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Health and Wellbeing Board

Date: **TUESDAY, 10 JUNE 2025**

Time: **2.30 PM**

Venue: **COMMITTEE ROOM 6 - CIVIC CENTRE, HIGH STREET, UXBRIDGE UB8 1UW**

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To Members of the Board:

- Cabinet Member for Health and Social Care (Co-Chair)
- Hillingdon Health and Care Partners Managing Director (Co-Chair)
- Cabinet Member for Families, Education and Wellbeing (Vice Chair)
- LBH Chief Executive
- LBH Executive Director, Adult Services and Health
- LBH Executive Director, Children and Young People's Services
- LBH Director, Public Health
- NWL ICS - Hillingdon Board representative
- NWL ICS - nominated lead
- Central and North West London NHS Foundation Trust - nominated lead
- The Hillingdon Hospitals NHS Foundation Trust Chief Executive
- Healthwatch Hillingdon - nominated lead
- Royal Brompton and Harefield Hospitals - nominated lead
- Hillingdon GP Confederation - nominated lead

Published: Friday, 6 June 2025

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Lloyd White
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Agenda

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2025/26 BETTER CARE FUND PLAN

Relevant Board Member(s)	Councillor Jane Palmer – Co-Chair Keith Spencer – Co-Chair Sandra Taylor – Corporate Director, Adult Social Care and Health
Organisation	London Borough of Hillingdon
Report author	Gary Collier - Adult Social Care and Health Directorate, LBH Sean Bidewell – Integration and Delivery, Northwest London ICB
Papers with report	Appendix 1 – Discharge Funding Breakdown 2025/26

HEADLINE INFORMATION

Summary	The Better Care Fund (BCF) is a national initiative that has been in place since 2015. Its vision is to support the national policy objectives of supporting the shift from sickness to prevention and supporting people to live independently and the shift from hospital to home. This report explains how the plan meets national requirements. Approval by the Health and Wellbeing Board is a one of the national requirements.
Contribution to plans and strategies	The Better Care Fund plan contributes to the delivery of Hillingdon's Joint Health and Wellbeing Strategy and ensures compliance with requirements under the 2006 National Health Service Act.
Financial Cost	The proposed value of the BCF for 2025/26 is £74,160,938 comprising of a Council contribution of £44,729,879 and an ICB contribution of £29,431,059.
Ward(s) affected	All

RECOMMENDATIONS

That the Health and Wellbeing Board:

1. **approves the 2025/26 Better Care Fund Plan as described in the report, including the proposed financial arrangements and proposed targets for the national metrics.**
2. **notes the position regarding Equality and Health Impact Assessments as set out in the report.**

INFORMATION

Strategic Context

1. The policy framework that set out broad principles to be followed for the 2025/26 Better Care Fund (BCF) plan was published on 30 January 2025. The detailed planning requirements for 2025/26 were also published on the same date.

2. The submission date for the 2025/26 plan set out in the January 2025 planning requirements was 31 March 2025. In-year changes to NHS additional contribution funding arrangements announced by the Northwest London Integrated Care Board (ICB) on 20 March 2025 meant that it was not possible for Hillingdon Place to be compliant with the national requirement and our local plan was submitted on 6 May 2025. The planning documents were submitted as drafts pending the Board's formal approval.

3. The Board may wish to note that the decision to reduce the NHS additional contribution to the BCF in-year followed the national announcement of the requirement for ICBs to reduce their overheads by 50% by December 2025.

4. The 2025/26 BCF plan submission comprises of the following documents:
   - Narrative plan
   - Planning template
   - Intermediate care demand and capacity template

5. The narrative plan and key aspects of the planning template, i.e., income and expenditure, targets for metrics and supporting rationale, and the intermediate care demand and capacity template can be accessed using the following link https://www.hillingdon.gov.uk/bcf.

6. The Board is advised that, following the general election in July 2024, there has been a slight change of emphasis with the BCF in that plans must show how they are contributing to the delivery of two national policy objectives, and these are:
   - ***National BCF Policy Objective 1:*** **To support the shift from sickness to prevention** – including timely, proactive and joined-up support for people with more complex health and care needs; use of home adaptations and technology; and support for unpaid carers.
   - ***National BCF Policy Objective 2:*** **To support people living independently and the shift from hospital to home** – including help prevent avoidable hospital admissions; achieve more timely and effective discharge from acute, community and mental health hospital settings; support people to recover in their own homes (or other usual place of residence); and reduce the proportion of people who need long-term residential or nursing home care.

