

Redbridge Place based Partnership Sub-committee

Thursday 15 June 2023, 1410 – 1430 by Teams at this link

Chair: Adrian Loades, Place Partnership Lead (also Corporate Director of People, London Borough of Redbridge)

| | Item | Time | Lead | Attached / verbal | Action required |
|---|---|------------------|---------------------|----------------------|-----------------|
| Redbridge Place based Partnership Sub-Committee business in public | | | | | |
| 8. | Questions from the Public | 1410 (5 min) | Chair | Verbal | Discuss |
| 9. | Better Care Fund Plans 2023/2025 | 1415 (10 min) | Caroline Martindale | Papers Pages 3-22 | Approve |
| 10. | Any Other Business: <ul style="list-style-type: none"> • Forward Plan | 1425 (5 mins) | Chair | Verbal | Discuss |
| Date of next meeting: | | | | | |
| Thursday 20 July 2023 Partnership Board meeting by Teams Tuesday 25 July 2023 Development session by Teams | | | | | |

Redbridge Borough Partnership Board

15 June 2023

| | |
|---|---|
| Title of report | Better Care Fund (BCF) 2023-25 |
| Author | Pete McDonnell - Older People and Frailty Programme Lead BHR places, NHS NEL Caroline Martindale - Strategic Commissioning Manager Adult Social Care & Public Health, People Directorate |
| Presented by | Caroline Martindale |
| Contact for further information | |
| Executive summary | <ul style="list-style-type: none"> The Better Care Fund is the joint pooled health and social care fund The total pooled budget for 23/24 is £37.8m and for 24/24 £39.5m The budget is a combination of joint pooled funds between the LA (Local Authority) and NHS e.g. reablement funds and services that support the system and provide an integrated offer, mainly around intermediate care The BCF has a set of (Key Performance Indicators) KPIs and required an estimated demand and capacity plan for 23/24. The BCF has been extend for a 2-year period by NHSE with the aligned uplifts and budgets for the same period to enable longer term planning Recommendations: To note detail and approve the 23-25 BCF. |
| Action required | Approval. |
| Previous reporting | An overview of the BCF was presented to the board in January 2023. (Attached) |
| Next steps/ onward reporting | <ol style="list-style-type: none"> NHSE (NHS England) formal sign off route is by the Redbridge Health and Wellbeing Board (HWBB) on 19 June 2023. The Submission to NHSE is due on 28 June 2023. |
| Conflicts of interest | None identified. |
| Strategic fit | The BCF is a national requirement by NHSE. |
| Impact on local people, health inequalities and sustainability | <ul style="list-style-type: none"> Prevents local people needing hospital admission Supporting the reduction in length of hospital stay Supports keeping people well at home |
| Impact on finance, performance and quality | <ul style="list-style-type: none"> The total pooled budget for 23/24 is £37.8m and for 24/24 £39.5m The BCF sets KPIs for admissions avoidance, falls, discharge to usual place of residence, reablement and residential and nursing admission |
| Risks | <ul style="list-style-type: none"> Any future financial efficiencies required that may impact the budget |

1 Purpose of the report

- 1.1 To brief the Place Based Partnership on the 23-25 BCF plan and spend and seek approval.

2 Background

- 2.1 The BCF is a national programme to pool resources and budgets between LAs and the NHS and to support the integration of health and social care. The BCF consists of:

- A narrative plan written or influenced by local partners
- A template that includes
 - Budget and projected spend
 - A set of KPIs
 - A demand and capacity plan

3 Key Elements of the 2023-25 BCF:

- 3.1 **Finance:** Total £37.8m for 23/24 as outlined below.

| Funding Stream | Amount (£m) |
|-----------------------------------|-------------|
| Disabled Facilities Grant (DFG) | 2.429 |
| Minimum NHS Contribution | 22.878 |
| Improved Better Care Fund (iBCF) | 10.081 |
| Additional LA Contribution | 0 |
| Additional ICB Contribution | 0.430 |
| Local Authority Discharge Funding | 1.413 |
| ICB Discharge Funding | 1.480 |

- 3.1.2 The total amount for 24/25 is £39.5m.

