

**Report for:** Health and Wellbeing Board

**Title:** Approval of Haringey Better Care Fund (BCF) 2023-25 following changes to funding allocation in 24/25 and Quarter 1 and Quarter 2 data submission to NHS England.

**Report**

**authorised by:** Jo Baty, Interim Service Director, Adults, Health and Communities, London Borough of Haringey.

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**Lead Officer:** Caroline Humphrey, Head of Service for Service, Improvement and Development, London Borough of Haringey.

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**Ward(s) affected:** All

**Report for Key/**

**Non Key Decision:** N/A

**1. Describe the issue under consideration**

The Better Care Fund (BCF) is a strategic initiative designed to support local systems in achieving the integration of health and social care services for adults. Its primary objectives are to deliver person-centred care, ensure sustainability, and improve outcomes for individuals and carers.

This is the second year of the two-year plan that was reviewed and agreed at the Health and Wellbeing in January 2024. As the plan was previously agreed by the Board this report is to note the changes to year 2 of the plan following negotiations at the start of 24/25. In addition to note the 1<sup>st</sup> two quarterly updates for 24/25 that have been submitted in accordance with the reporting timeline.

**2. Cabinet Member Introduction**

Not Applicable

**3. Recommendations**

The board is asked to note and approve the changes in funding allocations to new and existing schemes for 2024/25

The board is asked to note and approve the Quarter 1 and Quarter 2 data submissions to the regional team.

#### **4. Reasons for decision**

A condition of the Better Care Fund is that The Health and Wellbeing Board is required to confirm the Plan meets national BCF Plan and provide oversight for the successful delivery of the plan.

The Board is invited to note and agree the changes and note the progress reported in quarters one and two.

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 considering local and national strategies and plans, such as NHS Long-Term Plan, Haringey Deal and Haringey's Ageing Well Strategy.

#### **5. Alternative options considered**

Not applicable

#### **6. Background information**

The Better Care Fund (BCF) is a strategic initiative designed to support local systems in achieving the integration of health and social care services. Its primary objectives are to deliver person-centred care, ensure sustainability, and improve outcomes for individuals and carers.

Objective 1: to enable people to stay well, safe and independent at home for longer  
The priorities for health and social care are to improve quality of life and reduce pressure on UEC, acute and social care services.

This will be achieved through various mechanisms, including:  
collaborative working with the voluntary, housing and independent provider sectors  
investment in a range of preventative, community health and housing services  
supporting unpaid carers

Objective 2: to provide people with the right care, at the right place, at the right time.  
The priorities for health and social care are to tackle immediate pressures in delayed discharges and demand for hospital attendances and admissions, bringing about sustained improvements in outcomes for people discharged from hospital, and wider system flow.

This will be achieved by embedding strong joint working between the NHS, local government and the voluntary, housing and independent provider sectors

The BCF promotes integration by mandating that integrated care systems and local authorities enter into pooled budget arrangements and agree on a comprehensive integrated spending plan.

In Haringey, the BCF is underpinned by £42 million annual Section 75 agreement. This agreement facilitates the pooling of funds between the North Central London (NCL) Integrated Care Board (ICB) and the London Borough of Haringey (LBH). This collaborative financial arrangement is pivotal in driving the integration of services, optimising resource allocation, and enhancing the overall efficiency and effectiveness of health and social care delivery in Haringey.

The BCF Plan was initially presented to the Health and Wellbeing Board on 17<sup>th</sup> January 2024 to confirm a two-year strategy for the BCF plan for 23/24 and 24/25. The plan received approval from the panel members at that time.

As we now enter the second year of this plan, it is important to note that the core elements of the plan have largely remained unchanged since the last discussion at the board. However, there have been some adjustments related to the reallocation of funding to new or existing schemes and the redistribution of additional funding obtained.

The original levels of investment in the 2023 plan were set at £38,489,454 for 2023 and a planned amount of £41,971,480 for 2024. However, this figure has since been revised to £42,249,798 for 2024. This revision is attributed to changes in funding in the following areas: Integrated Care Board (ICB) discharge funding (+£40k), Local authority discharge funding (-£5k), and the Disabled Facilities Grant (DFG) (+£243k)

During the planning process for fund allocation, discussions emerged in May 2024 between the ICB and NCL Councils regarding the division of the discharge fund. This was overseen by NHS England and facilitated by independent mediation.

Following the conclusion of these discussions in June 2024, an agreement was reached that allocated additional sums of funding to the North Central London (NCL) councils' integrated discharge teams, with Haringey receiving a proportion of this funding.

