

<b>LONDON BOROUGH OF CAMDEN</b>	<b>WARDS:</b> All
<b>REPORT TITLE</b> Better Care Fund 2024-25 Update	
<b>REPORT OF</b> The Director of Strategy and Commissioning Adult Social Care	
<b>FOR SUBMISSION TO</b> Health and Wellbeing Board	<b>DATE</b> 18 <sup>th</sup> September 2024
<p><b>SUMMARY OF REPORT</b></p> <p>This report provides an update to the Health and Wellbeing Board about the Camden 2024-25 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 2024-25 is £44 million, which includes an additional funding allocation of £5m to improve hospital discharge.</p> <p>This report provides an overview of the changes to the funding investments in 2024-25, as well as proposed metric targets. The proposed local targets for the national BCF metrics measure the performance of the integrated health and care system. The targets that are 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, a two-year plan was agreed and approved for 2023-25. For 2024-25, only a lighter-touch update was therefore required to be submitted with any changes in investment as well as new metric targets. Due to the significant financial pressures across the health and care system, agreement was delayed across the 5 North Central London councils and the Integrated Care Board. This meant it was not possible to submit a Camden plan update for 2024-25 in line with the initial NHS England deadline of the 10 June 2024. A mediated process was undertaken, and agreement of the Camden 2024-25 BCF plan was reached in mid-July 2024.</p> <p><b>Local Government Act 1972 – Access to Information</b> No documents that require listing have been used in the preparation of this report.</p> <p><b>Contact Officer:</b> Tim Rising – Strategic Commissioner 5 St Pancras Square, N1C 4AG 020 7974 2224 <a href="mailto:Tim.Rising@camden.gov.uk">Tim.Rising@camden.gov.uk</a></p>	
<p><b>RECOMMENDATIONS</b></p> <p>To note the report.</p>	

Signed:

A handwritten signature in black ink, appearing to read 'JMcGregor', written in a cursive style.

Jess McGregor, Executive Director Adults and Health

Date: 6<sup>th</sup> September 2024

## 1. Purpose of Report

- 1.1. The Better Care Fund (BCF) is a national programme that started in 2015 and aims to further develop integrated health and social care for residents. Under the BCF, Integrated Care Boards (ICBs) and local authorities are required to pool a set amount of funding and agree an annual integrated spending plan to be approved by each organisation and then by the Health and Wellbeing Board. The BCF Plans then require approval by NHS England and local government representatives.
- 1.2. Every year, the Department for Health and Social Care publish 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. The current BCF Policy has 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 sets 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. 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. The 2024-25 allocations for each of these funding streams are set out below:

	2024-25	Change from 23-24 to 24-25	
		(£)	(%)
Minimum NHS Contribution	<b>£24,883,842</b>	£1,332,979	+5.7%
Disabled Facilities Grant	<b>£1,141,728</b>	£94,992	+9.1%
iBCF (Local Authority grant)	<b>£12,874,053</b>	£0	0%
Local Authority Discharge Funding	<b>£3,008,204</b>	£1,203,282	+66.7%
ICB Discharge Funding (Camden share)	<b>£2,147,000</b>	£1,054,000	+96.4%
<b>TOTAL</b>	<b>£44,054,827</b>	<b>£3,685,253</b>	<b>+8.4%</b>