3.2 KPIs:

| KPI | Target |
|---|---|
| Admissions avoidance | Have a maximum of 720 admissions for known conditions |
| Emergency Hospital admissions due to falls | To reduce falls presentations by 2%. |
| Discharge to usual place of residence | Maintain 93.6% performance. |
| Residential Admissions | 472 places per 100,000 pop. |
| Reablement - those still at home 91 days post discharge | 90% |

3.3 Demand and Capacity:

3.3.1 6 areas are covered including:

1. Urgent Care response - There is heavy demand on this service
2. Rehab in the community – There is heavy demand on this service
3. Rehab in a bedded setting - capacity available to meet demand
4. Reablement @ home - Capacity available to meet demand
5. Reablement in a bedded setting - Capacity available to meet demand
6. Social care VCS - Home and Settle - Capacity available to meet demand

3.4 The narrative:

| | |
|-----------------------------|---|
| National Condition 1 | A jointly agreed plan between local health and social care commissioners, signed off by the HWB |
| National Condition 2 | Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer |
| National Condition 3 | Implementing BCF Policy Objective 2: Providing the right care, at the right place, at the right time |
| National Condition 4 | Maintaining the NHS's contribution to adult social care (in line with the uplift to the NHS minimum contribution to the BCF), and investment in NHS commissioned out of hospital services |

3.4.1 Key local elements for 23-25:

- Enable people to stay well, safe and independent at home for longer
- Provide the right care in the right place at the right time

3.4.2 Management of the BCF:

- This is through the *BCF Executive group*, which is BHR places wide.
- The *Joint Commissioning Board* formally signed off any changes, spend etc.

3.4.3 Section 75 Agreement:

- This is currently BHR places and will be disaggregated during 23/24, for a Redbridge Place agreement by April 2024.
- For 23/24 the Section 75 variation letter will be issued and signed at place.

4 Timeline for sign off

4.1 All plans are to be submitted by **28 June 2023**, and will be assured and moderated regionally, as well as calibrated across regions. Following this, plans will be put forward for approval by NHSE, in consultation with DHSC and DLUHC, with approval letters issued (giving formal permission to spend the NHS minimum) by **8 September 2023**.

4.2 Local sign off is at the HWBB on 19 June 2023.

Attachments

Previous Placed Report **23-25 HWB Report**



Redbridge Better
Care Fund Presentat



Better Care Fund
Plan 2023-25 - Repo

End

Caroline Martindale - LBR
Pete McDonnell - BHR Places, NHS NEL



**North East London
Health & Care
Partnership**



North East London

Redbridge Better Care Fund Section 75, including ASC Discharge Fund

January 2023 - Redbridge Partnership Board

| Executive Summary / Summary of Key Issues: | Purpose of Paper / Ask of the Board: |
|--|---|
| <ul style="list-style-type: none"> • The Better Care Fund (BCF) allows NHS bodies and Councils to contribute to a pooled fund to commission health or social care related services. • The BCF plan is produced in accordance to the policy and planning requirement which is adjusted yearly. • The BCF is an annual plan which needs to be submitted to NHSE by a set deadline for approval. • Additional Discharge funding was released and the plan was agreed and submitted on 16 December 2022. | <ol style="list-style-type: none"> 1. For the Board to have overview and oversight of the BCF. 2. For the Board to note 22/23 BCF Plan, ASC Discharge fund and ICB sign off process 3. Agreement for the places/boroughs to review the format of the BCF sec 75 going forward in 23/34 |
| Engagement: | Specific Risks: |
| <ul style="list-style-type: none"> • The BCF plan and the Discharge fund plan was produced following engagement with key stakeholders across the system. | <p>Producing the S75 agreement letter of variation 22/23 will be delayed due to NHSE delay in issuing approval letters for the 22/23 BCF plan. It will now be signed off by 31 January 2023.</p> <p>A significant proportion of the BCF Redbridge is allocated to NHS and social care providers for core service delivery so there is limited opportunity to release funds to support transformation.</p> |

Background

Section 75 of the NHS Act 2006 allows NHS bodies and Councils to contribute to a pooled fund to commission health or social care related services - It is a mandatory requirement of the Better Care Fund (BCF) to have a Section 75 agreement in place

In June 2013, the Better Care Fund (BCF) was announced requiring the NHS and local government to create a local pooled budget to support closer working for the benefits of people, communities and health and care systems. The BCF comprised mainly of existing funding.

The Disabled Facilities Grant (DFG) is a capital grant paid to local authorities for more than 30 years and has been included in the BCF since April 2015.

