

LONDON BOROUGH OF CAMDEN	WARDS: All
REPORT TITLE Camden Better Care Fund Plan 2023-25	
REPORT OF Executive Director, Adults and Health	
FOR SUBMISSION TO Camden Health and Wellbeing Board	DATE 12 th July 2023
<p>SUMMARY OF REPORT</p> <p>This report seeks Health and Wellbeing Board approval of the Camden 2023-25 Better Care Fund (BCF) plan. Under the BCF, local authorities and NHS Integrated Care Boards are required to enter into annual pooled budget arrangements and agree an integrated spending plan for the BCF funding. The total Camden BCF in 2023-24 is £40.4 million, which includes an additional funding allocation of £3m to improve hospital discharge.</p> <p>The report provides an overview of the two-year (2023-25) BCF Plan, which continues to act as a strategic enabler in the development of the Camden Integrated Care Partnership (ICP). The plan includes proposed local targets for the national BCF metrics that measure the performance of the integrated health and care system. The targets set represent an ambitious aim to continue with the post-pandemic recovery and have been developed in partnership with social care and NHS colleagues.</p> <p>In most previous years BCF plans were required for a single year, however, this year a two-year plan is required. For 2023-24 the Camden BCF Plan is largely a continuation of the expenditure plan for 2022-23 with adjustments for inflation, and new allocations to support improved hospital discharge. A review will be undertaken in the autumn to look at further opportunities for amendments for the 2024-25 BCF.</p> <p>Local Government Act 1972 – Access to Information No documents that require listing have been used in the preparation of this report.</p> <p>Contact Officer: Tim Rising – Strategic Commissioner 5 Pancras Square, N1C 4AG 020 7974 2224 Tim.Rising@camden.gov.uk</p>	
<p>RECOMMENDATIONS</p> <p>That the Health and Wellbeing Board:</p> <ol style="list-style-type: none"> 1. notes the Camden Better Care Fund (BCF) 2022-23 performance; 	

2. agrees the Camden Better Care Fund (BCF) 2023-25 Plan;
3. and delegates to the Executive Director, Adults and Health the power to make further decisions in relation to the 2023-25 Camden BCF Plan and associated national reporting within the parameters set out in section 4 of this report.

Signed: 

Chris Lehmann, Head of Adult Social Care Strategy and Commissioning

On behalf of Jess McGregor, Executive Director Adults and Health

Date: 30th June 2023

1. Purpose of Report

- 1.1. The Better Care Fund (BCF) is a national programme that aims to further develop integrated health and social care for residents. Under the BCF, NHS Integrated Care Boards (ICBs) (formerly Clinical Commissioning Groups) and local authorities are required to enter into annual pooled budget arrangements and agree an integrated spending plan to be approved by each organisation and then by the Health and Wellbeing Board. The BCF Plans will then be assured by NHS England and local government representatives.
- 1.2. Every year, the Department for Health and Social Care publish a BCF Policy and Planning Requirements. These set out the conditions and framework under which BCF plans must be created and delivered and include mandatory BCF plan templates and a timetable for submission. As in previous years, the BCF Policy set out two overarching objectives to be delivered through BCF plans:
 - **enabling people to stay well, safe and independent at home for longer.**
 - **providing the right care, at the right place, at the right time**
- 1.3. The BCF Policy also set out two key priorities that align with the overarching objectives:
 - Improving overall quality of life for people, and reducing pressure on Urgent and Emergency Care, 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
- 1.4. Unlike in previous years, all areas are required to submit a two-year, rather than one-year, BCF plans. The plans must be submitted by completing two templates. The first template is a 'Narrative Plan' setting out the overall approach to integrating health and social care in Camden, addressing a number of questions focusing on the policy objectives above, and other key areas such as reducing health inequalities as well as supporting unpaid carers. The Camden Narrative Plan focuses on the range of strategies, initiatives and ways of working that are driving the best health and care outcomes for our residents. This includes the Joint Health and Wellbeing Strategy, our Supporting People, Connect Communities Strategy, our 'What Matters' approach to social work and the development of Neighbourhood working.
- 1.5. The second template that must be completed is the 'Planning Template'. This requires an expenditure plan, setting out how the allocated Camden BCF funding will be allocated, proposed targets for the BCF Metrics and a completed intermediate care capacity and demand analysis.
- 1.6. The Camden BCF plan has been approved by both the ICB and the Council and submitted by the deadline. The submission was subject to final Health and Wellbeing Board approval. This report therefore summarises the key elements

of the Camden BCF plan and seeks Board approval of the plan. Copies of the BCF plan documents can be made available to Board members on request.

