



North Central London
Integrated Care Board

Summary of NCL ICB BCF and Section 75 Agreements (2022/23)

Report for NCL ICB Board of Members

20 January 2023

1. Introduction and purpose of this paper

- 1.1. The Better Care Fund (BCF) is a distinct component of a section 75 (s.75) agreements. S.75 agreements are important legal and contractual arrangements between the NHS and local authorities. Together, they provide a framework for collaboration between health and care partners to improve the performance of the community / hospital interface (including supported discharge); and drive wider population health initiatives which are underpinned by pooled or aligned budgets respectively.
- 1.2. In the context of current winter/operational pressures as well as financial constraints impacting both health and care organisations in North Central London, the need has never been greater to ensure that our BCF and wider s.75 agreements are set up to optimise operational delivery and financial efficiency – ensuring that high impact schemes are funded now and into the future.
- 1.3. This points to an opportunity for the ICB and local authority colleagues to jointly-scope and deliver a value for money review of the BCF and wider s.75 agreements, with the aim of:
 - Scaling contract value to be sustainable or demonstrate added value.
 - Recycling resource through contract efficiencies including termination and re-procurement.
 - Reusing investment through re-specifying schemes to be more focussed on key deliverables, and/or demonstrable outcomes.
- 1.4. It should be recognised that a proportionate investment of time and commitment is necessary to prioritise this review accordingly. This report proposes an approach (detailed in **section 4**) to undertake this task, with the review undertaken and recommendations reporting by the end of Q4 2022/23, followed by contractual and service changes instigated in 2023/24. This important work should be overseen by the Strategy and Development Committee (S&DC).

This report sets out:

- 1.5. North Central London (NCL) BCF schemes and budgets, including the additional allocation linked to the national Adult Social Care (ASC) Discharge Fund ¹, agreed for 2022/23. These have been submitted to NHS England (NHSE) and approved.
- 1.6. A summary of BCF plans and associated metric ambitions (set out in **Appendix 1**), including:
 - Unplanned hospitalisations for chronic ambulatory care sensitive conditions
 - Improving the proportion of people discharged to their usual place of residence

¹ <https://www.gov.uk/government/publications/adult-social-care-discharge-fund>

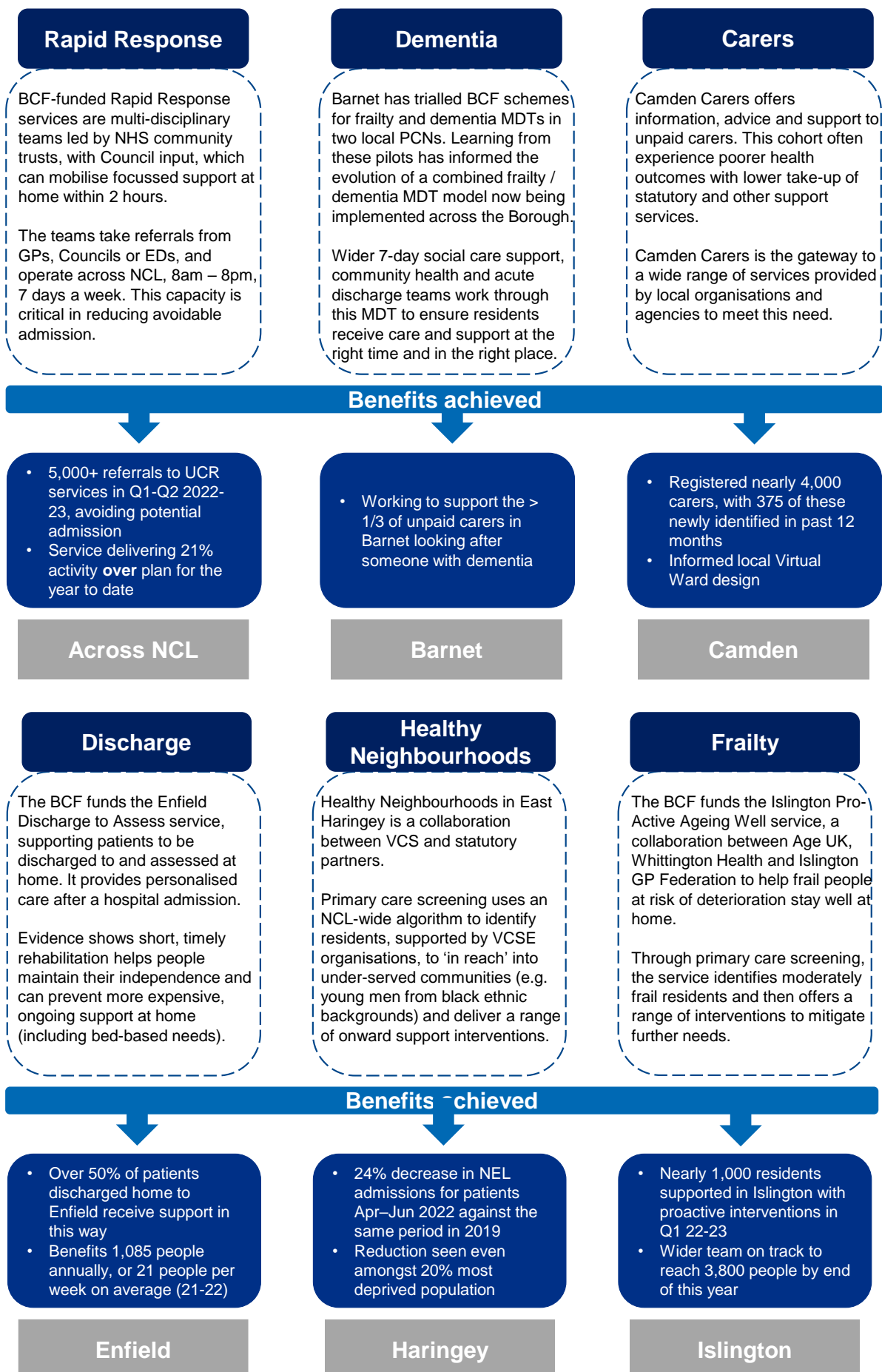
- Long term support needs of older people (65 and older) met by admission to residential and nursing care homes per 100,000
 - Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services.
- 1.7. A summary of NCL non-BCF s.75 agreements, together with their associated budgets for 2022/23. The paper describes material changes and their implications.
 - 1.8. In the interests of conciseness, this paper contains summaries of the contents of borough-based BCF and wider s.75 agreements. A detailed breakdown of agreement contents is available via [this hyperlink](#).
 - 1.9. In line with previous planning rounds, national BCF policy guidance was confirmed in July 2022, part-way through the financial year. In addition, supplementary national guidance about the additional Adult Social Care Discharge Fund (that is enabled through the BCF) was released on 18 November 2022.
 - 1.10. Practically, this means that the NCL Integrated Care Board (ICB) has been working with Local Authority and wider partners to finalise BCF schemes, and associated s.75 agreements, mid- to late-year. As such this report reflects arrangements which are underway and in place.
 - 1.11. In line with national guidance, the ICB and Councils were required to submit the BCF templates to the national BCF planning team at NHS England by 26 September, with the further submission reflecting the additional Adult Social Care Discharge Fund proposals submitted on 16 December 2022.

