discharge processes and reviews	£1,184,080	£1,147,993
LA Element DF: Care Purchasing packages of care for Home First	LBH commissioned domiciliary care to support short-term Council interventions to support hospital discharge, return home and recovery	£190,762	£1,147,993
ICB Element DF: Care Purchasing packages of care for HomeFirst (LBH)	LBH commissioned domiciliary care to support short-term Council interventions to support hospital discharge, return home and recovery	£140,098	-^
ICB Element DF: Care Purchasing of interim residential/nurs' ing care placements (LBH)	LBH commissioned interim residential/nursing care placements to support hospital discharge and recovery prior to assessment outside acute hospital	£502,501	-^
ICB Element DF: D2A Pre-CHC Assmt P1 Home First Pathway (NHS)	Domiciliary care to support hospital discharge and return home for patients likely to need assessment for long-term NHS care	£192,000	-^
ICB Element DF: D2A Pre-CHC Assmt Interim Res/Nursing Care Step-down beds (NHS)	Short-term interim residential/nursing care for patients likely to need assessment for long-term NHS care home placement	£327,000	-^
ICB Element of DF: TO BE DETERMINED 2024-25 (Placeholder)	NCL ICB and Councils will conclude the final use of the Discharge Fund for 2024/25 in latter half of 2023/24 and re-submit to the HWB. Could include funding for elements marked as '^' in 2024/25	-	£2,394,206\$
ENABLERS			
Commissioning Support	To provide multi-disciplinary and multi-agency commissioning support for BCF Plan Programme	£286,721	£286,721
Principal Social Worker	To provide quality assurance and plan workforce development for social care	£60,000	£60,000
Total		£38,489,454	£41,971,480
Investments to BCF Plan Schemes from ICB Min. Allocation		£22,210,640	£1,189,781
Investments from Discharge (both elements) in BCF Plan		£2,536,441	£4,690,192\$

'\$': Placeholder amount for the ICB element of the Discharge Fund in 2024/25 and its utilisation within Haringey are to be determined. Current figure indicates potential level of investment from ICB element in Haringey in 2024/25