Funding allocations from the 2023/2024 period have been reviewed as mentioned above, and some funds have been repurposed in the 2024/2025 spending plan to align with the national conditions set out in the Better Care Fund. The repurposed schemes are detailed below

- The funding allocation for Scheme 6, which is associated with the Disabled Facilities Grant (DFG), which aims to provide necessary adaptations to homes to enable individuals with disabilities to live independently has been increased from £2,678,851 to £2,921,958.
- Schemes 40 (£155,000), 41 (£466,523) & 42 (£103,876) these schemes are interconnected and pertain to Pathway 2 beds. The enhanced allocation is intended to upgrade the North Middlesex University Hospital (NMUH) Pathway 2 units, ensuring they meet the core offer of community services. All funding has been consolidated into Scheme 42 providing a total of £725,399.
- The funding for Scheme 65 (Discharge Funding 23/24) has been adjusted from £1,147,993 to £1,143,410. This correction was made to balance the overall budget allocation.

- The funding for Scheme 63 (Discharge funding 24/25) initially set at £2,394,206 for discharge funding, has been reallocated into several new schemes with the following breakdown:
  - Scheme 69: £557,000 for the Non S22 Checklist Cohort.
  - Scheme 70: £164,000 for Local Authority (LA) Integrated Discharge Teams.
  - Scheme 71: £347,000 for Transfer of Care Hubs.
  - Scheme 72: £202,000 for Homelessness support.
  - Scheme 73: £538,000 as a contribution to Integrated Care Board (ICB) Discharge to Assess (D2A) costs.
  - Scheme 74: £376,000 for discharge fund care purchasing.
  - Scheme 75: £250,000 for discharge fund care purchasing.

Linked to this financial agreement between the partners was a commitment to take forward a programme of transformation across the ICB, NHS Trusts and the 5 Councils of North Central London to improve pathways and outcomes for residents, with a particular focus on admission avoidance and supporting good and timely discharges from hospital.

As part of the regional oversight of the BCF, Haringey has been required to submit expenditure and output data relating to discharge funding schemes to the NHS England regional team, on behalf of the Department for Health and Social Care, for Quarter 1 and Quarter 2. The Quarter 1 submission was completed on 29th August 2024, and the Quarter 2 submission was completed on 31st October 2024. The next submission for Quarter 3 is due on 31st January 2025, with the final end-of-year submission scheduled for 30th May 2025.

The data from the quarter 1 and quarter 2 submissions indicate that Haringey is currently on track to meet the minimum spend requirement from the Better Care Fund (BCF). Most schemes have achieved 50% or more of the required spend allocation, except for the Disabled Facilities Grant at 12% and discharge funding for home care at 31%. The lower spend allocation for the Disabled Facilities Grant is due to reporting expenditures for completed adaptations rather than committed spend. There are several adaptations due for completion, which will increase expenditure and output levels for quarter 3. The spend for discharge funding for home care is slightly lower than originally planned due to the recent implementation of the localities model over the past three months. Action plan is in place with the Locality teams to raise awareness with the individual teams in the service that service users accessing services through the Front Door, not just those transitioning from the hospital.

Haringey is also spending below forecast for iBCF home care and domiciliary care, by £1.5m, which is due to an increased use of the reablement home care pathway instead of the long-term care pathway. The spend will increase in quarter 3 as during the winter period Haringey sees an increase in numbers of people requiring care on discharge and a higher conversion rate of reablement packages to long term packages.

However, the data also shows that Haringey is not currently meeting its target output levels for the following metrics from hospital: Avoidable Admissions, Discharge to Usual Place of Residence, and Falls.

Haringey is currently below its planned performance for avoidable admissions. The primary challenge is the absence of a full Virtual Ward offer that meets the required criteria, specifically the provision of care three times daily. Progress in this area has been slow due to ongoing local discussions between Health and Social Care regarding the management of case handovers once patients are in the community, and the delivery of in-house Health Care Assistant (HCA) support. This issue has been escalated and is scheduled to be addressed within the governance of Haringey's Age Well Board.

Haringey is below its planned performance target for discharge to the normal place of residence. The variance from the planned performance is due to the need for improved access to an accurate dataset for P2 provisions. A new systemwide P2 digital solution is being developed, with plans for implementation in the upcoming year. This solution will enhance the dataset to reflect variations at the acute site, borough, and unit levels. It will also address validity issues and provide a level of data granularity that is currently not feasible to obtain manually. An accurate data set will enable appropriate action.