2. The Better Care Fund

- 2.1. The BCF Policy Framework sets out four national conditions which all BCF plans must meet to be approved:
- A jointly agreed plan between local health and social care commissioners that has been signed off by the health and wellbeing board (HWB).
 - NHS contribution to adult social care to be maintained in line with the uplift to NHS minimum contribution.
 - Invest in NHS-commissioned out-of-hospital services.
 - Implementing the BCF policy objectives.
- 2.2. NHS and local authority collaboration remains key in meeting the planning conditions. In addition, joint working continues to support practical improvements to help older people and those with complex needs and disability to live at home longer.
- 2.3. Through BCF-facilitated collaboration on approved schemes there is evidence to demonstrate benefits to NCL residents including:
- Enabling more residents to stay at home for longer
 - Providing additional support to hospital social work and discharge teams, in turn enabling better hospital flow for patients presenting in A&E who need to be admitted.
 - Enabling the development of systems and processes as part of borough-based partnerships, including the development and support of neighbourhood models in line with the ambitions of the *Fuller report*².
 - Providing greater access to preventative care to help reduce unnecessary admissions. For example, the BCF can help deliver joined-up preventative models of care to enable people to access support at an earlier stage.

Additional detail on scheme themes, and attributed impact / benefits across NCL, is provided in the **graphic below**.

² <https://www.england.nhs.uk/wp-content/uploads/2022/05/next-steps-for-integrating-primary-care-fuller-stocktake-report.pdf>



- 2.4. Many of the NHS and Council-commissioned schemes continue to demonstrate positive impact for the most complex and vulnerable residents in NCL. To clarify and embed efficiency and value sustainably into the future, it is proposed to establish an NCL-wide group to review schemes across health and care. This process will consider the impact of schemes on BCF metrics, assess value for money, and encourage learning from best practice. Along with borough partnership intelligence and input, the outputs of this NCL-wide process will inform priority scheme planning across NCL in 2023/24.
- 2.5. Approaching this as a pan-NCL endeavour will maximise economies of scale and scope. It will provide opportunity to share what works from across the system footprint, recognising the unique social and demographic characteristics of each borough.
- 2.6. While NCL BCF schemes respond to the national BCF guidance, national financial requirements (i.e., the nationally-determined budget uplifts), and have common overarching strategic themes, they are developed and driven at borough ('place') level, through collaborative relationships with local authority and wider partners. Borough-based BCF agreements reflect population need, the local health and care landscape, and historic agreements.
- 2.7. On 26 September, NCL HWB areas (co-terminus with boroughs) submitted BCF plans comprising narrative, planning, demand and capacity, and anticipated delivery against the national metrics framework. Submitted plans were within the agreed funding envelope and incorporated requirements set out in the guidance. The regional NHSE BCF team has since reviewed and assured NCL plans, and these will now be subject to in-year monitoring locally and regionally.
- 2.8. **Figure 1** below sets out the total NCL ICB and local authority contributions to the BCF in 2022/23. This includes the minimum ICB contribution, as well as both the local authority-funded integrated BCF (iBCF), and the disabilities facilities grant.

| Borough | ICB Min Contribution (£'000) | Improved Better Care Fund (iBCF) (£'000) | Disabled Facilities Grant (DFG) (£'000) | Total BCF (£'000) |
|--------------|------------------------------|--|---|-------------------|
| Barnet | 29,344 | 9,622 | 2,885 | 41,850 |
| Camden | 22,289 | 12,874 | 1,047 | 36,210 |
| Enfield | 24,908 | 11,726 | 3,736 | 40,370 |
| Haringey | 22,211 | 9,806 | 2,679 | 34,696 |
| Islington | 22,045 | 14,501 | 1,940 | 38,486 |
| TOTAL | 120,797 | 58,529 | 12,286 | 191,612 |

Figure 1: a summary of ICB and local authority contributions to the BCF

- 2.9. On 18 November, the Department for Health and Social Care (DHSC) confirmed the release of the national ASC discharge fund with 45% allocated to local authorities (£5,388k pan-NCL) and 55% to ICBs (£6,483k

pan-NCL) to pool into BCF arrangements through agreement by local health and social care leaders. This funding is to support additional schemes through to the end of March 2023 and is set out in **Figure 2** below:

| Borough | ICB contribution (£'000) | LA contribution (£'000) | Total contribution (£'000) |
|--------------|--------------------------|-------------------------|----------------------------|
| Barnet | 1,733 | 1,206 | 2,939 |
| Camden | 935 | 1,071 | 2,006 |
| Enfield | 1573 | 1,082 | 2,655 |
| Haringey | 1,257 | 957 | 2,214 |
| Islington | 984 | 1,072 | 2,056 |
| TOTAL | 6,482 | 5,388 | 11,870 |

Figure 2: a summary of ICB and local authority contributions to the BCF Discharge Fund

2.10. Specific conditions govern the use of this additional funding:

- Local authority and ICB funding should be pooled into local s.75 agreements, with sign off from HWBs.
- Funding should only be used on permitted activities which reduce flow pressure on hospitals, including mental health and community inpatient settings, by enabling more people to be discharged to an appropriate care setting.
- Fortnightly reporting including a progress review in January 2023.