2022/23 BCF Update and Progress

- The plan was submitted on 26 September 2022.
 - Additional ASC Discharge Fund was released on 21 November and submitted on 16 December following engagement with key stakeholders.
- 1) The BCF **Narrative Plan** template – outlining narratively what the system is aiming to achieve with the joint funding.
 - 2) The BCF **Planning template** – this articulates the predicted income, expenditure and metrics of success across the areas covered within the plan for 22/23.
 - 3) **Capacity and Demand template** – this allows us to articulate the predicted demand and capacity for the services covered by the BCF spend, alongside Intermediate Care services, regardless of these are paid for by BCF spend.
 - 4) **ASC Discharge Fund Plan**- this articulates the expenditure which the additional funding will be spent on, within 22/23 financial year.
 - 5) Redbridge Place also included **Non-Recurrent Ageing Well Funding** in the Section 75 and NEL ICB requested that Demand and capacity funding
- NHS expectation is that areas should have a Section 75 Agreement in place by 31 January 2023 to manage the 22/23 BCF and the ASC discharge fund. However, a Section 75 can not be finalised until the NHSE has issued approval letter for the 22/23 plan.

2021/22 and 22/23 Section 75 Agreement

- The existing Section 75 BCF agreement 2019 is a rolling arrangement (no end date)
- A Letter of Variation with updates is then signed by all parties every year (updates finances, key priorities both nationally and locally)
- Health and Wellbeing Boards (HWBs) are the formal sign off route for BCF (often through delegated authority due to time scales)
- On 30 November 2022 the ICB Board agreed the 21/22 retrospective Section 75 agreement and delegated sign-off of 22/23 BCF Section 75 agreement to the Place Based Sub-Committee. Chief Officers for the ICB can sign the sec.75.
- The additional ASC Discharge Fund will be incorporated in the 22/23 Section 75 agreement once NHSE has issued the approval letter for the 22/23 BCF plan and the additional discharge fund plan.

Overview of Redbridge BCF 2022/23

Key themes included:

1. Enable people to stay well, safe and independent at home for longer
2. Provide the right care in the right place at the right time
3. Market Stabilisation

| Spend Area | Pooled Budget |
|---|--------------------|
| DFG | £2,429,195 |
| Minimum NHS Contribution | £21,652,187 |
| iBCF (Improved BCF) – uplift | £10,081,355 |
| Additional LA Contribution | £0 |
| Additional NHS Contribution (Ageing Well) | £471,102 |
| Total | £34,633,839 |

Key Metrics

8.1 Avoidable admissions

| | | 2021-22 Q1 | 2021-22 Q2 | 2021-22 Q3 | 2021-22 Q4 | Rationale for how ambition was set | Local plan to meet ambition |
|--|-----------------|---------------|---------------|---------------|---------------|------------------------------------|-----------------------------|
| Rate of unplanned hospitalisation for chronic ambulatory care sensitive conditions (per 100,000 population) (See Guidance) >> link to NHS Digital webpage (for more detailed guidance) | Rate per | 195.6 | 154.7 | 179.3 | 169.8 | | |
| | Numerator | 598 | 473 | 548 | 519 | | |
| | Denominator | 305,700 | 305,700 | 305,700 | 305,700 | | |
| | Indicator value | 180 | 143 | 165 | 157 | | |

8.3 Discharge to usual place of residence

| | | 2021-22 Q1 | 2021-22 Q2 | 2021-22 Q3 | 2021-22 Q4 | Rationale for how ambition was set | Local plan to meet ambition |
|---|-------------|---------------|---------------|---------------|---------------|------------------------------------|-----------------------------|
| Percentage of people, resident in the H/WB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange) | Quarter (%) | 95.4% | 94.7% | 94.4% | 93.6% | | |
| | Numerator | 5,057 | 4,944 | 4,852 | 4,649 | | |
| | Denominator | 5,303 | 5,222 | 5,141 | 4,966 | | |
| | Quarter (%) | 93.4% | 92.7% | 92.0% | 91.2% | | |
| | Numerator | 3,960 | 3,865 | 3,602 | 3,340 | | |
| | Denominator | 4,239 | 4,170 | 3,917 | 3,664 | | |

8.4 Residential Admissions

| | | 2020-21 Actual | 2021-22 Plan | 2021-22 estimate | 2022-23 Plan | Rationale for how ambition was set | Local plan to meet ambition |
|--|-------------|-------------------|-----------------|---------------------|-----------------|------------------------------------|-----------------------------|
| Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population | Annual Rate | 338.7 | 458.1 | 470.6 | 485.3 | | |
| | Numerator | 133 | 184 | 189 | 199 | | |
| | Denominator | 39,273 | 40,163 | 40,163 | 41,003 | | |

