

2024/25 BETTER CARE FUND PLAN

Relevant Board Member(s)	Councillor Jane Palmer – Co-chair, Hillingdon Health, and Wellbeing Board Keith Spencer – Co-chair, Hillingdon Health, and Wellbeing Board
Organisation	London Borough of Hillingdon
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Papers with report	Appendix 1 – Discharge Fund Spending Plan 2024/25

HEADLINE INFORMATION

Summary	The Better Care Fund (BCF) is a national initiative that has been in place since 2015. Its vision is to support people to live healthy, independent, and dignified lives through joining up health, social care, and housing services seamlessly around the person. This report sets out the financial arrangements for the updated 2024/25 BCF plan. Approval by the Health and Wellbeing Board is a requirement under the BCF national conditions. The report is seeking ratification of the Co-chairs' decision to approve the plan on behalf of the Board.
Contribution to plans and strategies	The Better Care Fund is a key part of Hillingdon's Joint Health and Wellbeing Strategy and meets certain requirements of the Health and Social Care Act 2012.
Financial Cost	The value for the BCF for 2024/25 is £100,025,164 comprising of a Council contribution of £70,173,307 and an ICB contribution of £29,851,857.
Ward(s) affected	All

RECOMMENDATIONS

That the Health and Wellbeing Board:

1. ratifies the decision of the Co-chairs to approve the 2024/25 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 2024/25 Better Care

Fund (BCF) plan was published on the 12th April 2024. The detailed planning requirements for 2024/25 were also published on the same date. The plan developed in 2023/24 was intended to cover a two-year period and the policy framework and planning requirements published in April 2024 as an addendum to what was agreed last year. The detailed narrative plan submitted in 2023/24 is available via the following link [Better Care Fund - Hillingdon Council](#).

2. The submission date for the 2024/25 plan set out in the April 2024 planning requirements was 10th June 2024 and the planning template was submitted as a draft pending the Board's formal approval. As the Board meeting was postponed in compliance with purdah requirements following the declaration of the General Election, the Co-chairs approved the plan on the Board's behalf to ensure that there was no delay in the plan assurance process.

3. The following key aspects of the 2024/25 planning template can be accessed using the link shown in paragraph 1:

- Income and expenditure
- Metrics: targets and rationale
- 2024/25 narrative update

4. The Board is reminded that the Department of Health and Social Care's vision for the BCF is that it support people to live healthy, independent, and dignified lives through joining up health, social care, and housing services seamlessly around the person. The vision is underpinned by the following national objectives:

- **National BCF Objective 1:** Enable people to stay well, safe, and independent at home for longer.
- **National BCF Objective 2:** Provide the right care in the right place at the right time.

5. Table 1 below shows the alignment between BCF schemes and place-based transformation workstreams.

Table 1: Alignment of BCF Schemes and Transformation Workstreams	
BCF Scheme	Transformation Workstream
Scheme 1: Neighbourhood development.	Workstream 1: Neighbourhood Based Proactive Care.
Scheme 2: Supporting carers.	Enabler
Scheme 3: Reactive care	Workstream 2: Reactive Care
Scheme 4: Improved market management and development.	Enabler
Scheme 5: Integrated support for people with learning disabilities and/or autistic people.	Workstream 4: Care and support for adults with mental health challenges and/or people with learning disabilities and/or autism.

6. As in previous years, NHS England's Better Care Support Team made available an offer to review BCF plans prior to submission to ensure that the key lines of enquiry in the planning requirements are addressed. Officers have taken advantage of this opportunity and feedback has been reflected in the completed template.

7. The BCF objectives and the Place-based transformation workstreams are also aligned to the NWL Joint Forward Plan priorities, particularly the following:

- **Priority 3:** Establish Integrated Neighbourhood Teams (INTs).
- **Priority 4:** Improve mental health services in the community and for people in crisis.

- **Priority 6:** Optimise patient flow across the system – right care, right place.