Finally, Haringey is slightly below its planned performance target for falls. This is because there was no falls service in Haringey prior to 2023/24, primarily due to staffing issues. However, Haringey has now established a fall working group, guided by a designated clinic lead, and offers online resources and an Age Well Guide to support the community. A dedicated falls hotline is also in operation, providing essential guidance on accessing falls services. Furthermore, the locality has implemented an educational program through the Better Care Fund (BCF) to equip healthcare providers and professionals with the knowledge and tools necessary to prevent falls and enhance support for individuals at risk.

## **7 Contribution to strategic outcomes**

The BCF Plan plays a crucial role in achieving the objectives outlined in the Adults, Health & Welfare Theme of the Haringey Deal. It aims to:

- Ensure that all adults can live healthy and fulfilling lives with dignity, staying active, safe, independent, and connected within their communities.
- Provide accessible, non-stigmatising, and holistic advice and support to low-income residents to help reduce debt and address the underlying causes of financial hardship.

Haringey's BCF Plan is a key initiative for both the London Borough of Haringey (LBH) and the North Central London ICB. It supports and contributes to several strategic plans, including:

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

- The Haringey Deal and the LBH Corporate Plan.

## 8 Finance

The Better Care Fund (BCF) is a pooled budget of £38m in 2023/24 and £42m in 2024/25 between the London Borough of Haringey (LBH) and North Central London Integrated Care Board (NCL ICB). It is part of the overall Section 75 Agreement between both these parties. The partners are hoping to sign this year's variation to the agreement in Q4, 2024/25

The purpose of the fund is to enable integrated working across NCL ICB, LB Haringey and its partners to ensure the best value for money is achieved, across the agreed projects, as listed in the BCF Planning template for 24/25.

Funding was allocated jointly by LBH and NCL ICB in accordance with the aims and objectives of the plan.

## 9 Legal

The Better Care Fund (BCF) requires integrated care boards and local governments to agree on a joint plan, which is overseen by the Health and Wellbeing Board. These joint plans use pooled budgets to support integration, governed by an agreement under Section 75 of the NHS Act 2006.

According to the updated Better Care Fund Policy framework from April 2023, BCF plans for 2023-25 must include a clear approach to achieving two main policy objectives: enabling people to stay well, safe, and independent at home for longer, and providing the right care in the right place at the right time. Additionally, two sub-objectives have been added to this BCF Plan to align with these long-standing goals and reflect the inclusion of the Discharge Fund objectives:

- Improving overall quality of life for people and reducing pressure on urgent and emergency care (UEC), acute, and social care services through investment in preventative services.
- Tackling delayed discharge and achieving sustained improvements in discharge outcomes and wider system flow.

The Policy Framework also outlines the conditions and funding for the BCF in 2024 to 2025. The national conditions include:

- A jointly agreed plan between local health and social care commissioners, signed off by the Health and Wellbeing Board.
- The plan must detail how partners will implement BCF policy objective 1: enabling people to stay well, safe, and independent at home for longer.



- The plan must detail how partners will implement BCF policy objective 2: providing the right care, in 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.

For the planning and assurance of BCF plans for 2024 to 2025, plans must be developed locally between the local authority and health commissioners. These plans must be agreed upon by the Integrated Care Board (ICB) and the local authority chief executive before being signed off by the Health and Wellbeing Board. Plans should align with other strategic documents, such as plans for integrated care systems, wider community services programs, and the implementation of adult social care reform. Local authorities must comply with the Section 31 Local Government Act 2003 grant conditions.

The improved Better Care Fund (iBCF) provides grants to local authorities with specific conditions attached. The grant may only be used for meeting adult social care needs, reducing pressures on the NHS (including supporting more people to be discharged from the hospital when they are ready), and ensuring that the local social care provider market is supported. The conditions require local authorities to:

- Pool the grant funding into the local Better Care Fund, unless an area has written Ministerial exemption.
- Work with the ICB and providers to meet the national condition related to hospital discharge within the policy framework.

## 10. Equality

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.

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.

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.

11. **Use of Appendices**

- Appendix 1: Haringey's BCF Plan 2024-25 – List of Scheme Investments new and existing
- Appendix 2: Haringey BCF Plan Update Q1 2024/25 – Expenditure and output levels for schemes which relate to discharge funding
- Appendix 3: Haringey BCF Plan Update Q2 2024/2025 – Narrative provided for an update on Metrics, Capacity and Demand and expenditure and outputs levels for all scheme types.