



HEALTH AND WELLBEING BOARD: 29th MAY 2025
REPORT OF DIRECTOR OF ADULTS AND COMMUNITIES
BETTER CARE FUND YEAR END 2024-25 PERFORMANCE

Purpose of report

1. The purpose of this report is to provide the Health and Wellbeing Board (HWBB) with the year-end performance reporting of the Better Care Fund (BCF) programme for 2024-25. The report also seeks approval for the submission of the year end template which sets out income and expenditure, performance against BCF metrics, successes and challenges and statements as to whether the national conditions have been met.

Recommendation

2. It is recommended that:
 - a) The performance against the Better Care Fund (BCF) outcome metrics, and the positive progress made in transforming health and care pathways in 2024-25 be noted;
 - b) The year-end BCF 2024-25 template, attached as the appendix to the report, be approved for submission to NHS England for the 6th June, 2025 submission deadline;

Policy Framework and Previous Decisions

3. The BCF policy framework was introduced by the Government in 2015, with the first year of BCF plan delivery being 2015/16. The Cabinet in February 2014 authorised the Health and Wellbeing Board to approve the BCF Plan and plans arising from its use.
4. The Board received a report on work to progress the refresh of the BCF Plan for 2023-25 at its meeting on 25th May 2023.
5. The report also confirmed the different funding elements for the BCF in 2024-25, the national conditions that are required to be met, the national metrics and the demand and capacity model required.
6. The Integration Executive, a subgroup of the Health and Wellbeing Board with responsibility for the day to day delivery of the BCF, considered the draft BCF

Plan 2023-25 at its meeting on the 6 June 2023. The Executive supported its contents.

Timetable for Decisions

7. The Better Care Fund plan 2023-25 was approved by the Chief Executive of Leicestershire County Council on 27 June 2023 using delegated powers.
8. The Better Care Fund plan 2023-25 was submitted to NHSE on 27 June 2023 prior to the submission deadline of 28 June 2023

Background

9. The HWBB formally approved the BCF template for 2024-25 at its meeting on 29th February 2024, after the Chief Executive of Leicestershire County Council exercising his delegated powers in order to meet submission deadlines.
10. On 11th April 2025 the national BCF team published the year end template for reporting the position for the 2024-25 financial year which requires approval by the HWBB.
11. The aim of the report and template is to inform the HWBB of progress against integration priorities and BCF delivery. BCF quarterly reporting can be used by local areas, alongside any other information to help inform HWBs on progress with integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including integrated care boards, local authorities and service providers).
12. The completed year end template is attached as Appendix A to this report. The NHSE submission deadline is the 6th June 2025.
13. The template consists of tabs that update progress against the following:
 - Whether the four national conditions detailed in the Better Care Fund planning requirements for 2024-25 continue to be met through the delivery of the plan.
 - A confidence assessment on achieving the metric targets for each of the BCF metrics which includes a brief commentary outlining the challenges faced in achieving the target along with any support needs and successes that have been achieved.
 - Confirms the level of income received within the HWBB area against actual expenditure and spend and activity against each of the schemes where known activity can be reported.
 - Actuals against demand and capacity projections.
 - Year-end feedback.

BCF Income and expenditure

14. The BCF Plan for Leicestershire for 2024/25 totals £83.2 million. This includes Disabled Facilities Grant funding of £5.5 million which has been passported to District Councils and ICB and LA allocations of the discharge grant.
15. Contributions are summarised in the table below:

<u>BCF Plan</u>	<u>LLR ICB</u>	<u>LCC/DC</u>	<u>Total</u>
ICB Minimum Contributions	51,507		51,507
Disabled Facilities Grants (DFG)		5,518	5,518
Improved Better Care Fund (iBCF)		17,691	17,691
Discharge Fund	4,356	4,134	8,490
Total Funding	55,863	27,343	83,206

16. It should be noted that NHS England/Improvement expectation is that all allocations are spent fully in year. Identification of underspends and overspends are for internal decision-making purposes and not external reporting.