ICB Review of BCF Schemes

8. The North West London Integrated Care Board instigated review of BCF schemes discussed at previous meetings of the Board over the last year is currently in progress. This will not affect the 2024/25 plan. A more detailed update on the review will be provided to the Board at its meeting on 30 July 2024.

Key Changes from 2023/24 Plan

9. The 2024/24 plan is largely a roll forward from 2023/24, with the exception of the following key changes:
- **NHS additional contribution reduction:** The funding, i.e., £2,464k, for the H4All Wellbeing Service, The Confederation Integrated Care Programme and Care Connection Teams, has been removed from the BCF. These services are continuing in 2024/25 but are subject to a separate review being undertaken by the ICB.
 - **Mental Health Adult Social Care capacity:** A new mental health service manager post within Adult Social Care will create increased capacity to improve the flow of hospital discharge cases as well as reduce the length of time between reviews. This will be funded from NHS additional contribution paid to Adult Social Care and is linked to the capitalisation of community equipment.
 - **Commissioning infrastructure capacity:** The intention is to create dedicated commissioning posts with lead responsibility for carers, prevention and community support services and bed-based services to address gaps identified in the self-assessment against the CQC assurance framework for Adult Social Care. It is proposed that the posts are funded from a combination of an increase in the minimum NHS contribution to the protection of Adult Social Care and reprioritisation of existing funding. This will ensure the increased effectiveness of the discharge of the Council's market development and management responsibilities under section 5 of the Care Act, 2014.
 - **Step-down block contracts:** Direct awards for three years are in progress with two providers for 15 nursing and nursing dementia beds. This follows an abortive competitive tender exercise in 2023/24. Funding for these beds cuts across income streams within the BCF.

2024/25 BCF Plan National Requirements

National Conditions Compliance

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

11. **National Condition 1: A jointly agreed plan** - A plan that has been agreed by the HWB.

Commentary: The decision of the Co-chairs to approve the plan on behalf of Board means that Hillingdon is compliant with this condition.

12. **National Condition 2: Demonstrating delivery of BCF national objective 1 - Enabling people to stay well, safe, and independent at home for longer.** The requirements for this condition are addressed in the narrative plan submitted in 2023/24 and have not changed.

Commentary: The narrative update tab of the planning template has been completed in accordance with national requirements.

13. **National Condition 3: Demonstrating delivery of BCF national objective 2 - *Providing the right care in the right place at the right time*.** The main requirements for 2024/25 concern:

- How additional discharge funding will be used.
- How discharge funding will impact on discharge-related metrics.

Commentary: The expenditure and narrative update tabs of the planning template describe how this funding will be used during 2024/25 and therefore demonstrate compliance with national requirements.

14. **National Condition 4: Maintaining the NHS's contribution to adult social care and investment in NHS commissioned out of hospital services.** The minimum contributions are as follows:

- *Minimum contribution to adult social care:* This is £8,811k for 2024/25.
- *Minimum contribution to out of hospital services:* The minimum amount in 2024/25 is £6,866k. Most of this funding is locked into a community health contract between the ICB and CNWL.

Commentary: The expenditure tab within the planning template demonstrates that Hillingdon is compliant with this requirement.

National Metrics

15. The 2024/25 metrics are aligned to the two national conditions concerned with the implementation of the national BCF objectives. The continuing approach taken by partners in agreeing targets is that they should be realistic and achievable. The detail of all targets and the supporting rationale can be found by following the link shown in paragraph 1.

16. The Board is asked to note that Hillingdon is one of five boroughs in North West London where there has been an issue with the accuracy of the nationally published performance data against NHS metrics. This has manifested itself in performance figures in the second half of the year being much lower than it is realistic to expect.

17. The national metrics linked to the *Enabling people to stay well, safe, and independent at home for longer* objective in 2024/25 are outlined below.