2.11. The funding will be distributed in two tranches. The first tranche is released in January 2023, with the second released in February. This is subject to submitting fortnightly reports and participating in a system meeting with the regional team planned for January 2023.

2.12. A set of principles was agreed between partners as a prerequisite for NCL ICB approval. These include:

- the ability to demonstrate additionality on top of current BCF-funded provision
- impacting on hospital beds
- targeting barriers to discharge
- all schemes to conclude on or by 31 March 2023.

2.13. The five NCL HWB areas submitted plans which included confirmed NCL system-wide priority schemes i.e., intermediate care beds, mental health discharge, and homeless discharge.

2.14. By delivering in line with a 'test and learn' approach, schemes which demonstrate the greatest impact will inform best practice and be prioritised for inclusion in 2023/24 BCF plans.

3. NCL s.75 agreements

- 3.1. In NCL, there are s.75 agreements in place underpinning jointly-commissioned services in each NCL borough. These agreements capture the BCF and non-BCF agreements covering other areas of collaborative working with local authorities.
- 3.2. Nationally, similar arrangements for aligned resourcing between Councils and the NHS are intended to be the foundation for even more widespread and expanded pooled finances. To achieve this, DHSC has set out an intention to review s.75 of the NHS Act 2006 to “*simplify and update the underlying regulations*”³, but have not specified a timescale by when this will be available.
- 3.3. In NCL, s.75 agreements are the basis through which we have joined up – and continue to integrate - care at place level. In the future, they will also enable greater operational integration at both place as well as neighbourhood level.

S75 snapshot:

The Enfield Integrated Learning Disability Service (ILDS) is a blended team of NHS health and Council social care staff that provides support to adults with learning disabilities, their families and carers. The service helps people with learning disabilities to be healthy, independent and valued members of their community. The service also helps young people (16+) to plan their transition into adulthood.

- 3.4. In Barnet, Camden, Haringey and Islington, the services and schemes within the s.75 agreements are managed by joint (integrated) commissioning teams reporting jointly into the ICB and Council. In Enfield, local services and schemes are overseen by the lead commissioners from the ICB and the Council. The tables in **section 5** set out a summary of the proposed 2022/23 financial values, with borough summaries in **section 6**. The current set of s.75 agreements will be varied to reflect these figures.
- 3.5. Non-BCF s.75 agreements cover a wide range of collaborative working arrangements between the ICB and local authorities. This underpins areas to deliver improved population health through borough-based collaboration, such as mental health, learning disabilities and voluntary & community sector (VCS) contracts. The scale, scope, and financial value of NCL s.75 agreements varies across the boroughs, reflecting population need, the local health and care landscape, and historic agreements. In some boroughs, substantial values associated with core community and mental

3

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1055687/joining-up-care-for-people-places-and-populations-web-accessible.pdf

health contracts which are managed exclusively by the ICB sit within the non-BCF sections of s.75 agreements. This explains some of the variation which is not population-based.

S75 snapshot:

The Camden Care Navigation and Social Prescribing service, provided through Age UK Camden and Voluntary Action Camden, is open to all Camden residents (18+) at risk of or experiencing social isolation, who are struggling to navigate the local health and care system, who wish to live more independently and actively in their communities, or who have been recently discharged from hospital.

It offers a range of interventions including care navigation, signposting to community & voluntary organisations, information & advice (including benefits).

The service receives over 100 referrals a month, and provides active support for around 50% of those (with other people referred onto partners for appropriate assistance).

- 3.6. This variation in the non-BCF s.75 agreements provides further opportunity for the review process described in **section 4**. Working towards a more consistent 'core' of these agreements, with discretion for local tailoring, should unlock economies of scale and scope. Over time, this would provide for flexibility around resources, underpinning greater integration and delegation to place.
- 3.7. **Figure 3** below sets out NCL ICB and local authority total contributions towards the 2022/23 non-BCF s.75 agreements.

| Borough | ICB contribution (£'000) | LA contribution (£'000) | Total contribution (£'000) |
|--------------|--------------------------|-------------------------|----------------------------|
| Barnet | 7,514 | 3,885 | 11,399 |
| Camden | 36,138 | 34,450 | 70,588 |
| Enfield | 3,932 | 5,279 | 9,211 |
| Haringey | 61,846 | 55,592 | 117,437 |
| Islington | 11,788 | 43,127 | 54,915 |
| TOTAL | 121,219 | 142,332 | 263,551 |

Figure 3: a summary of ICB and Local Authority contributions to the non-BCF s.75 agreements

- 3.8. Each S75 agreement sets out contractual obligations, expectations, and governance arrangements for the BCF and iBCF, including the individual or joint responsibilities associated with managing the fund and personnel required to support this as well as day-to-day management and oversight, contracts, financial decision making and accountability).
- 3.9. The financial schedules within each s.75 agreement outline the contribution of partners to constituent schemes. Reflecting the variation in the schemes

captured within these agreements, financial schedules too vary by borough. For the BCF, contributions are determined by historic baselines and national guidance. Integrated and/or aligned commissioning covered in the wider s.75 agreements have evolved over time through dialogue and agreement as part of the annual commissioning cycle between Councils and the NHS.