- 1.5. In most previous years, all areas were required to submit annual BCF plans, but in 2023 areas were required to submit a two-year plan covering 2023-25. The Camden 2-year BCF Plan 23-25 was submitted by the 28<sup>th</sup> June 2023 deadline. The Health and Wellbeing Board approved the 23-25 Plan on 12<sup>th</sup> July 2023. Board approval after submission was permitted within the BCF and is a standard approach across many areas where the timings of Health and Wellbeing Boards do not align with the BCF submission deadline. On 12<sup>th</sup> July the Board also delegated the power to the Executive Director to agree any further decisions required by the Board as part of the 23-25 plan.
- 1.6. Confirmation was received in September 2023 that the Camden plan had been approved through the national assurance process. However, even though the two-year BCF plan was approved, on 28<sup>th</sup> March 2024, the government published an addendum to the 2023-25 BCF Policy framework. Within this addendum was a requirement for all areas to submit a simpler BCF planning template for 2024-25 with updates to expenditure plans, metric targets and intermediate care capacity and demand. The deadline for the submission was 10<sup>th</sup> June 2024.
- 1.7. Due to the significant financial pressures being faced across health and social care, it was not possible to agree how the ICB Discharge Funding would be apportioned and allocated before the BCF submission deadline across the NCL local authorities. With the support of an external mediator appointed through the London Better Care Support team, a mediated agreement was reached on 18<sup>th</sup> July between the ICB and the five NCL local authorities. This confirmed how the ICB Discharge Funding would be apportioned and allocated. Following this agreement, National Health Service England (NHSE) confirmed that 24-25 BCF Plans could be submitted by a revised deadline of 26<sup>th</sup> July. The Camden BCF Plan update was submitted by this deadline following approval by the Executive Director Adults and Health on behalf of the Board (through the delegation agreed in July 2023).
- 1.8. The BCF addendum confirmed minor changes to the BCF Policy Framework and maintained the core objectives and priorities as set out above. A national BCF template was produced for completion by all areas. This required details in three main areas. Firstly, a detailed spending plan for all BCF funding, setting out the schemes that funding will be allocated to and the expected outputs of each. Secondly, proposed targets for the four BCF performance metrics. Finally, month by month capacity and demand estimates for intermediate care services, e.g. reablement, rehabilitation, short term care home placements.
- 1.9. This report summarises these three main areas of the Camden 2024-25 BCF Plan update.

## **2. Expenditure Plan**

- 2.1. As in previous years, the vast majority of the BCF funds core health and social care services such as:
- Care packages, e.g., homecare - £9.8 million
  - District Nursing - £5.5 million

- Residential and nursing care home placements - £3.5 million
- Equipment and assistive technology - £4.5 million
- Support for unpaid carers - £0.8 million
- Reablement - £2.5 million
- Social work teams - £2.7 million

2.2. The inflationary uplift of 5.66% to the main BCF allocation has enabled an uplift to many BCF schemes to support inflationary pressures, as well as funding for a small number of new projects. The additional Discharge Funding to both the Council and ICB, has enabled funding to be applied to address a number of budget pressures linked to discharge pathways and overall health and care capacity. The main changes to the 2024-25 BCF Plan are:

- An additional £1.5m investment into residential and nursing care, particular to support residents being discharged from hospital.
- New investment of £1m from the ICB's Discharge Fund to support the Transfer of Care Hubs to manage discharge, as well as funding for care for residents awaiting a Continuing Healthcare assessment.
- New investment of £900,000 for supported living placements for people with a learning disability. This investment aims to mitigate the amount and complexity of support required for people with a learning disability as these continue to increase, leading to significant budget pressures as well as risks of delayed hospital discharges for residents.
- Funding of £130,000 to support the rollout of the new Carers Action Plan that was formally launched at Full Council in July 2024.
- Funding of £40,000 to pilot a new therapeutic approach to work with people with hoarding behaviour to address the root cause. This will seek to improve wellbeing outcomes as well as reduce the number of repeat deep-cleans undertaken.

### 3. Camden BCF metric targets 2024-25

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 addendum to the BCF planning framework for 2024-25 confirmed that the following four metrics would remain unchanged from previous years:

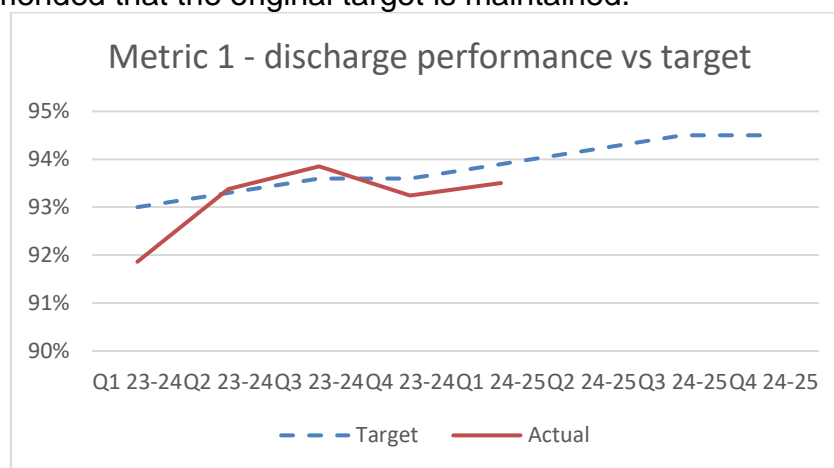
- **Metric 1** – Increasing the percentage of people discharged from hospital to their normal place of residence.
- **Metric 2** – Reducing avoidable admissions to hospitals.
- **Metric 3** – Reducing the number of permanent admissions to care homes for those aged 65+.
- **Metric 4** – Reducing hospital admissions following a fall for those 65+.