2. BCF expenditure plan

- 2.1. The BCF is made up of four funding elements, all of which are allocated by government. Firstly, there is the minimum NHS ICB contribution, which is paid to the ICB. The second funding stream is the Improved Better Care Fund (iBCF) grant to local authorities, which includes the previous Winter Pressures Grant. Thirdly, there is the Disabled Facilities Grant (paid to the Council) to fund adaptations to properties. Finally, there is a new Discharge Fund to reduce delayed hospital discharges and improve outcomes for patients. This funding is allocated separately to the Council and ICB, but all funding is required to be used to build additional adult social care and community-based reablement capacity.
- 2.2. The BCF Planning requirements confirmed the final Camden BCF allocations as follows:

	2023-24	2024-25	Change from 22-23 to 23-24	
			(£)	(%)
Minimum NHS Contribution	£23,550,863	£24,883,842	£1,261,573	5.66%
Disabled Facilities Grant	£1,046,736	£1,046,736	£0	0% ¹
iBCF (Local Authority grant)	£12,874,053	TBC	£0	0%
Local Authority Discharge Funding	£1,804,922	£2,996,171	£733,454	68.5%
ICB Discharge Funding	£1,093,000 ²	£2,184,529	£187,000	20%

- 2.3. As in previous years, the vast majority of the BCF will fund core health and social care services such as:

- Care packages, e.g., homecare - £9.6 million
- District Nursing - £5.5 million
- Residential and nursing care home placements - £2.3 million
- Equipment and assistive technology - £4.3 million
- Support for unpaid carers - £0.7 million
- Reablement - £2.5 million
- Social work teams - £2.7 million

¹ It has been confirmed that the DFG will increase in 24-25, but the final allocation has yet to be confirmed.

² The ICB allocation of Discharge Fund is £6.8m across all 5 NCL boroughs. The ICB are required to confirm the allocation to each borough.

2.4. The inflationary uplift of 5.66% to the main BCF allocation has enabled a similar uplift to most BCF schemes. In addition, a number of changes to BCF schemes have been possible to better support the delivery of BCF metrics and to drive the development of strengths-based integrated health and care services. The main changes to the 2023-25 BCF Plan are:

- Increased investment of £74,000 into our WISH+ (Warmth, Income, Safety and Health (and Wellbeing)) referral hub, to ensure more residents can access a wide range of preventative services through a single initial referral. Onwards referrals made by WISH+ include to the Handyperson Service, Camden Advice Network, Age UK Camden, and Camden Carers. The project officer adopts a Making Every Contact Count holistic approach, so one referral to WISH+ could lead to numerous onward referrals.
- Additional capacity to meet increased demand for all types of advocacy, ensuring that our resident's views, rights and needs are central to all decisions about their care and support. This will cost an additional £60,000 in 2023-24.

2.5. The Discharge Fund was first introduced in the winter of 2022-23, but the allocation has increased significantly in 2023-24, and will increase further in 2024-25. The vast majority of the Council's Discharge Fund allocation (£1.6m in 23-24 and £2.7m in 24-25) will be used to fund the year-on-year increase in demand for homecare to ensure that people can be effectively discharged home. However, a smaller element of the new fund will be used for four new innovative proposals to support discharge, prevention and strengths-based working.

2.5.1. Firstly, £60,000 will be awarded to Camden Carers to develop a new health and GP liaison role to embed consideration of the needs and roles of carers in all parts of the health system. This will involve Virtual Wards, discharge planning and with Patient Advice and Liaison Service (PALS) services.

2.5.2. Secondly, £45,000 will be used to develop a new recuperative model of care in our care homes providing specialist 1:1 provision where staff focus on providing time-limited specialised care and support to all newly admitted residents, with a particular focus on residents who are experiencing behavioural and emotional difficulties associated with a mental health diagnosis and/or dementia.

2.5.3. Thirdly, £70,000 has been allocated for all reablement workers to be trained to work in a strengths-based way with wider support from an occupational therapist, nutritionist and other specialist roles.