4. Review of BCF and joint commissioning arrangements for 2022/23

- 4.1. In developing this report, the ICB and Council finance and commissioning leads have undertaken a summary review during Q2 - Q3 2022/23. Local teams involved in the history, monitoring and development of s.75 agreements have provided input to this process.
- 4.2. For each borough, this review focused on:
- Consideration of schemes under each key area within the s.75 agreement.
 - Review of budget for each scheme by finance / commissioning leads.
 - Development of an overall financial schedule per borough summarising the local arrangements for BCF and integrated commissioning schemes under the s.75 agreement.
- 4.3. In terms of both the BCF and s.75 agreements, this review has focused on:
- Incorporating BCF 2022/23 national planning requirements ⁴.
 - Reviewing 2021/22 metric achievement, to set realistic yet stretching ambitions for 2022/23.
 - Agreeing schemes for the additional social care discharge fund ⁵ in line with analysis of current barriers to discharge within each borough.
 - Reviewing and confirming budgets for each scheme by accountable finance and commissioning lead.
- 4.4. Following these reviews, the ICB Board of Members (BoM) should note the following key points:
- Although no material movements are anticipated, forecast outturns for demand-led services may vary from budget by month 12. The ICB has plans in place to mitigate emerging cost pressures should these arise.
 - The s.75 agreements for Camden, Haringey and Islington include schemes funded by local authorities, but provided by an NHS trust with contracts held by the ICB. In Barnet and Enfield there are direct arrangements in place between Councils and NHS trusts). The ICB has received central funding from NHS England to fund pay uplifts ordinarily funded by the local authority.
 - In Haringey, the ICB has notified the Council of withdrawal of £496k funding from the Edwards Drive scheme in the non-BCF s.75 agreement – with effect from 2022/23. This is reflected in the borough

⁴ <https://www.england.nhs.uk/wp-content/uploads/2022/07/B1296-Better-Care-Fund-planning-requirements-2022-23.pdf>

⁵ <https://www.gov.uk/government/publications/adult-social-care-discharge-fund/addendum-to-the-2022-to-2023-better-care-fund-policy-framework-and-planning-requirements>

figures presented in this paper for ICB BoM endorsement. Changes to this position will be managed through appropriate governance.

- The financial and operational performance and outcome delivery of each scheme has been reviewed with the relevant local authority. Financial schedules have been signed off by each Council.
- 4.5. The ICB BoM should note that while this report proposes the approval of BCF and s.75 agreements for 2022/23, there is a shared need in each borough to review both sets of agreements to ensure both value for money and that the services continue to effectively meet the need of local populations and address inequalities. Additionally, a review of current arrangements would inform greater integration at place and neighbourhood to deliver care that improves population health outcomes.
- 4.6. For the BCF this joint review will need to focus on:
- Alignment of schemes with the aims and objectives of the BCF scheme as defined in national guidance.
 - Value for money of schemes being supported, their impact on BCF metrics, and how monitoring informs joint governance.
 - Providing confidence that each scheme contributes to addressing rising demand arising from post-pandemic changes in the NCL population, including growing acuity.
 - Ensuring that schemes within the BCF contribute to addressing inequalities and support the ambition of helping people to live for longer in good health.
- 4.7. For non-BCF s.75 agreements this joint review will need to focus on:
- Delivering shared accountabilities at place level, and meeting locally-determined priorities.
 - Ensuring s.75 agreements cover areas of collaborative working which place-based partnerships are genuinely able to implement and entrench, rather than schemes which are managed on an NCL system-wide footprint.
 - Value for money of contracts in the context of the financial challenges faced across the public sector.
 - Shared oversight arrangements including impact monitoring and review processes to inform future place-based priorities.
 - Ensuring that schemes within a s.75 agreement contribute to addressing inequalities and support the ambition of helping people to live for longer in good health.
- 4.8. The proposed joint reviews should be considered and undertaken in the context of the financial constraints both local authorities and the ICB are facing in the short to medium term, the need for collaboration to identify and realise financial efficiencies, and responsibilities around joint governance.
- 4.9. The ICB BoM should note that teams have already commenced this work by preparing local discussion and identifying potential areas for optimising

services while achieving efficiencies. This period of scoping should be followed by a more detailed review with recommendations reporting by the end of Q4 2022/23, followed by contractual and service changes instigated in 2023/24, with oversight through S&DC.

- 4.10. In addition, the ICB BoM should note any proposed changes to services commissioned through BCF or s.75 agreements must reflect the ICB's formal duties around both service change and contractual notice period. This means most proposed contractual changes will be subject to a lead in time to implement.
- 4.11. In preparing for 2023/24, ICB Directors of Integration (DOIs) have led an initial review of contracts within each borough s.75 agreement to identify where contracts are no longer required (and could therefore realise an efficiency) or where additional value is possible within the scope of the contract either by delivering more for the same investment, or through reducing the overall cost for the same impact. A number of opportunities have been identified to inform joint discussions with local authority partners. This work should be followed by workshops to explore opportunities for both NHS and local authority partners to realise further efficiencies and improve the sustainability and effectiveness of s.75 agreements across NCL.

5. Financial implications

- 5.1. In developing this report, ICB and Council commissioning and finance leads have been meeting to review 2022/23 arrangements.
- 5.2. The BCF agreements have been uplifted in accordance with national guidance and the detail of how the uplift will be applied for 2023/24 is set out in this section.
- 5.3. The BCF plan includes the following funding streams:
- The ICB minimum contribution £120.8m allocated to the ICB, uplifted by £6.5m (5.66%) from £114.3m for 2021/22.
 - The Improved Better Care Fund (iBCF) of £58.5m allocated to local authorities, uplifted by £1.7m (3%) from £56.8m in 2021/22
 - The Disabled Facilities Grant (DFG) £12.3m allocated to local authorities.
 - Newly announced Adult Social Care Discharge Fund of £11.9m allocated to local authorities and to ICBs.
- 5.4. The total s.75 agreement value is £263.6m of which the ICB contributes £121.2m and the councils £142.3m. The total value of NCL s.75 agreements is £6.2m lower than in 2021/22, this is primarily driven through NHS provider growth and offset by a change in treatment of the Intermediate Care General Pool (previously in the Islington s.75 £8.8m. Further information can be found in **section 6**.
- 5.5. The s.75 and BCF values have been agreed and BCF minimum spend met in each borough, with all identified cost pressures fully mitigated from a budget perspective.
- 5.6. **Figure 4** below sets out NCL ICB and local authority total contributions towards to s.75 agreements for 2022/23. Further detail can be found in **section 6**.