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2018 based Sub-National Population Projections for Local Authorities in England:
<https://www.ons.gov.uk/releases/subnationalpopulationprojectionsforengland2018based>

8.5 Reablement

| | | 2020-21 Actual | 2021-22 Plan | 2021-22 estimate | 2022-23 Plan | Rationale for how ambition was set | Local plan to meet ambition |
|---|-------------|-------------------|-----------------|---------------------|-----------------|------------------------------------|-----------------------------|
| Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services | Annual (%) | 87.1% | 92.4% | 91.5% | 89.2% | | |
| | Numerator | 142 | 157 | 140 | 141 | | |
| | Denominator | 163 | 170 | 153 | 158 | | |

Overview of In-Year Additional Payments 2022/23

NHSE Demand and Capacity Funding 2022/23 (Autumn 2022)

- System (BHR places) received £5.2m further to submission
- **LBR received £935,345**
- Key spend areas are social care workforce, additional packages of care, residential placements, reablement

£500m Adult Social Care Discharge Fund (November 2022)

| Borough/Place | Redbridge |
|------------------|------------|
| LA Funding | £760,884 |
| ICB Contribution | £789,561 |
| Total | £1,550,445 |

Key priorities identified for investment included:

Placements, Home Care Packages, Equipment, Admin, supporting care provider workforce retention via care provider voice, hospital discharge team, targeted Mental Health services.

Next Steps

- NHSE have now issued approval letters.
- The 22/23 BCF Section 75 Letter of Variation has been drafted and will be shared with LA colleagues over the next few weeks.
- The aim is to have this agreed and signed by 27 January 2023 to meet the NHSE 31 January deadline.
- NHSE has not published the policy framework and planning requirement for 23/24 BCF as yet but it is expected to be published by May 2023.
- The BCF 23/24 expenditure plan will be reviewed and revised.
- BHR places/boroughs to start discussions about the future BCF sec.75. agreement

| | | |
|---|---------------------------------|---|
| Date 19 June 2023 | Classification Public | Committee Health & Wellbeing Board |
| Wards affected All | | |
| From Corporate Director of People | | Title of Report Better Care Fund Plan for 2023-25 & BCF End of Year Submission for 2022-23 |

1. Executive Summary

- 1.1 The BCF over 2023-25 brings together a number of funding streams to support people to live healthy, independent and dignified lives, through joining up health, social care and housing services seamlessly around the person. The two core BCF objectives are: (1) Enabling people to stay well, safe and independent at home for longer; and (2) Providing the right care in the right place at the right time. To achieve this each HWB is required to develop a joint BCF Plan setting out how BCF funds will be spent, and this is governed by a s75 agreement. Submission of agreed plans by HWBs is 28 June 2023.
- 1.2 In addition, an End of Year Report is submitted to demonstrate how the BCF has been effective in delivering its schemes. This covers performance metrics, income and spend, and successes and challenges. This template also includes the Adult Discharge spend.
- 1.3 All BCF plans, and templates are attached in the Appendices.

2. Recommendations

2.1 The Board is recommended to:

- **Agree the BCF Narrative and Expenditure templates for submission by 28 June 2023;**
- **Note the BCF End of Year template 2022-23 submitted by the deadline of 23 May 2023.**

3. Reasons for Recommendations

- 3.1 Agreement and sign-off by the Health & Wellbeing Board is a requirement of the BCF funding national conditions.

**THE DECISIONS PROPOSED IN THE RECOMMENDATIONS TO THIS REPORT
MAY BE CALLED IN**

Contact Point

Report Author: Caroline Martindale

Position: Strategic Commissioning Manager, People Directorate

Telephone:

E-mail:

1. Background

- 1.1 **BCF 2022-23:** As part of the BCF programme we are required to submit an End of Year template to demonstrate how the BCF has been effective in delivering its schemes. This covers performance metrics, income and spend, and successes and challenges. This template also includes the Adult Discharge spend.
- 1.2 The submitted BCF End of Year template for can be found in the Appendices.
- 1.3 **BCF 2023-25:** The vision for the BCF over 2023-25 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 vision is underpinned by the two core BCF objectives:
1. Enable people to stay well, safe and independent at home for longer
 2. Provide the right care in the right place at the right time
- 1.4 Each HWB is required to develop a joint BCF Plan setting out how BCF funds will be spent, and this is governed by an agreement under section 75 of the NHS Act (2006). This continues to provide an important framework in bringing local NHS services and local government together to tackle pressures faced across the health and social care system and drive better outcomes for people.
- 1.5 The BCF 2024-25 narrative and expenditure plans are attached in the Appendices.

