

LONDON BOROUGH OF CROYDON

REPORT:	HEALTH AND WELLBEING BOARD	
DATE OF DECISION	28th June 2023	
REPORT TITLE:	Better Care Fund Plan 2023-25 submission	
CORPORATE DIRECTOR / DIRECTOR:	<p>Annette McPartland Corporate Director Adult Social Care & Health Directorate</p> <p>Matthew Kershaw Chief Executive / Place Based Lead for Health Croydon Health Services NHS Trust</p>	
LEAD OFFICER:	<p>Daniele Serdoz, Deputy Director for Primary and Community care, SWL ICB (Croydon) Email: daniele.serdoz@swlondon.nhs.uk Telephone: 020 3923 9524</p>	
KEY DECISION? [Insert Ref. Number if a Key Decision] <i>Guidance: A Key Decision reference number will be allocated upon submission of a forward plan entry to Democratic Services.</i>	NO	<p style="text-align: right;">REASON:</p> <p>The Better Care Fund (BCF) is an annual grant and is one of the Government's national vehicles for driving health and social care integration. It requires the South West London Integrated Care Board (ICB) and Croydon Council to agree a joint plan on how the grant will be used, aligned to the BCF Policy Framework for 2023-25.</p> <p>The plan must be signed off by the Health and Wellbeing Board (HWBB), prior to formal submission to NHS England on 28 June 2023. The plan enables use of pooled budgets to support integration, governed by an agreement under section 75 of the NHS Act (2006).</p>
CONTAINS EXEMPT INFORMATION? <i>(* See guidance)</i>	NO	Public
WARDS AFFECTED:	<i>All</i>	

1 SUMMARY OF REPORT

- 1.1 To ensure that both national and local governance is completed correctly, the Health and Wellbeing Board is asked to review and sign-off the Better Care Fund 23-25 planning submission for Croydon to NHS England.

2 RECOMMENDATIONS

For the reasons set out in the report and its appendices, the Health and Wellbeing Board is recommended:

- 2.1 to sign off the 2023-25 Better Care Fund planning submission to NHS England.

3 REASONS FOR RECOMMENDATIONS

- 3.1 Sign-off the Croydon Better Care Fund Plans to NHS England sits within the legislative remit of the Health and Wellbeing Board.

4 BACKGROUND AND DETAILS

- 4.1 The Better Care Fund (BCF) is one of the Government's national vehicles for driving health and social care integration. It requires Place Based NHS ICB's and local government to agree a joint plan, owned by the Health and Wellbeing Board (HWB). These plans enable using pooled funds to support integration, governed by an agreement under section 75 of the NHS Act (2006).
- 4.2 In Croydon, the Better Care Fund is delivered through the One Croydon Alliance. The Alliance is a health and care partnership created from a shared ambition to use Outcomes Based Commissioning and Population Health Management approaches to improve the lives of people in Croydon.
- 4.3 The Partners in this Alliance are Croydon Council, South West London ICB (Croydon Place), Croydon Health Service NHS Trust, The Croydon GP Collaborative, South London and Maudsley NHS Foundation Trust; and voluntary sector partners including Age UK Croydon.
- 4.4 There were minor changes made to the BCF plans from 22-23 and the 23-25 plans build on progress of previous plans. The plans strengthening the integration of commissioning and delivery of services and delivering person-centred care.
- 4.5 Some of the key changes to the planning requirements from previous years are highlighted below.
 - This is a 2-year plan for meeting the BCF national conditions and objectives, covering 23-24 and 24-25.
 - The spending plan is also for 2 years. The 24-25 spending plan is provisional for some aspects, where the funding allocations have not been confirmed yet.
 - The plan for metrics and for the Demand/Capacity only covers 23-24. Demand and Capacity planning is now a core element of the plan. There is also a new metric on Hospital admissions due to Falls.
 - The ICB and ASC discharge funds are also core part of the pooled fund.