3.2. The fifth metric from previous years, increasing the effectiveness of reablement, has been removed due to changes in the collection method of this data.

3.3. Targets for each metric have been set following a review of previous performance, benchmarking Camden performance against other North Central London boroughs and discussions between Council and NHS operational leads. These are summarised below, and further analysis is included in Appendix A.

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

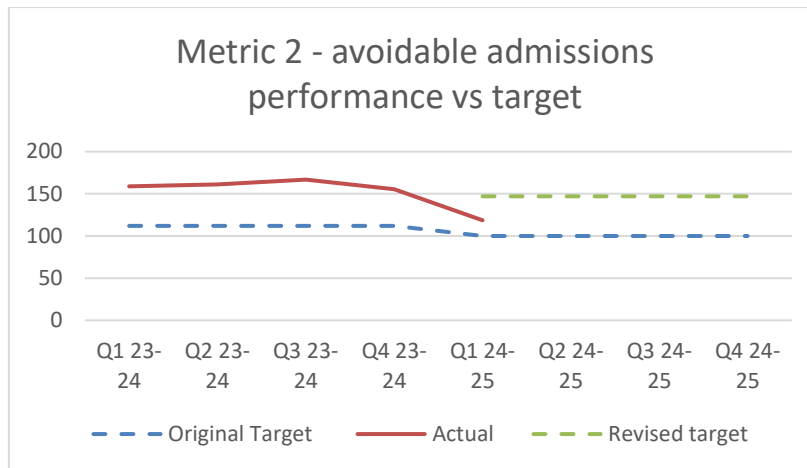
- 3.4. As part of the 23-25 BCF Plan, the Camden Health and Wellbeing Board agreed that the target for this metric should be to reach the national ambition of 95% by the end of the 2-year plan. As can be seen below, while performance does fluctuate quarterly, there is an overall improving trend, so it is recommended that the original target is maintained.



- 3.5. BCF investment that supports performance against this metric includes the significant funding for reablement and homecare to support people to return safely home after hospital discharge.

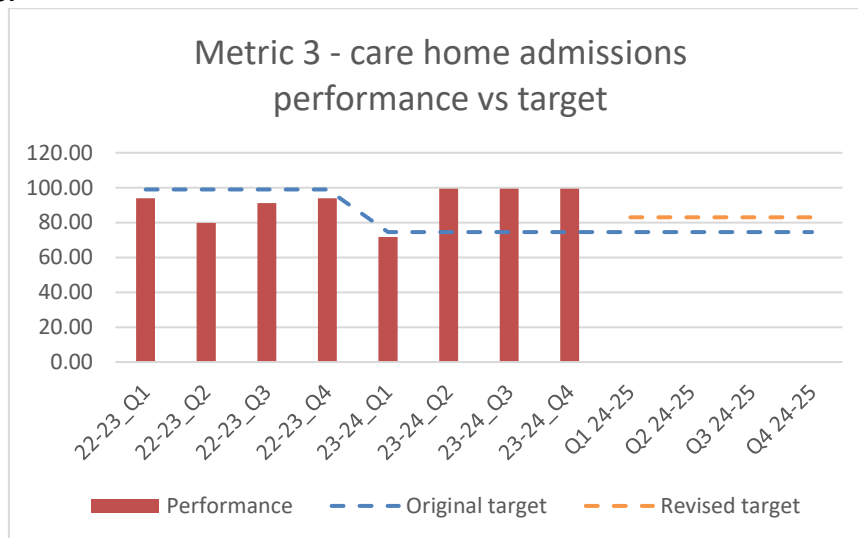
Metric 2 - Reducing avoidable admissions to hospitals.

- 3.6. This metric seeks to reduce the emergency hospital admissions for people with specific health conditions that should not require an emergency admission. Heart disease and heart failure, COPD and asthma are the top 3 clinical reasons for avoidable admissions and together make up more than 50% of total avoidable admissions across NCL.
- 3.7. Across NCL, there has been significant investment over the last few years, including from the BCF, to improve performance. This has included investment in multi-agency services such as urgent community response; virtual ward; anticipatory care planning and enhanced health in care homes teams.
- 3.8. While the number of potentially avoidable admissions has fallen steadily in recent years there have been challenges with this data with a significant proportion of the hospital admissions not being coded correctly. This meant that actual performance in 23-24 was significantly over target (as the target was based on inaccurate 22-23 data). A revised 24-25 target has been proposed to improve the overall 23-24 performance by 10%.