2.5.4. Finally, £300,000 will be allocated to pilot a new way of working in our East Neighbourhood. The neighbourhood model is an enabler of wider ICP priorities, and the ambition is to have integrated 'teams' working across healthcare, social care, housing, commissioned care providers, community and voluntary sector organisations in each of the 5 neighbourhoods, starting in the East.

- 2.6. The ICB's allocation of the Discharge Fund will be split, with 50% of this funding additional social care discharge demand (Council commissioned homecare) and 50% funding additional health discharge demand (ICB commissioned homecare and care home placements).

3. BCF metrics

- 3.1. As in previous years, the BCF requires each area to set targets against key metrics to evidence the performance of the overall health and care system. The BCF planning framework for 2023-24 includes five BCF metrics:

- **Metric 1** - Increasing the percentage of people discharged from hospital to their normal place of residence.
- **Metric 2** - Reducing avoidable admissions to hospitals.
- **Metric 3** - Reducing the number of permanent admissions to care homes.
- **Metric 4** - Increasing the effectiveness of reablement.
- **Metric 5** – Reducing hospital admissions following a fall

- 3.2. The first four metrics have been part of the BCF for a number of years, but the falls metric is new in the 2023-25 BCF policy. Previous performance and proposed 23-24 targets for each metric are set out in detail in Appendix A. The plans in place to meet the targets are summarised below.

Metric 1 - Increasing the percentage of people discharged from hospital to their normal place of residence.

- 3.3. There is a national ambition for all areas to discharge 95% of residents to their usual place of residence, which is normally their own home, but could also be a care home. There is, however, no formal requirement for areas to reach this target in their BCF plans. Camden performance fluctuates on a monthly basis, but over the last three years there is a clear improving trend towards this 95% aspiration. The 2023-25 target has therefore been developed to improve performance year-on-year to reach 95% at the start of 2025-26, while allowing for performance to be flat over the challenging winter period. Approaches in place that will support this ambition include the development of a core offer across each discharge pathway. This core offer will ensure more consistent use of voluntary sector support, introduce strengths-based approaches to staff within the hospital to promote a better understanding of what is possible in the community and the establishment of a more consistent use of trusted assessors in care homes. The additional Discharge Funding set out above will also support improvements in this metric by ensuring sufficient homecare capacity, and improving the support for unpaid carers of residents being discharged.

Metric 2 - Avoidable hospital admissions

- 3.4. This metric measures the rate of emergency admissions to hospital for people with conditions that should be managed in the community, e.g., diabetes, angina, dementia. Camden performance in 22-23 was very strong when

compared to other boroughs in North Central London; however, it should be noted that all data was impacted by coding issues within hospitals, meaning some avoidable admissions were not fully captured. The 23-25 Plan recommends building on the good performance in 22-23, with an adjustment to reflect the data quality issues.

- 3.5. Strong performance in this metric has been delivered through the NHS Urgent Community Response (UCR) service, working closely with Camden's Careline service, along with a range of community prevention initiatives. In 2023-24, further work will be undertaken to increase referrals to the UCR service, particularly through joint work with the London Ambulance Service to prevent conveyance to hospital if at all possible.
- 3.6. Performance against these first two metrics will also be supported by the continuing rollout of the use of virtual wards. A virtual ward is a safe and efficient alternative to NHS bedded care. Virtual wards support patients who would otherwise be in hospital to receive the acute care and treatment they need in their own home. This includes either preventing avoidable admissions into hospital or supporting early discharge out of hospital.

Metric 3 – Reducing permanent admissions to care homes

- 3.7. This metric seeks to reduce the number of residents, aged 65 or over, who are permanently admitted to a residential or nursing home. Performance against this metric has been improving year-on-year for the past three years, and the latest national data (2021-22) shows that our performance is the best across North Central London, and 5th best nationally. Our ambition is to maintain this good performance, which will be challenging in the context of demographic pressures and increasing levels of need.
- 3.8. Our plans will be supported by the investment noted above to create a new recuperative model of care in our care homes. This will focus on understanding the needs of the residents and identifying solutions to reducing or eliminating the need for 1:1 care, or a permanent placement.
- 3.9. In addition to this new model of care, permanent care home admissions will also be avoided through the flexible use of our bedded reablement setting, Henderson Court. This will allow a safe, comfortable and supportive environment to consider and assess the less restrictive options of sheltered and extra care sheltered accommodation. Henderson Court has had many successes in supporting people who were struggling to manage in the community, improving their psychological, mental and physical health and placing them into these, and other, accommodation types as opposed to a care home.