BCF Metrics

17. The below table shows the BCF metrics for this financial year, the targets and outturns for Quarter 1 where available:

Metric	Target	Actual	Commentary
Indirectly standardised rate (ISR) of admissions per 100,000 population	162.6	195.1	The focus for the LLR system will be on the development of community care models particularly in expansion of current good performance to ensure capacity meets demand. Additional investment in neighbourhood models of care and step-up activity should mitigate the increase seen in this financial year.
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence	93%	92.1%	For 25-26 an increase in RRR provision from hospital is hoped to increase further the number of people that return to their normal place of residence. This includes care home environments being supported to have residents return. There is a less than 1% variance from target to

			actual so has been reported as target met.
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	1756.9	1682.9	This metric has met the target. The falls sub-group are looking at proactive models of support in the community for falls reduction pathways along with improved performance within the DHU falls response car
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	494	583.8 (projected)	This metric is off target. Proactive care MDT's will be looking at ensuring people in high need population groups have got a care plan that will aim to support people to remain at home. This includes developing palliative care and VW service and therefore reducing the likelihood of long-term admissions to care homes.

Update against national conditions for the 2024-25 Plan

18. For 2024-25 year end reporting all national conditions have been reported as being met. For reference, these are listed below.
19. **National Condition 1: A jointly agreed plan between local health and social care commissioners, signed off by the HWBB.** For National condition 1 the documentation should outline the approach to integrated, person-centred health, social care and housing services, including:
 - Joint priorities for 2023-25
 - Approaches to joint / collaborative commissioning
 - How BCF funded services are supporting our approach to continued integration of health and social care. Briefly describe any changes to the services being commissioned 2023-25 and how they will support further improvement of outcomes for people with care and support needs
20. **National Condition 2 – Enabling people to stay well, safe and independent at home for longer.** For national condition 2 the documentation needs to show how areas have agreed how the services they are commissioning will support people to remain independent for longer and where possible to support them to remain in their own home.
21. **National Condition 3 – Provide the right care in the right place at the right time.** Areas should agree how the services they commission will support people to receive the right care in the right place at the right time and BCF

Plans should set out how ICB and social care commissioners will continue to do this.

22. **National Condition 4** – Maintaining NHS's contribution to Adult Social Care and investment in NHS commissioned out of hospital services. For both years of the Plan, the minimum expected expenditure will be uplifted by 5.66%.

Demand and Capacity modelling

23. All systems must submit a high-level overview of demand for intermediate care and planned capacity to meet this demand alongside their BCF plans. The content of capacity and demand plans now forms part of the assurance and approval process.
24. For 2024-25, it was requested that demand and capacity models be refreshed to ensure that this is being measured correctly against outturns. Data on capacity and demand throughout quarter 4 can be found on the attached planning template.

Circulation under the Local Issues Alert Procedure

25. None

Background papers

Better Care Fund Policy Framework and Planning Guidance Addendum 2024-25
<https://www.gov.uk/government/publications/better-care-fund-policy-framework-2023-to-2025/addendum-to-the-2023-to-2025-better-care-fund-policy-framework-and-planning-requirements>

Better Care Fund Policy Framework 2023-25:
<https://www.gov.uk/government/publications/better-care-fund-policy-framework-2023-to-2025/2023-to-2025-better-care-fund-policy-framework>

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List of Appendices

Appendix A – Year End Template 2024-25

Relevant Impact Assessments

Equality and Human Rights Implications

26. The BCF aims to improve outcomes and wellbeing for the people of Leicestershire, with effective protection of social care and integrated activity to reduce emergency and urgent health demand.
27. An equalities and human rights impact assessment has been undertaken which is provided at
<http://www.leicestershire.gov.uk/sites/default/files/field/pdf/2017/1/11/better-care-fund-overview-ehria.pdf>.
 This concluded that the BCF will have a neutral impact on equalities and human rights.
28. A review of the assessment was undertaken as part of the BCF submission for 2021.

Partnership Working and associated issues

29. The delivery of the BCF plan and the governance of the associated pooled budget is managed in partnership through the collaboration of commissioners and providers in Leicestershire.
30. Day to day oversight of delivery is via the Integration Executive through the scheme of delegation agreed via the Integration Executive's terms of reference which have been approved by the Health and Wellbeing Board.
31. The delivery of the Leicestershire BCF ensures that several key integrated services are in place and contributing to the system wide changes being implemented through the five-year plan to transform health and care in Leicestershire, known as the Sustainability and Transformation Partnerships
<http://www.bettercareleicester.nhs.uk/>