7. The Board may wish to note that, in 2024/25, there were two discharge funding grants, one of which came directly to local authorities and the other via ICBs. These were ring-fenced grants that could only be used to the support discharge. The ring-fence has been removed in 2025/26 and the ICB Discharge Fund has been included within the NHS minimum contribution to health. The local authority discharge fund has been included within the Local Authority Better Care Grant, which is paid directly to councils. The latter also includes the Improved Better Care Fund (iBCF) grant also previously received by councils as a separate grant. The value of this funding remains at the 2024/25 level. To avoid confusion, in this report funding previously identified as discharge funding will continue to be referred to as such, although it is important to emphasise that the removal of the ring-fence increases flexibility as to how this income can be deployed.

ICB Review of BCF Schemes

8. As a result of the ICB instigated review of BCF schemes undertaken during 2024/25,

Hillingdon has amalgamated schemes using common definitions agreed across the sector. BCF funded services have been aligned to four '*buckets*' that have aims linked to the national BCF objectives. There has also been an attempt to simplify funding arrangements by reducing the number of different BCF income streams supporting services included in the plan.

9. The buckets and related aims are shown below:
   - ***Scheme 1: Living Well.*** Aim: Maximising independence and preventing unnecessary admission to hospital and residential care - Adults of working age.
   - ***Scheme 2: Ageing Well*****.** Aim: Maximising independence and preventing unnecessary admission to hospital and residential care - People aged 65 +.
   - ***Scheme 3: Active Recovery*****.** Aim: Promoting recovery and independence after acute illness.
   - ***Scheme 4: Infrastructure Enablers*****.** Aim: Providing effective foundations for operational service delivery.

Key Changes from 2024/25 Plan

10. The ICB's decision to reduce its additional contribution to the BCF in 2025/26 by 50% has resulted in savings of £796,619. The expectation is that the NHS additional contribution to the BCF will reduce by a further £718,608 from 2026/27 making a full year saving for 2026/27 of £1,515,227. Within this changed financial context the approach taken has included:
    - Deletion of posts that have not been recruited to or where functions can be delivered outside of the BCF, e.g. P2/3 Bed Coordinator and Online Services Coordinator posts.
    - Moving things out of the BCF that could be funded elsewhere, e.g., Marketplace online directory software licence.
    - Not continuing contracts due to expire in-year or where it is difficult to demonstrate impact.
    - Reducing capacity of services following an eligibility review, e.g. Reablement.

11. As part of the process of streamlining the BCF to focus on mandated funded streams and additional that is aligned to them, £26,210k of additional local authority contribution has been removed from the 2025/26 plan (the additional local authority contribution was £55,385k in 2024/25). This mainly applies to community services for people with learning disabilities, e.g., supported living, outreach, direct payments, etc. It is important to emphasise that these services continue to be funded but outside of the BCF.

12. Linked to the outcome of the NWL BCF are changes to the risk share arrangements for the community equipment service. In 2024/25, this was 76% NHS and 24% local authority. This will change to 71% NHS and 29% local authority in 2025/26 as part of a transition to a uniform 65% NHS and 35% local authority, which it is proposed to fully implement in 2026/27.

2025/26 Priorities

13. The main priorities reflected in the 2025/26 BCF plan include:
    - Continuing to embed a Population Health Management (PHM) approach across the health and care system.
    - Further developing three Integrated Neighbourhood Teams (INTs) and the neighbourhood working approach to deliver care and support closer to home.

- Establishing fewer, larger integrated teams aligned to the INTs that cover seven days and have a single leader.
- Expanding a targeted care coordination programme within the INTs that utilises digital innovation and focuses on risk stratification and early intervention, particularly for the 4,400 people who are high users of health services.
- Reviewing the technology enabled care (TEC) offer and exploring alignment with the INTs to maximise opportunities for need escalation prevention.
- Implementing a single Borough-wide Reactive Care Service that maximises the '*Homefirst*' approach and delivers community-based urgent responses.
- Implementing the outcomes of competitive tenders for third sector provided preventative services, e.g., information, advice and guidance, support for carers, and early intervention support for adults with mental health needs.
- Implementing the outcomes of the Northwest London Integrated Care System (ICS) BCF review to achieve greater alignment of approaches across the sector. This is intended to ensure that national BCF objectives are met within an equitable and sustainable joint system approach, except where divergence is appropriate to address place-based needs.