| Borough | ICB Min Contribution (£'000) | Improved Better Care Fund (iBCF) (£'000) | Disabled Facilities Grant (DFG) (£'000) | BCF Discharge Fund (£'000) | Total BCF (£'000) | Section 75 (Non BCF) (£'000) | Grand Total (£'000) |
|--------------|------------------------------|--|---|----------------------------|-------------------|------------------------------|---------------------|
| Barnet | 29,344 | 9,622 | 2,885 | 2,939 | 44,790 | 11,399 | 56,189 |
| Camden | 22,289 | 12,874 | 1,047 | 2,006 | 38,216 | 70,588 | 108,804 |
| Enfield | 24,908 | 11,726 | 3,736 | 2,655 | 43,025 | 9,211 | 52,236 |
| Haringey | 22,211 | 9,806 | 2,679 | 2,214 | 36,910 | 117,437 | 154,347 |
| Islington | 22,045 | 14,501 | 1,940 | 2,056 | 40,542 | 54,915 | 95,457 |
| TOTAL | 120,797 | 58,529 | 12,287 | 11,870 | 203,483 | 263,551 | 467,034 |

Figure 4: collated NCL ICB and Council s.75 agreements in 2022/23

- 5.7. On 09 January the Government announced an additional £200m of funding for discharge. Any schemes that are stood up against the £5.4m NCL share of the new £200m national discharge fund may be added to the BCF or

relevant s.75 agreements along with any additional schemes initiated in Q4 2022/23. Scheme approval will be subject to appropriate ICB governance.

6. Borough overview

- 6.1. In **Barnet**, BCF plans were submitted in line with national requirements. The submission was made with a total value of £41.9m (BCF Discharge was submitted separately in December 2022 following the publication of allocations guidance) and is summarised in the following table:

| Funding Source | Area of spend | Budget 22/23 | Contribution ICB | Contribution LA | Total Increase | ICB Increase | LA Increase |
|--------------------------|------------------|--------------|------------------|-----------------|----------------|--------------|-------------|
| Minimum ICB Contribution | Acute | 259,357 | 259,357 | 0 | 9,874 | 9,874 | 0 |
| | Community Health | 13,050,382 | 13,050,382 | 0 | 932,249 | 932,249 | 0 |
| | Continuing Care | 5,141,378 | 5,141,378 | 0 | 102,749 | 102,749 | 0 |
| | Mental Health | 240,890 | 240,890 | 0 | 4,027 | 4,027 | 0 |
| | Primary Care | 680,850 | 680,850 | 0 | 0 | 0 | 0 |
| | Social Care | 8,767,921 | 8,767,921 | 0 | 469,680 | 469,680 | 0 |
| | Other | 1,203,422 | 1,203,422 | 0 | 53,333 | 53,333 | 0 |
| DFG | | 2,884,527 | 0 | 2,884,527 | 0 | 0 | 0 |
| iBCF | | 9,621,518 | 0 | 9,621,518 | 282,868 | 0 | 282,868 |
| BCF Discharge Fund | Community Health | 244,351 | 244,351 | 0 | 244,351 | 244,351 | 0 |
| | Mental Health | 145,000 | 145,000 | 0 | 145,000 | 145,000 | 0 |
| | Social Care | 2,549,890 | 1,343,649 | 1,206,241 | 2,549,890 | 1,343,649 | 1,206,241 |
| Grand Total | | 44,789,486 | 31,077,200 | 13,712,286 | 4,794,021 | 3,304,912 | 1,489,109 |

- 6.2. The total agreed value of the additional integrated s.75 agreements for 2022/23 is £11.4m of which £7.5m is funded by the ICB and £3.9m funded by the local authority, as set out in the table below.

| Area of spend | Budget 22/23 | Contribution ICB | Contribution LA | Total Increase | ICB Increase | LA Increase |
|-----------------------|--------------|------------------|-----------------|----------------|--------------|-------------|
| Adults | 1,677,000 | 413,000 | 1,264,000 | 0 | 0 | 0 |
| Childrens | 4,556,173 | 3,908,074 | 648,099 | 132,220 | 108,864 | 23,356 |
| LD - Campus Pool Fund | 1,864,604 | 945,650 | 918,954 | 0 | 0 | 0 |
| Learning Disability | 3,301,701 | 2,247,701 | 1,054,000 | 32,273 | 32,273 | 0 |
| Grand Total | 11,399,479 | 7,514,426 | 3,885,053 | 164,494 | 141,138 | 23,356 |

- 6.3. The increase in expenditure is entirely due to NHS Provider uplifts for In-sector (1.7%) and Out of Sector uplifts (4.0%).
- 6.4. In **Barnet**, the s.75 continues to support essential joint health and care initiatives, including:
- Barnet LD service providing integrated assessment and care management for over 1,000 adults, helping them live independently in their communities.
 - Aspects of the Barnet CAMHS service, delivering the early help offer to local children and young people.
 - Integrated therapy services which improve the health and wellbeing of 0-19 year olds (up to 25 years of age with an Education Health and Care Plan (EHCP)).
 - Health assessment and review services to support Looked after Children.

- Adults Joint Commissioning Unit to foster collaboration and join up of commissioning across the borough partnership.
- Contributing towards the local mental health network.

6.5. Looking ahead, the Barnet borough partnership is seeking to use the s.75 agreement to support the transition of Barnet residents with LD from long-term hospital stay at Harperbury Hospital, to supported living onsite or in the community. More widely, the s.75 provides a foundation for identifying and stretching service delivery in 2023/24 as part of the ongoing local planning and commissioning cycle.

