

Health and Wellbeing Board

17th June 2025

Better Care Fund – EOY 24/25 Submission & 25/26 Planning Submission Update

Reason for the decision

As a condition of the Better Care Fund (BCF), the Health and Wellbeing Board is required to confirm that the Plan meets national BCF requirements and to provide oversight for its successful delivery.

We are now seeking the Board's approval to:

- Acknowledge the progress made and validate the 2024/25 end-of-year submission.
- Approve the submission of the 2025/26 Plan.

End of Year Reporting Highlights and Exceptions - Metrics

Metrics Overview for 2024/2025

- BCF for 2024/2025 focused on four key metrics: Avoidable Admissions, Discharge to Normal Place of Residence, Falls, and Residential Admissions. Only Residential Admissions met its target. However, all others showed steady improvement from Q1 to Q4.

Metric	Outputs	Challenges	Key Success
Avoidable Admissions	Target not met; actuals were lower than planned in all quarters (Q4 was 163.8 vs 138 admissions per 100k)	Data inaccuracies from merging virtual ward and LA data; staffing shortages and recruitment issues in virtual wards	Whittington Virtual Ward reaching 75% of target; NCUH launched High-Intensity User project; 90% two-hour response rate; 519% increase in Universal Care Plan usage
Discharge to Normal Place of Residence	Target of 95% not met in any quarter; performance improved steadily from 91.9% in Q1 to 92.6% in Q4.	Lack of system-wide digital tools limited real-time tracking and accountability; delayed response to underperformance	New digital solution; improved data and discharge coordination; Q3 co-location of Social Workers sped up discharges home
Falls	Admissions remained above 300 target but declined from 439.9 in Q1 to 339.8 in Q4, a 22.8% reduction	No dedicated falls service earlier in the year; limited specialist staff and high demand exceeded capacity	Falls Clinic launched in Q4; therapy teams restructured; awareness raising Age Well Guide and outreach
Residential Admissions	Target met by year-end	No major challenges reported; continued focus needed to sustain performance	Effective investment in home-first care enabled residents to remain at home, supporting national outcome goals

End Of Year Reporting Highlights and Exceptions - Expenditure

The full 2024/25 allocation of £42,249,798 was fully spent as planned. However, some outputs didn't not match to the planned target.

- Scheme 50 (Community Equipment) aimed to support 10,752 individuals but reached 6,505; however, 33,753 items of equipment were delivered, reflecting higher complexity and more equipment needed per person.
- Scheme 52 (Wheelchair Provision) aimed to support 2424 individuals but reached 1,886. This variance reflects the original target not being adjusted annually to reflect actual performance. A commissioning review is planned to ensure the service continues to meet its intended outcomes for 2025/26.
- Scheme 65 and Scheme 74 (Discharge Funding for P1 Packages) did not meet planned outputs. This is due to increased unit costs, which resulted in fewer care hours/packages being delivered within the same investment.

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 Funding Allocation

The total BCF allocation for Haringey in 2025/26 is £42,991,774, an increase of £741,976 from 2024/25.

Funding Source	25/26 Amount (£)	Difference from 24/25	Comments
Disabled Facilities Grant (DFG)	£3,324,019	£402,061	
NHS Minimum Contribution	£27,569,953	£339,915	3.93% uplift
Local Authority Better Care Grant (Formerly iBCF)	£12,097,802	£0	The Improved Better Care Fund (iBCF) has merged with Local Discharge Funding, no changes.
Additional LA Contribution	£0	£0	
Additional NHS Contribution	£0	£0	
Total	£42,991,774	£741,976	

25/26 BCF Schemes

Below is an overview of how Haringey's total BCF allocation of **£42,991,774** for 2025/26 will be distributed and used.