2025/26 BCF Plan National Requirements

National Conditions Compliance

14. There are four national conditions that roll forward into 2024/25 and these are summarised below.

15. ***National Condition 1:*** **There is a jointly agreed plan.**

Commentary: Hillingdon will be compliant with this condition if the Board agrees the report recommendation.

16. ***National Condition 2:*** **Implementing the objectives of the BCF.** There are four components of this condition and these are:
    - Setting out a joint approach for meeting the two national priorities.
    - Setting goals for the three national metrics.
    - Demonstrating a '*homefirst*' approach and shift away from avoidable use of care home placements.
    - Explaining any changes in the use of discharge funding compared to 2024/25.

Commentary: Key lines of enquiry in the narrative template have been addressed and the metrics tab in the planning template completed. This means that there is compliance with this requirement.

16. **National Condition 3: Complying with grant and funding conditions, including maintaining the NHS minimum contribution to Adult Social Care.**

Commentary: This is addressed within the expenditure tab of the planning template and demonstrates compliance.

17. ***National Condition 4:*** **Complying with oversight and support processes.** There are two components to this requirement and these are:
    - Confirmation that HWBs will engage with the BCF oversight and support process if necessary.
    - Demonstrating that effective governance is in place.

Commentary: Hillingdon's commitment to engage with BCF oversight is confirmed in the cover tab of the planning template and the joint system governance is described in the narrative document. Hillingdon is therefore compliant with the requirements of this condition.

National Metrics

18. There are three national metrics in 2025/26 and these concern emergency admissions to hospital, discharge delays and permanent admissions to care homes. Following previous Board direction, in drafting the plan targets have been set that are achievable. The detailed rationale supporting the targets, including the services funded via the BCF supporting them can be found by using the link shown in paragraph 5. This section summarises some key points.

19. **Emergency admissions to hospital for people aged 65 + per 100,000**: Guidance supporting completion of plans encourages the use of supporting indicators concerning unplanned admissions for ambulatory care sensitive conditions and falls for people aged 65 and above. Poor data quality for the former means that this it was not possible to take this population group into consideration. Consideration was given to falls-related admissions, the outturn for 2024/25 for which was above plan.

20. **Discharge delays, i.e., average length of discharge delay for all acute adult patients**: The 2024/25 projected outturn has been used as a baseline to create base lines for the 2025/26 plans and a 1% improvement applied. Supporting indicators for patients not discharged on a range of delayed days, e.g., 1 day, 2 – 3 days, 7 – 13 days, etc., as well as local data on average length of delay by discharge pathway, have been taken into consideration when setting this target.

21. **Long-term support needs of older people (aged 65+) met by admission to residential and nursing care homes, per 100,000 population**: The target set is based on the projected 2024/25 outturn with a 10% reduction applied. Supporting indicators of the percentage of people discharged to their normal place of residence and the proportion of people who received reablement where no further request was made for ongoing support were also considered.

Intermediate Care Demand and Capacity Analysis

22. Intermediate care services (IMC) are a range of short-term services provided to people to enable them to return home more quickly after a hospital stay or avoid going into hospital unnecessarily. The range of services include reablement, crisis response, i.e., Rapid Response, home-based rehabilitation and short-term bed-based services.

23. A local IMC demand and capacity exercise is in progress the outcome of which will be reported in the Quarter 1 (Q1) BCF reporting template and an update provided to the meeting of the Board in September. This will include any implications for the funding

alignment set out in the expenditure tab of the planning template and use of the discharge funding as outlined in Appendix 1.

24. The Board is asked to note that this includes flexibility to target funding at admission prevention or discharge support schemes in response to conclusions from the demand and capacity exercise. The Board is also advised that changes have not been made to the BCF IMC demand and capacity template to reflect the reduction in hours for the Reablement Service. This assumes that demand can be met by the under-utilisation, but this will be kept under review.

25. **Community demand and capacity**: The focus of intermediate care resource in Hillingdon is more on supporting people out of hospital than preventing them from getting there in the first instance, hence the drive to move towards the new operating model discussed at previous Board meetings that is intended to support our residents to stay healthier and fitter in the community. However, the conclusion from the data included in the IMC demand and capacity template is that there should be sufficient capacity to support demand from the community in 2025/26, although this is subject to the conclusion of the local exercise referred to in paragraph 23 above.

26. For the Board's information, the 2025/26 BCF IMC demand and capacity template reports short-term placements from the community as demand for bed-based step-up provision. This addresses feedback from NHS England's Better Care Support Team about the absence of bed-based step-up provision in our 2024/25 BCF plan. Short-term placements for respite to support unpaid carers has been excluded.