6.6. In **Camden**, BCF plans were submitted in line with national requirements. The submission was made with a total value of £36.2m (BCF Discharge was submitted separately in December 2022 following the publication of allocations guidance) and is summarised in the following table:

| Funding Source | Area of spend | Budget 22/23 | Contribution ICB | Contribution LA | Total Increase | ICB Increase | LA Increase |
|--------------------------|------------------|--------------|------------------|-----------------|----------------|--------------|-------------|
| Minimum ICB Contribution | Community Health | 5,789,743 | 5,789,743 | 0 | 1,451,422 | 1,451,422 | 0 |
| | Mental Health | 904,612 | 904,612 | 0 | 27,252 | 27,252 | 0 |
| | Primary Care | 269,708 | 269,708 | 0 | 4,508 | 4,508 | 0 |
| | Social Care | 15,325,227 | 15,325,227 | 0 | 710,812 | 710,812 | 0 |
| DFG | | 1,046,736 | 0 | 1,046,736 | 0 | 0 | 0 |
| iBCF | | 12,874,054 | 0 | 12,874,054 | 378,535 | 0 | 378,535 |
| BCF Discharge Fund | Community Health | 130,522 | 130,522 | 0 | 130,522 | 130,522 | 0 |
| | Mental Health | 239,375 | 239,375 | 0 | 239,375 | 239,375 | 0 |
| | Social Care | 1,636,571 | 565,103 | 1,071,468 | 1,636,571 | 565,103 | 1,071,468 |
| Grand Total | | 38,216,548 | 23,224,290 | 14,992,258 | 4,578,997 | 3,128,994 | 1,450,003 |

6.7. The total agreed value of the integrated s.75 for 2021/22 is £70.6m of which £36.1m is funded by the ICB and £34.5m funded by the local authority, as set out in the table below:

| Area of spend | Sum of Budget 22/23 | Sum of Contribution ICB2 | Sum of Contribution LA2 | Total Increase | ICB Increase | LA Increase |
|---------------------|---------------------|--------------------------|-------------------------|----------------|--------------|-------------|
| Adults | 2,165,000 | 2,135,000 | 30,000 | 26,562 | 26,562 | 0 |
| Childrens | 31,616,040 | 18,725,609 | 12,890,431 | 402,501 | 556,762 | -154,261 |
| Learning Disability | 13,858,856 | 6,736,856 | 7,122,000 | 220,746 | 220,746 | 0 |
| Mental Health | 22,633,596 | 8,475,842 | 14,157,754 | -384,587 | -841,530 | 456,943 |
| Other | 315,000 | 65,000 | 250,000 | 315,000 | 65,000 | 250,000 |
| Grand Total | 70,588,493 | 36,138,308 | 34,450,185 | 580,222 | 27,541 | 552,681 |

6.8. In **Camden**, the s.75 continues to support essential joint health and care initiatives, including:

- The Camden Learning Disability Service (CLDS) that recently won an award for working to support a woman who had been resident in hospital over 20 years, into a community setting.
- Primary care-hosted / led multi-disciplinary team meetings which are a key enabler of anticipatory care.

- Care navigation and social prescribing services which provide assessment, planning and guided navigation for people who are socially isolated or at risk of exclusion from other services.
- A range of interventions to support people who are homeless, including targeted services for children and young people, mental health support, and outreach to hostels for physical health needs.
- Investment in integrated discharge support, and services which work to improve flow from hospitals to the community.
- The Hillside Clubhouse, supporting people with mental health conditions to access employment, training and support.
- 'Mind the Gap' services which provide dedicated, seamless support for children and young people as they transition into adult services (19-25).

6.9. Looking ahead, the Camden borough partnership is seeking to maintain current delivery in the face of challenging financial pressures. Practically this means scoping efficiency (in scale and scope), while identifying and addressing duplication. Opportunities in 2023/24 include a broad 'early help' offer to identify and support people earlier, as well as consolidating Camden's homelessness support around a common set of outcomes.

6.10. In **Enfield**, BCF plans were submitted in line with national requirements. The submission was made with a total value of £40.4m (BCF Discharge was submitted separately in December 2022 following the publication of allocations guidance) and is summarised in the following table:

| Funding Source | Area of spend | Budget 22/23 | Contribution ICB | Contribution LA | Total Increase | ICB Increase | LA Increase |
|---------------------------------|------------------|-------------------|-------------------|-------------------|------------------|------------------|------------------|
| Minimum ICB Contribution | Community Health | 11,939,012 | 11,939,012 | 0 | 639,550 | 639,550 | 0 |
| | Mental Health | 1,475,827 | 1,475,827 | 0 | 79,057 | 79,057 | 0 |
| | Social Care | 11,488,985 | 11,488,985 | 0 | 611,493 | 611,493 | 0 |
| DFG | | 3,735,926 | 0 | 3,735,926 | 0 | 0 | 0 |
| iBCF | | 11,726,099 | 0 | 11,726,099 | 344,852 | 0 | 344,852 |
| BCF Discharge Fund | Community Health | 219,585 | 219,585 | 0 | 219,585 | 219,585 | 0 |
| | Mental Health | 245,771 | 245,771 | 0 | 245,771 | 245,771 | 0 |
| | Social Care | 2,189,840 | 1,107,644 | 1,082,196 | 2,189,840 | 1,107,644 | 1,082,196 |
| Grand Total | | 43,021,045 | 26,476,824 | 16,544,221 | 4,330,148 | 2,903,100 | 1,427,048 |

6.11. The total agreed value of the integrated s.75 for 2021/22 is £9.2m of which £3.9m is funded by the ICB and £5.3m funded by the local authority, as set out in the table below:

| Area of spend | Sum of Budget 22/23 | Sum of Contribution ICB2 | Sum of Contribution LA2 | Total Increase | ICB Increase | LA Increase |
|-----------------------------------|---------------------|--------------------------|-------------------------|----------------|----------------|-------------|
| Learning Disability | 5,366,995 | 2,137,065 | 3,229,930 | 82,195 | 82,195 | 0 |
| Mental Health & DOLs | 899,391 | 47,830 | 851,560 | 0 | 0 | 0 |
| Equipment (ICES & CHC) | 2,196,603 | 1,153,963 | 1,042,640 | 192,327 | 192,327 | 0 |
| Other | 748,128 | 593,437 | 154,691 | 250,082 | 250,082 | 0 |
| Grand Total | 9,211,117 | 3,932,296 | 5,278,821 | 524,604 | 524,604 | 0 |

6.12. In **Enfield**, the s.75 continues to support essential joint health and care initiatives, including:

- The Chase Farm Hospital Older People Assessment Unit (OPAU) which supports better, more tailored care, while reducing hospital admission where possible. The OPAU provides a same-day assessment service (including diagnostics) for 1,500 patients a year. It is provided by an integrated, multidisciplinary service led by a consultant with input from Enfield community services, a social care provider and acute teams.
- Step down service for people with complex mental ill-health - reducing hospital admissions and supporting timely discharge.
- Voluntary and community sector investment supporting improved access to mental health and wellbeing support and improved self-management of long-term conditions.
- VCS capacity in hospital to promote community resilience through active support and signposting to GPs, including GP registration for unregistered patients.
- Mental health support for employment and enablement services.
- Bespoke support for people with learning disabilities to improve uptake of health checks, immunisations.
- Capacity to develop the virtual ward, integrated discharge team, and winter planning.
- Digital technology, integrated community equipment services, including telehealth and assistive technology.
- A programme of strength-based training and development rolled out across the borough partners.