18. **Avoidable admissions for ambulatory sensitive chronic conditions.** The conditions within the scope include acute bronchitis, angina, heart disease, heart failure, dementia, emphysema, epilepsy, high blood pressure, diabetes, chronic obstructive pulmonary disease (COPD) and fluid on the lungs (pulmonary oedema).

19. As this metric is the indirectly standardised rate of admissions per 100,000 population, it gives an indicator rate rather than number of people. Due to there being a dramatic drop in the indicator value between August 2023 and November 2024 an average of the previous months has been taken and a 1% reduction applied to calculate the Indicator Value for the 2024/25

plan.

20. Permanent admissions to care homes by people aged 65 and over. This is an Adult Social Care Outcomes Framework (ASCOF) measure and data submitted for it are based on what the social care professional believes is likely to happen, i.e., whether the placement will be permanent or temporary. The target has been set by applying a 1.5% reduction on the 2023/24 outturn. This has not been set lower because Hillingdon has a robust process in place for ensuring that a residential placement is the most appropriate means of addressing assessed need, i.e., permanent placements must be approved at service manager or assistant director level.

20. Emergency hospital admissions due to falls in people aged 65 and over. Due to the published national data being significantly lower than could reasonably be expected, it was decided actuals alone could not be used to set a realistic baseline for 2023/24 activity. The 2023/24 delivery has been estimated based on actual results for Q1 and Q2 of 2023/24 plus the highest 2 actual quarters in 2022/23. This gives us the most realistic outcome based on actual results, removing any periods of data concerns. A 1% reduction has been applied to the 2024/25 plan indicating a planned improvement on these levels as our local services continue to improve and develop.

21. The national metric linked to the *Providing the right care in the right place at the right time* objective in 2024/25 is outlined below.

22. Percentage of people resident in HWB discharged to usual place of residence. As the figures for February and March from the national data set seemed too low to be realistic, April 2023 to January 2024 actuals have been taken and averages provided for February and March 2024. A 1% increase has then been applied to this figure to create the plan for 2024/25.

Intermediate Care Demand and Capacity Analysis

23. 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, home-based rehabilitation, and bed-based services.

24. Completion of a demand and capacity worksheet as part of the plan submission in 2023/24 was a national requirement and an update of this is required for 2024/25. Capacity has been arrived at using formulae contained within the planning guidance. An issue for the Co-chairs to note is the accuracy of discharge demand data as OPTICA continues to be implemented across acute trusts in the NWL sector.

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.

26. There is no bed-based step-up provision in Hillingdon and there is no evidence of demand for it as this is not recorded. Mitigation to address demand during the winter period is through the deployment of Reablement and the Community Adult Rehab Service (CARS) and Urgent Community Response. Scope has been built into the BCF in 2024/25 to increase Reablement community capacity if required.

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.

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 key points of the submission in respect of hospital discharge-related capacity that the Co-chairs are asked to note are as follows:

- **Pathway 0:** The vast majority of people will not require any type of intervention and it is considered that the short-term post discharge assistance available to older people provided by Age UK is sufficient to meet demand. It is expected that 2,410 residents will be supported by these services in 2024/24. A deep clean and house clearance contract funded via the Council's Discharge Fund is also in place.
- **Pathway 1:** There is sufficient capacity to meet projected demand due to the Bridging Care Service that supports people to leave hospital. Approximately 75% of people supported by Bridging Care proceed to receive Reablement. 81% of people receiving Bridging Care also receive therapy input to assist with improving functioning to reduce the level of ongoing care required and maximise independence.
- **Pathway 2:** The main provision for this pathway is the Hawthorn Intermediate Care Unit (HICU) for general physical rehab needs and the Alderbourne Rehab Unit (ARU) for people with neuro rehab needs. An Integrated Care System Intermediate Care Escalation (ICE) Hub has been introduced to coordinate access to NHS provided rehab facilities across NWL. Another key facility that will be used by Hillingdon residents is Furness Ward in Willesden. Capacity includes assumptions about availability of block beds provided at Michael Sobell House to support P2 needs where not required for people at end of life.
- **Pathway 3:** Included within the capacity calculation are 15 blocks beds at Parkfield House (10 beds) and Drayton Village (5 beds) as well as spot purchased provision. On this basis it is projected that there will be sufficient capacity to meet demand; however, figures do not take into consideration the reluctance of providers to accept placements of people with more complex needs.