2. National Conditions

- 2.1 As part of the BCF programme there are a number of national conditions that must be met. These are:

| | |
|-----------------------------|---|
| National Condition 1 | A jointly agreed plan between local health and social care commissioners, signed off by the HWB |
| National Condition 2 | Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer |
| National Condition 3 | Implementing BCF Policy Objective 2: Providing the right care, at the right place, at the right time |
| National Condition 4 | Maintaining the NHS's contribution to adult social care (in line with the uplift to the NHS minimum contribution to the BCF), and investment in NHS commissioned out of hospital services |

3. Funding Breakdown for Redbridge

- 3.1 The total BCF 2023-24 pooled fund for Redbridge is **£38.711m**. This breakdowns into the following streams:

| Funding Stream | Amount (£m) |
|--|--------------------|
| DFG | 2.429 |
| Minimum NHS Contribution | 22.878 |
| iBCF | 10.081 |
| Additional LA Contribution | 0 |
| Additional ICB Contribution | 0.430 |
| Local Authority Discharge Funding | 1.413 |
| ICB Discharge Funding | 1.480 |

- 3.2 Certain funding streams under the BCF are paid directly to local government (improved Better Care Fund and Disabled Facilities Grant), under s31 of the Local Government Act 2003, with a condition that they are pooled into local Better Care Fund plans.

- 3.3 The BCF is made up of a number of funding streams, which are set out below:

3.31 **Improved Better Care Fund (iBCF):** The iBCF is used to support a number of areas including, meeting the needs of adult social care, reducing pressures on the - including seasonal winter pressures, supporting more people to be discharged from hospital when they are ready and ensuring that the social care provider market is supported.

3.32 **Disabled Facilities Grant (DFG):** The statutory duty to provide DFGs to those who qualify for them is placed on local housing authorities. Therefore, each area must ensure that sufficient funding is allocated from the DFG monies to enable housing authorities to continue to meet their statutory duty to provide adaptations to the homes of eligible people of all ages. The DFG is pooled into the BCF to promote joined-up approaches to meeting people's needs to support more people of all ages to live in suitable housing so they can stay independent for longer. Creating a home environment that supports people to live safely and independently can make a significant contribution to health and wellbeing, and should be an integral part of integration plans, including social care, and strategic use of the DFG can support this.

3.33 **NHS Minimum Contribution:** For the purposes of the minimum spend on NHS Commissioned out of hospital services, any schemes where the spend area is allocated to primary, community health, continuing care or social care that is commissioned by ICBs from the NHS minimum contribution will count towards this expectation.

3.34 **Discharge Fund:** This funding is intended to provide increased investment in social care and community capacity to support discharge and free up beds. For 2023 to 2024, the Discharge Fund will focus on growing social care capacity in ways that have the greatest possible impact on:

- Reducing delayed hospital discharges.
- Planning services sufficiently far in advance to enable providers to make appropriate workforce capacity plans.
- Learning from evaluation of the impact of previous discharge funding.
- Improving collaboration and information sharing across health and social care services.

3.35 **Additional Contributions:** In addition to the allocated funds above both the ICB and LA also have the option of allocating additional funds to the s75, in order to support the delivery of BCF objectives and outcomes.

4. Metrics

4.1 To support the measurement of BCF schemes and outcomes, the following performance metrics are used. These are:

| For 2023-24 | For 2024-25 |
|---|--|
| 1. Discharge to usual places of residence | 1. Discharge to usual places of residence |
| 2. Discharge metric ahead of winter 2023 | 2. Discharge metric ahead of winter 2024 |
| 3. Admissions to residential and care homes | 3. Admissions to residential and care homes |
| 4. Unplanned admissions for ambulatory sensitive chronic conditions | 4. Unplanned admissions for ambulatory sensitive chronic conditions |
| 5. Emergency hospital admissions due to falls in people over 65 | 5. Emergency hospital admissions due to falls in people over 65 |
| 6. Proportion of older people who were still at home 91 days after discharge from hospital into reablement or rehabilitation services | 6. Proportion of people discharged who are still at home after 91 days |
| | 7. Outcomes following short-term support to maximise independence |

5. Plan Approval & Refresh

5.1 All plans are to be submitted by **28 June 2023**, and will be assured and moderated regionally, as well as calibrated across regions. Following this, plans will be put forward for approval by NHSE, in consultation

with DHSC and DLUHC, with approval letters issued (giving formal permission to spend the NHS minimum) by **8 September 2023**.