6.13. Looking ahead, the Enfield borough partnership is seeking to maintain current delivery in the face of challenging financial pressures. This includes stretching current work, including Ageing Well, completed in partnership across Enfield and Haringey Councils and the ICB, to deliver a new Mental Health and Wellbeing Hub, encompassing a community/ twilight café. Overall progress will continue to be driven through the Enfield Joint Health & Social Care Commissioning Board with oversight of the delivery of the BCF joint priorities. This will be enabled through a refreshed and jointly developed BCF performance dashboard to monitor progress going forward.

6.14. In **Haringey**, BCF plans were submitted in-line with national requirements. The submission was made with a total value of £34.7m (BCF Discharge was submitted separately in December 2022 following the publication of allocations guidance) and is summarised in the following table:

| Funding Source | Area of spend | Budget 22/23 | Contribution ICB | Contribution LA | Total Increase | ICB Increase | LA Increase |
|---------------------------------|------------------|-------------------|-------------------|-------------------|------------------|------------------|------------------|
| Minimum ICB Contribution | Community Health | 13,978,851 | 13,978,851 | 0 | 798,984 | 798,984 | 0 |
| | Continuing Care | 155,000 | 155,000 | 0 | 0 | 0 | 0 |
| | Mental Health | 89,000 | 89,000 | 0 | 0 | 0 | 0 |
| | Primary Care | 692,447 | 692,447 | 0 | 0 | 0 | 0 |
| | Social Care | 7,295,343 | 7,295,343 | 0 | 390,797 | 390,797 | 0 |
| DFG | | 2,678,851 | 0 | 2,678,851 | 0 | 0 | 0 |
| iBCF | | 9,806,399 | 0 | 9,806,399 | 288,323 | 0 | 288,323 |
| BCF Discharge Fund | Community Health | 138,183 | 138,183 | 0 | 138,183 | 138,183 | 0 |
| | Mental Health | 182,000 | 182,000 | 0 | 182,000 | 182,000 | 0 |
| | Social Care | 1,893,652 | 936,817 | 956,835 | 1,893,652 | 936,817 | 956,835 |
| Grand Total | | 36,909,726 | 23,467,641 | 13,442,085 | 3,691,939 | 2,446,781 | 1,245,158 |

6.15. The total agreed value of the integrated s.75 for 2021/22 is £117.4m of which £61.8m is funded by the ICB and £55.6m funded by the local authority, as set out in the table below:

| Area of spend | Sum of Budget 22/23 | Sum of Contribution ICB2 | Sum of Contribution LA2 | Total Increase | ICB Increase | LA Increase |
|------------------------------|---------------------|--------------------------|-------------------------|------------------|------------------|----------------|
| Adult Mental Health | 63,786,466 | 47,190,702 | 16,595,764 | 1,554,692 | 1,611,222 | -116,530 |
| Learning Disabilities | 43,348,061 | 12,451,958 | 30,896,104 | 8,466 | -901,363 | -64 |
| CAMHS | 2,935,465 | 1,784,723 | 1,150,742 | 794,520 | 389,628 | 150,800 |
| CYP | 7,224,999 | 296,707 | 6,928,292 | 253,202 | 6,283 | 246,919 |
| Other | 41,250 | 20,625 | 20,625 | -3,750 | -1,875 | -1,875 |
| OP/LTC | 101,022 | 101,022 | 0 | 0 | 0 | 0 |
| Grand Total | 117,437,263 | 61,845,736 | 55,591,527 | 2,607,130 | 1,103,895 | 279,250 |

6.16. In **Haringey**, the s.75 continues to support essential joint health and care initiatives, including:

- A full range of adult mental health services from early help, prevention, bereavement support, IAPT and suicide prevention, as well as mental health services for people with severe or complex needs.
- Learning disability services including the Haringey Learning Disability Partnership (HLDP) and the all-age autism hub.
- Children's services including school and health visiting, targeted mental health support within schools, and CAMHS. The s.75 also underpins targeted health-related support for specific groups of children/sets of issues such as those who are looked after, young carers, and young offenders.

6.17. Looking ahead, the Haringey borough partnership is seeking to use the s75 agreement in a more targeted way, with a focus on optimising joint management of budgets which support core borough partnership ambitions:

- **Start Well:** The development of a universal offer for speech language and communication support, and further strengthening of CAMHS services.
- **Live Well:** improvement in preventative community-based mental health; integrated support for people experiencing multiple disadvantage and

employment opportunities for people with mental and physical health needs.

- Age Well: early help and support to age well, through improved diagnosis rate and management of long-term conditions, reduction in avoidable hospital admissions and improved intermediate care.

6.18. In **Islington**, BCF plans were submitted in line with national requirements. The submission was made with a total value of £38.5m (BCF Discharge was submitted separately in December 2022 following the publication of allocations guidance) and is summarised in the following table:

| Funding Source | Area of spend | Budget 22/23 | Contribution ICB | Contribution LA | Total Increase | ICB Increase | LA Increase |
|---------------------------------|------------------|-------------------|-------------------|-------------------|------------------|------------------|------------------|
| Minimum ICB Contribution | Community Health | 10,215,449 | 10,215,449 | 0 | 1,059,983 | 1,059,983 | 0 |
| | Continuing Care | 387,956 | 387,956 | 0 | 6,485 | 6,485 | 0 |
| | Mental Health | 195,264 | 195,264 | 0 | 3,264 | 3,264 | 0 |
| | Primary Care | 463,000 | 463,000 | 0 | 0 | 0 | 0 |
| | Social Care | 10,783,554 | 10,783,554 | 0 | 111,188 | 111,188 | 0 |
| DFG | | 1,939,775 | 0 | 1,939,775 | 0 | 0 | 0 |
| iBCF | | 14,500,901 | 0 | 14,500,901 | 424,937 | 0 | 424,937 |
| BCF Discharge Fund | Community Health | 137,363 | 137,363 | 0 | 137,363 | 137,363 | 0 |
| | Mental Health | 256,866 | 239,866 | 17,000 | 256,866 | 239,866 | 17,000 |
| | Social Care | 1,661,345 | 606,771 | 1,054,574 | 1,661,345 | 606,771 | 1,054,574 |
| Grand Total | | 40,541,472 | 23,029,222 | 17,512,250 | 3,661,430 | 2,164,919 | 1,496,511 |