4.6 The National Conditions (NC) are:

- NC1 - A jointly agreed plan between local health and social care commissioners and signed off by the health and wellbeing board
- NC2 - Plans to set out how the services the area commissions will support people to remain independent for longer and, where possible, support them to remain in their own home.
- NC3 - Plans to set out how services the area commissions will support people to receive the right care in the right place at the right time.
- NC4 - Maintaining NHS contribution to adult social care and investment in NHS commissioned out of hospital services.

4.7 Although the majority of the BCF schemes in 2023-25 will be rolled over from 2022-23, the ethos has shifted toward building on the integration work that Croydon has implemented since 2017 to take into account:

- the increased emphasis on providing the right care in the right place at the right time, and improving outcomes for people discharged from hospital via our Croydon LIFE service. Croydon is one of the national Frontrunner sites and the objectives of the programme to transform hospital discharges, align strongly with the BCF objectives;
- the embedding of a neighbourhood approach with our Integrated Care Network Plus (ICN+) model of care in the 6 localities in Croydon working with PCNs to support Croydon people to maintain independence through a proactive and personalised care approach within each of the localities of the borough;
- the additional BCF funding available to support hospital discharges, which has provided the opportunity to increase and align intermediate care capacity in the system in line with the demand and capacity model developed through BCF planning;
- the strengthening of the Croydon frailty and end of life model of care through increased BCF funding and better alignment to ICN+, with acute frailty care strongly joined up with frailty care in the community.
- the significant level of health inequalities experienced in Croydon as highlighted in the Core20+5 analysis and the need to refocus many of the programmes to address inequalities as well as meeting statutory requirements from the Equality Act.

4.8 The BCF and One Croydon Programme are the strong foundations for integrated care in Croydon and help us deliver on our strategic commitments on the sustainability of Croydon's health and care services, delivering care where our population needs it and encouraging healthy lifestyles, as well as recognising the need within our

transformational work to reduce avoidable hospital admissions and hospital length of stay.

5 ALTERNATIVE OPTIONS CONSIDERED

- 5.1** This is a nationally mandated programme. Do Nothing is not an option.
- 5.2** The plan has been carefully considered by the One Croydon partners. Schemes will be regularly reviewed and, if agreed by all partners, alternative options will be proposed on how to redeploy funding within the existing pooled fund.

6 CONSULTATION

- 6.1** The 2023-25 plan was developed with input from the One Croydon Alliance partners and wider stakeholders in health and social care. The One Croydon Governance was used to agree and implement the schemes as planned.
- 6.2** The One Croydon Senior Executive Group approved the plan on 13th June 2023.
- 6.3** The Timetable for agreeing BCF Plans and NHSE assurance process are set out below:

Scrutiny of BCF plans by regional assurers, assurance panel meetings and regional moderation	28/6/2023- 28/7/2023
Regionally moderated assurance outcomes sent to BCF team	28/7/2023
Cross- regional calibration	3/8/2023
Approval letters issued giving formal permission to spend (NHS Minimum)	3/9/2023
All Section 75 agreements need to be signed and in place	31/10/2023

7. CONTRIBUTION TO COUNCIL AND ONE CROYDON PRIORITIES

- 7.1** We will live within our means, balance the books and provide value for money for our residents.
- 7.2** We will focus on providing the best quality core service we can afford. First and foremost, providing social care services that keep our most vulnerable residents safe and healthy.
- 7.3** We will focus on prevention and proactive care: supporting people to stay well, manage their own health and maintain their wellbeing by making sure they can get help early.
- 7.4** We will unlock the power of communities: connecting people to their neighbours and communities, who can provide unique support to stay fit and healthy for longer.

7.5 We will develop services in the heart of the community: giving people easy access to joined up services that are tailored to the needs of their local community.

8. IMPLICATIONS

8.1 FINANCIAL IMPLICATIONS

8.1.1 This report confirms to NHS England that Croydon's 2023-25 Better Care Fund allocations have been allocated within the guidelines of the national Better Care Fund policy framework. It does not impact current budgets.