- 5.2 As the BCF plan is over 2 years, areas will have the opportunity to modify or decommission schemes and increase investment or include new schemes for year 2 2024-25, if required which again would need to be agreed by the HWB. Further requirements will be published later in the year.

6. Options & Proposals

- 6.1 Completion and submission of the BCF panning requirements are a mandatory requirement for each upper tier local authority, therefore there are no additional options proposed for this report.

7. Consultation

- 7.1 Our BCF plan outlines a number of engagement activities that take place as part of the work to support the objectives of the BCF including. These include development of the Redbridge Place priorities, the Fair Cost of Care exercise, including Provider Forums; work undertaken by Care Providers voice; engagement as part of commissioning exercises and the development of the Carers Charter.

8. Risk

- 8.1 Key challenges have been highlighted in our BCF plan along with a risk management approach which is implemented through the delivery of all work, and through a number of control mechanisms including - quality assurance, contract management, safeguarding procedures and financial controls.
- 8.2 In addition, to oversee the delivery of the BCF plan, a BCF Executive Group meets quality and this reports into the Joint Commissioning Board.

9. Fairness Implications, including Equality and Diversity

9.1 In summary, section 149 of the 2010 Act requires the Council, when exercising its functions, to have 'due regard' to the need to:

- a) Eliminate discrimination, harassment and victimisation and any other conduct that is prohibited by or under the Act (which includes conduct prohibited under section 29);
- b) Advance equality of opportunity between people who share a relevant protected characteristic and those who don't share it;

- c) Foster good relations between people who share a relevant protected characteristic and those who do not (which involves having due regard, in particular, to the need to tackle prejudice and promote understanding).

9.2 Under the PSED the relevant protected characteristics are:

- Age
- Disability
- Gender Reassignment
- Pregnancy & Maternity
- Race
- Religion
- Sex
- Sexual Orientation

9.3 In respect of the first aim only i.e., reducing discrimination, the protected characteristic of marriage and civil partnership is also relevant.

9.4 Having due regard to the need to 'advance equality of opportunity' between those who share a protected characteristic and those who do not includes having due regard, in particular, to the needs to:

- Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons who share a protected characteristic where those needs are different from the needs of persons who do not share that characteristic;
- Encourage those who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

9.5 Further, section 149 provides that the steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities.

9.6 Compliance with the duties in section 149 may involve treating some persons more favourably than others, but that is not to be taken as permitting conduct that would otherwise be prohibited under the Act (which includes breach of an equality clause or rule, or of a non-discrimination rule).

10. Staffing Implications

10.1 There are no staffing implications for this report.

11. Child Friendly Implications

11.1 There are no Child Friendly implications for this report.

12. Crime & Community Safety Implications

12.1 There are no Community Safety implications for this report.

13. Value for Money

13.1 Services delivered from the BCF funding streams are provided by a range of commissioned providers and overseen by a number of processes by the both the local authority and the NHS ICB. These ensure outcome focussed, quality, safety, adherence to contractual, legislative requirements and value for money. In addition, Adults Social Services will also be subject to a new CQC inspection regime. Care packages are reviewed to ensure that they continue to meet the need of the service users and can be stepped down or up as appropriate, with the emphasis on recovery, reablement, wellbeing and independence support in the home and community for services users and their carers.

14. Financial Implications

14.1 The 2023-24 Better Care Fund minimum contribution in Redbridge is £22.878m and is inclusive of £9.021m funding to the local authority for the protection of social care. In 2023-24 the local authority retained BCF funding increased by 5.66% in line with the overall minimum contribution funding in Redbridge.

14.2 In addition to the BCF there is further funding to the local authority for the Improved Better Care Fund (£10.081m), the Disabled Facilities Grant (£2.429m) and the Discharge Fund (£1.413m).

15. Legal Implications

15.1 None

BACKGROUND PAPERS

Better Care Funding Planning Requirements 2023-25, HM Government & NHS England, 4 April 2023