**Metric 3 - Reducing the number of permanent admissions to care homes for those 65+**

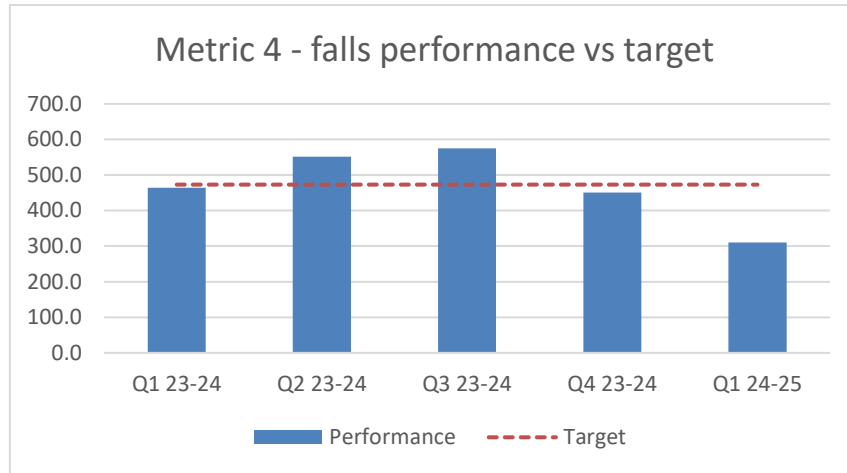
3.9. An ambitious target was set for 2023-24 based on the major drop in permanent admissions at the start of 2023-24. However, later in 2023-24 the admissions increased and remained high across quarters 2 through 4. A revised target has therefore been proposed to improve 23-24 performance by 10%. This will be supported by the rollout of the delayed recuperative (reablement) model of care in our commissioned care homes. The model will put in place 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. This should reduce the number of admissions to care homes that become permanent. The rollout of this new model was delayed due to issues with recruiting to key clinical posts in the care homes.



**Metric 4 – Reducing hospital admissions following a fall for those 65+**

3.10. Performance for this metric has improved in the last quarter of 2023-24 and further improved in the first quarter of 2024-25. The metric was first introduced into the BCF in 2023-24, so it is proposed to maintain the 2023-24 target and then review performance over the 2-year period. This metric should be

supported by the strong start to the Disabled Facilities Grant funded adaptations work seen in 2024-25. These grants fund a range of home adaptations, e.g. level access showers, which keep people well and independent at home. In quarter 1, 41 DFGs were approved, compared to 95 for the whole of 2023-24.



#### **4. Capacity and Demand for intermediate care**

4.1. The 2024-25 BCF Plan once again requires all areas to estimate the demand and capacity for all types of 'intermediate care' for each month of the year. The data is required to be split by intermediate care required as part of a hospital discharge (generally 'step-down') and that required from the community (generally 'step-up'). Intermediate care includes reablement and rehabilitation, either at home or in a bedded setting, as well as short term care home placements.

4.2. A range of analysis has been undertaken of the 2023-24 planned activity vs actuals, along with reviews of activity trends over the last 2 years. Overall, the greatest variance was in Pathway 1 (e.g. reablement at home) activity which was around 12% higher than the original forecast. Pathway 3 (short term care home placements) was higher by about 5%, whereas Pathway 0 (return home with no additional services) and Pathway 2 (rehabilitation in a bedded setting) were both slightly lower. There was however significant month on month variation.

4.3. Pathway splits for 2024-25 have therefore been calculated based on the historic trends across all of NCL in 2023-24 along with an uplift to the discharge plan for some acute providers.

#### **5. Finance Comments of the Executive Director Corporate Services**

The spending plans for 24/25 are within the available funding agreed. No further financial pressures are created as a result of this agreement of the pooled budget.

#### **6. Legal Comments of the Borough Solicitor**



The Borough Solicitor has been consulted and has no comments to add to the report.

**7. Environmental Implications**

There are no environmental implications arising from this report.

**8. Appendices**

Appendix A – BCF Performance Information

**REPORT ENDS**