27. **Hospital discharge demand and capacity:** The template is constructed using the Home First/Discharge to assess (D2A) categories explained below. These categories reflect revisions in the updated statutory *Hospital Discharge and Community Support* guidance published in January 2024. As a result of clarification provided by NHS England P3 will only refer to placements of self-funders. This will necessitate some changes to how placements within block contracts reported and this will be undertaken during Q1.

Home First/Discharge to Assess Pathways Explained

- **Pathway 0 (P0):** Discharges home or to a usual place of residence with no new or additional health and/or social care needs.
- **Pathway 1 (P1):** Discharges home or to a usual place of residence with new or additional health and/or social care needs.
- **Pathway 2 (P2):** Discharges to a community bed-based setting which has dedicated recovery support. New or additional health and/or social care and support is required in the short-term to help the person recover in a community bed-based setting before they are ready to either live independently at home or receive longer-term or ongoing care and support.
- **Pathway 3 (P3):** Discharges to a new residential or nursing home setting, for people who are considered likely to need long-term residential or nursing home care. Should be used only in exceptional circumstances.

28. The template also demonstrates an expectation that there should be sufficient capacity to

support discharges by pathway, although a key caveat that needs to be applied to this assumption is the accuracy of the data. This issue has now been addressed, and the Place-based IMC demand and capacity analysis will be working with more accurate data. Any resultant changes to assumptions will be reflected in the Q1 2025/26 BCF reporting template.

Hospital Discharge Fund

29. The Discharge Fund comprises of a local authority aspect, which is funding paid directly to the Council via a grant under section 31 of the Local Government Act, 2003, as part of the Local Authority Better Care Grant and an ICB aspect. The ICB aspect is distributed on a Health and Wellbeing Board basis and the Board is reminded that this is included within the NHS minimum contribution. A detailed breakdown of this funding for 2025/26 can be found, for ease of reference, in Appendix 1. The key points for the Board's attention are explained below:
    - **Local Authority Discharge Fund**: Nearly 93% (£1,615k) of the Council's allocation is committed to discharge-related homecare and placement costs that support the financial implications of the Home First model and ensuring that assessment of long-term care needs primarily take place in the community and not in hospital. The remaining 7% is funding additional social work and brokerage capacity to ensure weekend and bank holiday coverage as well as a contract to address requirements for deep cleans.
    - **ICB Discharge Fund:** Nearly 49% (£1,258k) of the funding is intended to support P1 and nearly 24% (£615k) to support P2. Nearly 14% (£361k) has been allocated to admission prevention schemes and 12% (£314k) to discharge support schemes, which will primarily be to support additional capacity to address increased need during the winter months. Each Health and Wellbeing Board contributes £33.7k to central ICB business intelligence support for borough-based teams, which is 1.3% of Hillingdon's allocation.

Equality Impact Assessments

30. Despite structural changes to Hillingdon's BCF plan to reflect the outcomes of the 2024/25 NWL review, much of the content of the 2025/26 plan is a roll forward from the previous year. There are some changes that will have a neutral impact because they are intended to improve performance from the current position rather than reduce what is currently in place, e.g., where it is proposed not to proceed with the creation of new posts. However, there are proposals that could have a negative impact on people with protected characteristics and specific impact assessments will be undertaken to support decisions about whether to proceed with them.

Next Steps

31. The result of the assurance process is now awaited. Once assured status is confirmed, it will be possible for the Council and ICB to enter into an agreement under section 75 (s75) of the NHS Act, 2006, to give legal effect to the financial and partnership arrangements under the BCF. Plans are in place to secure agreement between the ICB and the Council on the content of the s75 subject to confirmation of assured status. The national target for s75 agreements to be in place is 30 September 2025.

Risk Share Arrangements

32. The arrangement for previous iterations of the plan has been that each organisation manage its own risks, and it is proposed that this will continue for 2025/26, except for community equipment as mentioned in paragraph 12. The detail of risk share arrangements will also be reflected in the s75 agreement referred to previously.

Financial Implications

Financial Uplift

33. Tables 1 and 2 below provide a comparison of NHS and Council contributions in 2025/26 compared with 2024/25.

Table 1: Financial Contributions by Organisation 2024/25 and 2025/26		
Organisation	**2024/25**	**2025/26**
NHS	29,851,857	29.431,059
LBH	70,173,307	44,729,879
TOTAL	**100,025,164**	**74,160,938**

34. Table 3 below provides a comparison of NHS and Council contributions by funding stream in 2025/26 compared with 2024/25. The decrease in the Council's additional contribution is explained in paragraph 11.