Hospital Discharge Fund

29. The Co-chairs are reminded that 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, and also an ICB aspect. The ICB aspect is distributed on a Health and Wellbeing Board basis. A detailed breakdown of the 2024/25 Discharge Fund can be found, for ease of reference, in **Appendix 1**. The key points for the Co-chairs' attention are explained below.

30. **Local Authority Discharge Fund:** Nearly 92% (£1,604k) 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 8% 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.

31. **ICB Discharge Fund:** 49% (£1,268k) of the funding is intended to support P3 and 36% (£920k) to support P1. £121k has been allocated to contribute to the cost of P2 bedded rehab provision in Willesden. Each HWB will also be contributing nearly £221k to support the management by the ICB's Continuing Healthcare (CHC) Team of cases that fall outside of eligibility for CHC but have long lengths of stay in hospital because they also fall outside of eligibility for Adult Social Care. Each HWB will also contribute £50.5k to central ICB business intelligence support for borough-based teams.

Equality and Health Impact Assessments

32. Equality and health impact assessments (EIA & HIA) have not been undertaken for the plan as it is largely a roll over from previous years. Where there are differences, these are either positive, e.g., additional posts to support discharge from hospital of people with mental health needs, or of neutral effect, e.g., removal of some service lines from NHS additional contribution. The impact is neutral because there is no intention to discontinue any services from the additional NHS contribution in 2024/25. Any changes in funding and provision arising from the review of current BCF schemes will not take effect until 2025/26 and an EIA & HIA will be undertaken as part of the review process.

Next Steps

33. The result of the assurance process is now awaited. It is understood that all of the London plans submitted have been recommended for approval but this is not final until the letter of conformation is received.

34. It will not 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 until such time as written notification of '*assured*' status for the plan has been received from NHS England. Formal approval letters are due to be issued from 31st July 2024.

Risk Share Arrangements

35. 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 2024/25. The detail of risk share arrangements will also be reflected in the s75 agreement referred to previously.

Financial Implications

Financial Uplift

36. Tables 2 and 3 below show the split of the 2023/25 BCF allocations.

Table 2: Financial Contributions by Organisation 2023/24 and 204/25 Compared		
Organisation	2023/24	2024/25
NHS	29,658,745	29,851,857
LBH	66,875,873	70,173,307
TOTAL	96,534,618	100,025,164

Table 3: Financial Contributions by Funding Stream 2023/24 and 2024/25 Compared		
FUNDING SOURCE	FUNDING	
	2023/24	2024/25
Minimum NHS Contribution	22,869,590	24,164,009
Additional NHS Contribution	5,524,379	3,096,967
ICB Discharge Fund	1,264,776	2,590,881
NHS TOTAL	29,658,745	29,851,857
Minimum LBH Contribution	12,578,861	13,042,692
Additional LBH Contribution	53,250,038	55,385,658
LBH Discharge Fund	1,046,974	1,744,957
LBH TOTAL	66,875,873	70,173,307
TOTAL BCF VALUE	96,534,618	100,025,164

37. The increase in the Council's additional contribution is mainly attributable to the roll forward of £2,154k DFG underspend from 2023/24. This funding has been included in the Council's additional contribution at the direction of NHS England's Better Care Support Team.

