

Health and Wellbeing Board

27th March 2025

Better Care Fund Q3 24/25 Update

Reason for the 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 BCF Plan was initially presented to the Health and Wellbeing Board on 17th January 2024 to confirm a two-year strategy for the BCF plan for 23/24 and 24/25. Approval received at that time. This is the second year of this plan and has remained unchanged, except for some adjustments related to the reallocation of funding to new or existing schemes and the redistribution of additional funding obtained. This update was provided to the Board in November 2024
- The Board is invited to note the progress reported in quarter three
- 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.

Better Care Fund Background

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-centered care, ensure sustainability, and improve outcomes for individuals and carers. 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.

The BCF has been crucial in supporting people to live healthy, independent and dignified lives, through joining up health, social care and housing services seamlessly around the person. This vision is underpinned by 2 core objectives.

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.

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.

Quarter 3 Reporting Highlights and Exceptions - Expenditure

- The data from the quarter 3 submissions indicate that Haringey is currently on track to meet the minimum spend requirement from the Better Care Fund (BCF).
- Most schemes have achieved 75% or more of the required spend allocation, by Q3 and full expenditure is anticipated for all schemes.
- At the last HWBB it was reported that the Disabled Facilities Grant was at 12% this was because the spend had been reported on completed schemes and not committed spend. At Q3 this was at 68% and work in progress will see the full expenditure.
- It was also previously reported that the discharge funding for home care was slightly lower at 31% and this was due to the recent implementation of the localities model over the past three months. An action plan was implemented with the Locality teams to raise awareness among individual teams in the service about avoidable hospital admissions. This includes service users receiving home care and reablement packages of care via the ASC Front Door, not just those transitioning from the hospital. This is supportive of admission avoidance and as a result of the activity it has increased and expenditure levels is back in line for the year end, currently 72%.
- The iBCF home care and domiciliary care has increased in quarter 3 as previously reported as a result of the winter period as during this time there is an increase in numbers of people requiring care on discharge and a higher conversion rate of reablement packages to long term packages. This is in line with forecasts.

Quarter 3 Reporting Highlights and Exceptions - Metrics

Metrics Overview for 2024/2025

- The Better Care Fund (BCF) for 2024/2025 focuses on four key metrics: Avoidable Admissions, Discharge to Normal Place of Residence, Falls, and Residential Admissions. For the Quarter 3 submission, we provided an update on our progress against the metric plan.

Avoidable Admissions

- Avoidable admissions pertain to unplanned hospitalisations for chronic ambulatory care-sensitive conditions. Quarter 3 data indicated that we were not on track to meet the target, with the borough missing the BCF Q3 target by 3%. (162.9 against target of 158)
- It has been determined that there were data issues (merging virtual ward and LA data), causing inaccuracies.
- Haringey's virtual ward (at NNUH and Whittington) faces several challenges, including a lack of carer support, medical cover issues, and difficulties in recruiting HCAs for interim care, although recruitment plans are underway.
- To address these issues, steps have been taken to separate Haringey's data and correct coding discrepancies, providing a clearer picture of virtual ward and SDEC performance.
- Given the reliance on accurate data for decision-making, ongoing improvements include refining data reporting to ensure precise and reliable data is captured moving forward.

Quarter 3 Reporting Highlights and Exceptions - Metrics

Discharge to Normal Place of Residence

- Discharge to normal place of residence focuses on the percentage of people discharged from acute hospitals to their normal place of residence. Quarter 3 data revealed that were not on track to meet the target, with the borough missing its BCF Q3 target by 2.21%. (92.9% against target of 95%)
- Although the target has not yet been met, the incremental progress observed from Q1 to Q3 is encouraging.
- The decreasing percentage difference over the quarters indicates that efforts are showing positive results, and Haringey remains optimistic about achieving the target in Q4 as several key improvements are underway.
- This optimism is due to the development of a new systemwide P2 digital solution, which aims to enhance our data set by reflecting variations at the acute site, borough, and unit levels.

Quarter 3 Reporting Highlights and Exceptions - Metrics

Falls

- The Falls metric relates to emergency hospital admissions due to falls in people aged 65 and over. BCF Q3 data showed that we were not on track to meet the target, with the data showing a 15.63% deviation above the target amount. (346 against target of 300)
- Despite not meeting the targeted metrics for falls this quarter, the work around the Community MDT Falls Clinic has made notable progress.
- Previously there were no falls clinic in Haringey, whereas now there are regular clinic sessions being held.
- Key challenges have been the initial capacity to meet all demand, especially with non-urgent falls assessments and waiting times, which have not been fully alleviated despite the service's growth.
- The recruitment of the Band 7 Nurse role, which is essential for managing falls, is still in progress, impacting service delivery and metrics achievement.

Residential Admissions

- Residential Admissions focus on the rate of permanent admissions to residential care per 100,000 population. Quarter 3 data highlighted that we are on track to meet this target. Investment in home-first and reablement-based care as the first approach have been key contributing factors to enable better wrap-around care, facilitating residents staying at home to meet outcome 2 of the national conditions.

25/26 BCF Submission

The BCF 2025/26 policy objectives focus on two overarching goals: supporting the shift from sickness to prevention and supporting people living independently and the shift from hospital to home

These objectives are designed to enhance the integration of health and social care services, ensuring that people receive the right care at the right time and in the right place. The key elements of these objectives include:

- 1. Shift from Sickness to Prevention:** This objective emphasises the importance of preventive care to reduce the incidence of illness and the need for acute care services. By focusing on prevention, the BCF aims to improve overall health outcomes and reduce the burden on healthcare systems.
- 2. Supporting People Living Independently and the Shift from Hospital to Home:** This objective aims to enable individuals to live independently in their own homes for as long as possible. It includes initiatives to improve discharge processes, enhance community-based care, and reduce the reliance on hospital and long-term residential care

25/26 BCF Submission

The metrics that will be focused on for 25/26 are: Emergency Admissions, Discharge Delays, Residential Admissions.

- The total funding for BCF 25/26 has increased by £721,803 compared to 24/25.
- The breakdown of the funding changes is as follows:
 - Disabled Facilities Grant (DFG) increased by £402,061.
 - Adult Social Care services spend from the NHS minimum allocations increased by £319,742 which was a 3.93% uplift which has been primarily allocated to cover increased costs of staffing.
 - Improved Better Care Fund (IBCF) has been renamed and merged with the Local Discharge Funding, the funding remains static for these at £12,097,8022.

To note whilst the Local Discharge Funding is no longer ringfenced there is a clear stipulation that its original intended purpose remains a priority, and the commitment and ambitions clearly stated.

25/26 BCF Submission

The approach being adopted is primarily an extension of the 23/24 – 24/25 plan. With minor adjustments under consideration.

The deadlines are challenging and there has been much concern raised across all authorities about effectively meeting this.

A joint working group has been established to coordinate and develop the plans and submissions to meet the requirements.

Key submission Deadlines

3rd March 2025 - Draft Narrative and planning template submitted.

31st March 2025 (midday) full submission.

30th September 2025 – Section 75 must be in place

A change to the sign off process is that in addition to Health and Well Being Board sign off, Chief Executives are also required to sign off.

Due to timing of the Board and paper submissions we are asking for HWBB Chairs sign off and will bring to the next meeting for information.

Conclusion

- The Board is invited to note and agree the changes and note the progress reported in quarters three.
- To note the 25/26 BCF submission key requirements and deadlines.