Funding Sources	Income Yr 1	Income Yr 2	Expenditure Yr 1	Expenditure Yr 2
DFG	£2,992,679	£2,992,679	£2,992,679	£2,992,679
Minimum NHS Contribution	£31,000,447	£32,755,072	£31,000,447	£32,755,072
iBCF	£9,978,112	£9,978,112	£9,978,112	£9,978,112
Additional LA Contribution	£0	£0	£0	£0
Additional ICB Contribution	£0	£0	£0	£0
Local Authority Discharge Funding	£1,398,916	£2,322,200	£1,398,916	£2,322,200
ICB Discharge Funding	£1,519,000	£2,729,000	£1,519,000	£2,729,000
Total	£46,889,154	£50,777,063	£46,889,154	£50,777,063

8.1.2 The plan includes a contribution to adult social care from the NHS in line with the required minimum contribution. This is approximately £12.3M in year 1 and £13M in year 2.

8.1.3 The plan also includes a large proportion of NHS commissioned schemes delivered out of hospital. Croydon's BCF investment in NHS commissioned out-of-hospital services will total approx. £17M in year 1 and £18.1M in year 2, significantly in excess of the mandated minimum spend.

NHS Commissioned Out of Hospital spend from the minimum ICB allocation

	Yr 1	Yr 2
Minimum required spend	£8,809,448	£9,308,063
Planned spend	£17,088,418	£18,125,952

Adult Social Care services spend from the minimum ICB allocations

	Yr 1	Yr 2
Minimum required spend	£11,848,453	£12,519,076
Planned spend	£12,278,209	£12,965,891

8.1.4 The schemes make a significant contribution to supporting people to remain independent for longer and, where possible, support them to remain in their own home (National Condition 2), whilst also striving to provide the right care at the right time in the right place (National Condition 3). This is through a programme of work centred around hospital discharge improvement and further developing integrated localities team with a focus on neighbourhood and communities to be at the heart of people's care.

Scheme Type	Expenditure 23/24 (£)	Expenditure 24/25 (£)
Assistive Technologies and Equipment	£ 852,953	£ 993,434
Bed based intermediate Care Services	£ 663,514	£ 1,121,342
Care Act Implementation Related Duties	£ 658,000	£ 658,000
Carers Services	£ 227,211	£ 228,619
Community Based Schemes	£ 6,430,487	£ 6,822,602
DFG Related Schemes	£ 2,992,679	£ 2,992,679
High Impact Change Model for Managing Transfer of Care	£ 1,395,000	£ 3,391,742
Home Care or Domiciliary Care	£ 6,707,877	£ 7,026,625
Home-based intermediate care services	£ 2,178,530	£ 2,217,744
Housing Related Schemes	£ 133,000	£ 133,000
Integrated care planning and navigation	£ 6,377,181	£ 6,519,875
Personalised Budgeting and Commissioning	£ 867,526	£ 867,526
Personalised Care at Home	£ 6,584,946	£ 6,692,950
Prevention / Early Intervention	£ 1,033,235	£ 1,051,833
Reablement in a persons own home	£ 2,155,000	£ 2,155,000
Residential Placements	£ 7,464,805	£ 7,611,477
Urgent Community Response	£ 167,211	£ 170,221
Workforce recruitment and retention	£ -	£ 122,394
Grand Total	£ 46,889,154	£ 50,777,063

8.1.5 As such, our plan meets the BCF national conditions, which were set out in the Planning Requirements published on 5th April 2023.

8.2 LEGAL IMPLICATIONS

8.2.1 The BCF enables the allocation of grant funding between the Council and SWL, with a minimum SWL contribution to the Council for ASC of £11.8M. The grant funding sits within the Care Act 2014 and within the revised 2023-25 BCF policy framework, which requires a signed section 75 agreement between the Council and SWL. The agreement must be signed and submitted to NHS England by 31st October 2023.

8.3 EQUALITIES IMPLICATIONS

8.3.1 There are no changes proposed to existing schemes in this report that affect people, policies, facilities, or processes. An equality impact assessment therefore has not been carried out.

8.3.2 For any new scheme implemented over the course of the next two years, equality impact assessments will be undertaken as part of the business case development.

9. APPENDICES

9.1 1 *BCF 23-25 Planning Template*

2 *BCF 23-25 Narrative Template*

10. URGENCY

- 10.1 This plan requires sign off by the Health and Wellbeing Board ahead of submission.**