Activity	Number of Schemes	Sum of Expenditure for 2025-26 (£)
Assistive technologies and equipment	2	£1,843,206
Bed-based intermediate care (short-term bed-based rehabilitation, reablement and recovery services)	5	£1,885,465
Disabled Facilities Grant related schemes	1	£3,324,019
Discharge support and infrastructure	14	£24,722,393
End of life care	1	£766,000
Evaluation and enabling integration	2	£355,424
Home-based intermediate care (short-term home-based rehabilitation, reablement and recovery services)	2	£3,706,100
Housing related schemes	1	£99,768
Long-term home-based community health services	1	£651,988
Long-term residential/nursing home care	1	£216,000
Other	6	£1,205,731
Personalised budgeting and commissioning	2	£854,975
Support to carers, including unpaid carers	1	£1,491,238
Wider local support to promote prevention and independence	11	£1,869,468
Grand Total	50	£42,991,774

25/26 BCF Metrics

This year the focus will be on three key metrics in 2025/26 to monitor the effectiveness of its BCF initiatives.

Metric	Target/Aim	How We Will Achieve This
Emergency Admissions (65+)	Reduce avoidable emergency admissions to 5,379 (1.4% improvement from previous year)	Through community-based interventions including Urgent Community Response, Virtual Wards, and Proactive Care Planning. Expansion of virtual ward capacity, integration of digital triaging and telehealth, and a shift to proactive, community-based care models will support this. The borough will also use local data and seasonal adjustments to monitor progress.
Discharge Delays	92% of patients discharged on their Discharge Ready Date; average delay ≤ 7.5 days	Implementation of the 'Home First' approach, use of the Discharge to Assess model, and a dedicated stepdown flat for complex discharges. An NCL Hub provides access to 225 step-down beds across NCL, reducing delays. Enhanced discharge coordination through the Single Point of Access (SPA) and 7-day Hospital Discharge Team operations will also support timely discharges.
Residential Admissions (65+)	Reduce long-term care admissions to 144 (rate of 494.2 per 100,000 population)	Promotion of home-first and reablement-based care, investment in assistive technology and telecare and enhanced community navigation support. The Connected Care Service and home adaptations like stairlifts and level-access showers help residents remain at home. The localities model and integrated neighbourhood teams also support early intervention and reduce the need for long-term residential placements.

25/26 BCF Oversight

Additional areas to support to achieve the delivery and outcome of the BCF plan.

Oversight Area	Description
Evaluation Templates for Scheme Review	Evaluation templates will be used to reassess BCF schemes to ensure they deliver value for money and that output targets are realistic and aligned with actual performance.
Governance and Oversight Structures	Oversight is provided through the Haringey Finance and Performance Partnership Board, which reports to internal governance structures and the Borough Partnership. The Health and Wellbeing Board provides ultimate oversight and formal decision-making authority for the BCF.
NCL Oversight and Benchmarking	Regular updates are shared at North Central London (NCL) community of practice meetings. These sessions allow for benchmarking against other NCL boroughs and ensure consistency in performance monitoring and improvement.
Working Groups and Workshops	A workshop focused on admission avoidance is scheduled this month, supporting the achievement of 2025/26 target metrics. This complements ongoing workstreams under the Age Well Board and other thematic groups.
New Oversight Group	A new oversight group will provide strategic direction and ensure that schemes remain aligned with broader transformation goals and deliver intended outcomes.
Improvement Plan Implementation	The Adult Social Care (ASC) Improvement Plan supports BCF delivery through co-production governance and targeted improvement actions.
Age Well Board Engagement	The Age Well Board is playing a more active role in shaping and monitoring BCF priorities, particularly around early help, dementia, and out-of-hospital care.
Joint Action Plans and Locality Working	Action plans are in place for key areas of joint working, including the integration of Connected Communities into localities and the co-location of Adult Social Care within discharge teams.
Pan-London Collaboration	Haringey actively engages in pan-London sessions to share ideas, coordinate efforts, and adopt best practices across boroughs.
Continuity from 2024/25	Many initiatives introduced in 2024/25 such as the ICE Hub, virtual wards, and the Home First model will continue into 2025/26, providing a stable foundation for improved performance.
Enhanced Performance Information	Better data systems and improved real-time tracking will support more accurate performance monitoring and timely interventions.

Conclusion

We are now seeking the Board's approval to:

- Acknowledge the progress made and validate the 2024/25 end-of-year submission.
- Approve the submission of the 2025/26 Plan.