Table 3: Financial Contributions by Funding Stream 2024/26		
FUNDING SOURCE	**FUNDING**	
	2024/25	**2025/26**
Minimum NHS Contribution	26,754,890	24,554,228
Additional NHS Contribution	3,096,967	2,285,950
NHS TOTAL	**29,851,857**	**29,431,059**
Minimum LBH Contribution	14,787,649	15,554,753
Additional LBH Contribution	55,385,658	29,175,125
LBH TOTAL	**70,173,307**	**44,729,878**
TOTAL BCF VALUE	**100,025,164**	**74,160,937**

35. Table 4 below provides a comparison in value of the mandated BCF income streams in 2024/25 and 2025/26.

Table 4: BCF Minimum Contributions Summary 2024/26		
Funding Breakdown	**2024/25**	**2025/26**
NHS MINIMUM CONTRIBUTION BREAKDOWN		
➢ Minimum to Adult Social Care	8,811,589	9,157,453
➢ Minimum to Health	15,352,420	15,396,775
➢ ICB Discharge Fund	2,590,881	2,590,881
TOTAL	**26,754,890**	**27,145,109**

LBH MINIMUM CONTRIBUTION BREAKDOWN		
➢ Disabled Facilities Grant (DFG)	5,574,889	6,341,993
➢ Improved Better Care Fund (iBCF)	7,467,803	7,467,803
➢ LA Discharge Fund	1,744,957	1,744,957
TOTAL	**14,787,649**	**15,554,753**
MINIMUM BCF VALUE	**41,787,649**	**42,699,862**

36. Table 5 below summarises the Council and NHS funding contributions for the 2025/26 plan by scheme.

Table 5: Funding Breakdown by Bucket			
Scheme	**NHS**	**LBH**	**TOTAL**
1: Living Well	2,720,577	11,973,563	14,694,140
2: Ageing Well	11,166,206	30,872,950	42,039,156
3: Active Recovery	15,013,481	1,744,957	16,758,438
4: Infrastructure Enablers	530,795	138,409	669,204
TOTAL	**29,431,059**	**44,729,879**	**74,160,938**

Local Authority Better Care Grant

37. The Board is reminded that the above grant combines what were two separate grants in 2024/25, i.e., Local Authority Discharge Grant and the Improved Better Care Grant. The funding received in 2025/26 reflects the combined value of the two grants in 2024/25, which was £9,212,760. The grant conditions for the Local Authority Better Care Grant are that it must be used to:
    - Meet adult social care needs;
    - Reduce pressures on the NHS, including supporting more people to be discharged from hospital when they are ready (including supporting the principles of *'Discharge to Assess'*); and/or
    - Ensure that the local social care provider market is supported.

38. It is intended that £7,467,803 of this grant that in 2024/25 was the Improved Better Care Grant be used to support the provider market. This includes funding commissioning capacity to ensure greater effectiveness in delivering the Council's responsibilities under section 5 of the Care Act, 2014, which was identified as an area for development during the assurance process undertaken by the Care Quality Commission in 2024.

BACKGROUND PAPERS

Hospital discharge and community support guidance (DHSC updated January 2024) Hospital discharge and community support guidance - GOV.UK (www.gov.uk)

Appendix 1

Discharge Funding Breakdown 2025/26

LOCAL AUTHORITY BETTER CARE GRANT (DISCHARGE) SPEND 2025/26	
Spend Item	**2025/26 Allocation**
	1,744,957
Discharge-related placements	1,040,000
Discharge-related homecare	435,485
Additional Reablement capacity	96,000
Block nursing dementia step-down	44,314
Deep clean & house clearance contract	16,000
Social Work 7-day Discharge	57,658
Additional Brokerage Capacity	55,500
TOTAL	**1,744,957**

NHS MINIMUM CONTRIBUTION (DISCHARGE)	
Spend Item	**2025/26 Allocation**
	2,590,881
Bridging Care Service	256,380
Block step-down beds	406,597
Home-based Active Recovery Service	785,213
Home-based Recovery Service - Additional weekend capacity	37,642
Additional admission prevention schemes	360,631
Additional discharge support schemes	313,510
Central ICB support for borough-based teams	33,750
Gap commissioning	139,834
Mildmay HIV Rehab Unit	87,500
Personal Health Budget (PHB) purchase cards	10,000
Rehab beds, Furness Ward, Willesden	120,574
Reablement Physio	39,250
TOTAL	**2,590,881**