Metric 4 - Increasing the effectiveness of reablement

- 3.10. Reablement is a short-term service that supports residents to maintain or regain independence. This metric measures the impact of reablement provision, by reviewing how many people discharged from hospital with a

package of reablement are still at home 91 days later. Our performance in 22-23 was at 86%, which was a significant improvement from the 21-22 performance of 75%, and the best performance over the last four years. The BCF target is to maintain this strong performance, which, as with the care home target, will be challenging with the increasing levels of need across our ageing population.

- 3.11. Performance against this metric will be supported by the additional reablement training being resourced by the Discharge Fund, in addition to the re-commissioning of our reablement contracts during the first half of 2023-24.

Metric 5 - Reducing hospital admissions following a fall

- 3.12. The falls metric is a new BCF metric for 2023-25. This will measure the emergency hospital admissions for Camden residents aged 65 or over following a fall. Care home residents are three times more likely to fall than people living in the community and have a 65% conveyance rate to hospital. Due to the significant impact falls can have on care home residents' health, Camden have signed up to the NCL commitment to reduce falls occurrence. Through this, Camden care homes are able to pilot the NCL Falls Prevention Project. This will provide devices for care homes to monitor sounds throughout the night and alert care home staff via handheld devices if the sounds are abnormal and above threshold. The use of acoustic technology will initially focus on those homes that have the highest incidence of falls and will be rolled out in a phased manner to include additional homes over the course of the next 12 months.
- 3.13. A range of other work is ongoing to reduce falls in the community or at home. This includes further promotion of the BCF funded Home Improvement Service, to offer residents free access to home safety assessments, and handyperson work to address identified trip hazards, as well as the BCF funded Low Vision Centre. The BCF also contributes core funding to our assistive technology service, Careline, as well as our integrated community equipment service.

4. Delegation to Executive Director, Adults and Health

- 4.1. The 2023-25 BCF Planning requirements include the option for areas to amend BCF plans for 2024-25, which may include changes to project funding or the decommissioning of schemes. Any such changes will require Health and Wellbeing Board approval. The planning requirements also set out plans for national BCF reporting to commence from quarter 2 of 2023-24, and that each report must also be approved by the Health and Wellbeing Board.
- 4.2. Due to the timing of Health and Wellbeing Board meetings, this report recommends a delegation to the Executive Director, Adults and Health, to approve changes to the 2023-25 Camden BCF Plan and national reporting on behalf of the Health and Wellbeing Board. A report will be presented to the

Health and Wellbeing Board in summer 2024 setting our 2023-24 BCF performance and any changes to BCF investment.

5. Finance Comments of the Executive Director Corporate Services

- 5.1 The spending proposals for 2023/24 and draft plans for 2024/25 are within the available funding and an inflationary uplift of 5.6% has been included in the main BCF allocation. The spending proposal does not create any further pressures.
- 5.2 The additional proposed discharge funding allocated directly to the council will be used to mainly facilitate the safe discharge of people from hospital to their homes. The final amount of discharge funding that will be passed to councils from the ICB allocation is subject to ongoing discussions and yet to be finalised, and it is expected that this will also be used to support discharge. Part of the new funding will also be allocated to schemes that support prevention and strength-based working.

6. Legal Comments of the Borough Solicitor

- 6.1 As part of their statutory functions, the Health and Wellbeing Board are required to encourage the integration of provision of any health or social services in the borough. These arrangements are dealt with under Section 75 of the NHS Act 2006 agreement, which sets out the governance arrangements for the delivery of services, and respective budget contributions of the local authority and the ICB in relation to the services.
- 6.2 The local governance mechanism for the BCF is the Health and Wellbeing Board, which has the power to sign off the report or make appropriate arrangements to delegate this.

7. Environmental Implications

- 7.1. There are no environmental implications arising out of this report.

8. Appendices

Appendix A - BCF 23-25 Proposed Targets

REPORT ENDS