Table 4: BCF MINIMUM CONTRIBUTIONS SUMMARY 2023/25		
Funding Breakdown	2023/24	2024/25
NHS MINIMUM CONTRIBUTION BREAKDOWN		
➤ Protecting Social Care	8,339,569	8,811,589
➤ Out of Hospital	6,489,889	6,866,726
➤ Other minimum spend	8,040,132	8,385,694
TOTAL	22,869,590	24,164,009
LBH MINIMUM CONTRIBUTION BREAKDOWN		
➤ Disabled Facilities Grant (DFG)	5,111,058	5,574,889
➤ Improved Better Care Fund (iBCF)	7,467,803	7,467,803
TOTAL	12,578,861	13,042,692
MINIMUM BCF VALUE	35,448,451	37,106,701

38. Table 5 below summarises the Council and NHS contributions for the period of the 2023 to

2025 plan by scheme.

Table 5: ICB and LBH Financial Contribution by Scheme Summary							
Scheme		2023/24			2024/25		
		LBH (£,000)	NHS (£,000)	TOTAL (£,000)	LBH (£,000)	NHS (£,000)	TOTAL (£,000)
1.	Neighbourhood development	3,052	3,025	6,077	5,527	640	6,167
2.	Supporting carers	690	471	1,161	671	308	979
3.	Reactive care	5,489	19,990	25,479	6,267	22,240	28,507
4.	Improving care market management and development.	26,232	5,083	31,315	26,336	5,489	31,825
5.	Integrated care and support for people with learning disabilities and/or autistic people.	31,412	993	32,405	31,372	1,075	32,447
Programme Management		0	97	97	0	100	100
TOTAL		66,875	29,659	96,534	70,173	29,852	100,025

39. The additional voluntary contribution from the Council reflects existing budgets for the long-term residential and nursing care home provision for people aged 65 and above and also long-term homecare provision. It does not represent an additional cost pressure to the local authority. Neither does it reflect the total expenditure by the Council on these services.

Improved Better Care Fund Grant (iBCF)

40. The £7,467k iBCF funding is paid directly to the Council under Section 31 of the Local Government Act 2003, with specific grant conditions, including a requirement that the funding is pooled in the BCF. The grant conditions for 2023/25 are the same as for the last three years, namely that the funding is used for:

- Meeting adult social care needs;
- Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready; and/or
- Ensuring that the local social care provider market is supported.

41. As for the last four years, the Council is intending to use the funding to support the local care market. This will fund the annualised effect of the fee uplifts as well as additional fee increases to reflect the financial pressures faced by regulated care providers due to higher staff, energy, and supply costs.

BACKGROUND PAPERS

Hospital discharge and community support guidance (DHSC updated January 2024) [Hospital discharge and community support guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/guidance/hospital-discharge-and-community-support-guidance)

Discharge Fund Spending Plan 2024/25

Table 1: 2024/25 Discharge Fund Allocation	
LBH Direct s31 Allocation	1,744,957
Total Provisional ICB DF Allocation to Hillingdon 2024/25:	2,590,881
TOTAL PROVISIONAL HILLINGDON HWB DF ALLOCATION 2024/25	4,335,838

Table 2: Updated Spending Plan	
LBH Direct Funding: s31 Grant	Allocation
Discharge-related residential	220,780
Discharge-related nursing	613,775
Discharge-related homecare	726,000
Block nursing dementia step-down	44,314
Deep clean & house clearance contract	8,000
Social Work 7-day Discharge	57,658
Additional Brokerage Capacity	63,960
Admin	10,470
LBH DIRECT FUNDING TOTAL:	1,744,957

ICB Contribution	Allocation
Additional Bridging Care Capacity	135,200
5 x Nursing Dementia step-down beds	278,128
P3 Block Nursing Step-down	56,235
Homefirst/D2A Rehabilitation (Therapy Bridging)	785,213
Rehab beds in Furness Ward, Willesden.	120,575
Supporting patients where there is unclear commissioning (non-CHC)	220,584
Central ICB Support for Borough based teams	50,500
Health funding for complex care patients in P3 beds/other settings. For conditions including dementia and challenging behaviour	934,446
Admin	10,000
ICB ALLOCATION TOTAL	2,590,881
TOTAL HILLINGDON 2024/25 DISCHARGE FUND ALLOCATION	4,335,838