6.19. The total agreed value of the integrated s.75 for 2021/22 is £54.9m of which £11.8m is funded by the ICB and £43.1m funded by the local authority, as set out in the table below:

| Area of spend | Sum of Budget 22/23 | Sum of Contribution ICB2 | Sum of Contribution LA2 | Total Increase | ICB Increase | LA Increase |
|------------------------------|---------------------|--------------------------|-------------------------|-------------------|-------------------|-------------------|
| Intermediate Care | 0 | 0 | 0 | -8,686,512 | -5,151,700 | -3,520,812 |
| Learning Disabilities | 40,142,909 | 4,937,577 | 35,205,332 | -409,672 | -50,390 | -359,282 |
| Transforming Care | 761,336 | 642,794 | 118,542 | -300,972 | -279,648 | -21,324 |
| Mental Health Commis | 5,046,985 | 2,319,697 | 2,727,287 | 0 | 0 | 0 |
| Carers | 952,900 | 95,000 | 857,900 | 0 | 0 | 0 |
| MHCOP | 8,010,541 | 3,792,753 | 4,217,788 | 549,643 | 232,908 | 316,735 |
| Grand Total | 54,914,671 | 11,787,821 | 43,126,849 | -8,847,513 | -5,248,830 | -3,584,683 |

6.20. In **Islington**, the s.75 continues to support essential joint health and care initiatives, including:

- Mental health recovery pathways.
- Community equipment that supports residents to remain living at home.
- Multi-disciplinary working across localities.
- Carers support.

6.21. Looking ahead, the Islington borough partnership is seeking to use the levers of delegation via borough partnership to take a more collaborative approach to planning and commissioning health and care services for Islington residents.

6.22. The ICB BoM should be aware that each borough has in place arrangements to jointly review and assure the operational and financial performance of the BCF and wider s.75 arrangements. Consistent features include:

- An identified local authority and ICB responsible officer (typically the Director of Adult Social Services, and the ICB Director of Integration respectively).
- Strategic visibility and oversight of performance via Health and Wellbeing Boards.
- Space at other borough partnership fora (exec and programme boards) for scoping and agreeing variations to existing schemes as part of the local implementation of the commissioning cycle.
- A regular meeting in each borough between the Council and ICB to review operational and financial delivery of joint commissioning arrangements (using the national framework of metrics for the BCF, and locally-agreed measures for wider s.75 provision), to identify and understand variation, and to explore options to return to trajectory.
- Ongoing contract management processes led by identified contract leads.

7. Recommendations and next steps

7.1. The ICB BoM is asked to:

- **APPROVE** the BCF and non-BCF s.75 schemes and budgets set out in **sections 5** and **6** for financial year 2022/23. **NOTE** that any schemes that are stood up against the £5.4m NCL share of the new £200m national discharge fund may be added to the BCF or relevant s.75 agreements along with any additional schemes initiated in Q4 2022/23.
- **REVIEW** and **APPROVE** the metrics associated with the BCF schemes, noting that 2022/23 outturn performance against these metrics will act as the baseline for trajectory setting for 2023/24 and beyond.
- **APPROVE** the proposed joint review of s.75 and BCF arrangements with local authority partners as outlined in **section 4**.

7.2. Subject to ICB BoM approval of the budgets contained within this report, ICB teams will:

- Finalise and formalise the 2022/23 s.75 agreements with local authorities, including any variation required to reflect the approved budgets (by end of March 2023).
- Finalise arrangements for the joint review of BCF and s.75 agreements with local authority partners (by end of March 2023).
- Provide a report back to the Strategy & Development Committee of the ICB on the outcome of the review and recommended next steps by 21 June (provisional meeting date).

Appendix 1: Summary of NCL BCF plans and associated metric ambitions

BCF metric 1: Unplanned hospitalisations for chronic ambulatory care sensitive conditions

| HWB area | 2021/22 Actual | 2022/23 Plan | Comments |
|------------------|----------------|--------------|---|
| Barnet | 479.5 | 347 | <ul style="list-style-type: none"> Ambition based on the quarterly average and trends for 2021/22 reflected against the Q1 2022/23 actual outturn. The Access to Care pilot is a new joint initiative between CLCH and the ASC admissions avoidance team, that aims to provide a holistic patient response to reduce unnecessary attendances at A&E, and enable people to receive the care required to remain in their own homes. |
| Camden | 470.1 | 541 | <ul style="list-style-type: none"> Targets have been maintained at 2019/20 (i.e., pre-pandemic) levels. In-year reporting for this metric has been challenging due to a lag in coding of cases within acute settings. Continued investment in Rapid Response and District Nursing will be key in meeting this target and the team will be delivering further training to Care Homes to reduce avoidable admissions. New schemes in 2022/23 expected to contribute to strong performance in this area include the Autism Hub, with additional case work capacity for adults with autism (without a learning disability); and a personal health budget pilot for residents on the Altered Airways Pathway. |
| Enfield | 614.8 | 481 | <ul style="list-style-type: none"> Enfield admission avoidance trajectory represents an ambitious reduction. Population health and inequalities plan agreed to tackle the top three contributors for avoidable admissions to hospital (heart disease, diabetes, and COPD) through tackling smoking and obesity including in the most deprived wards. |
| Haringey | 627.4 | 567 | <ul style="list-style-type: none"> Q1 2022/23 is actual, with Q2 demonstrating an improved position. Trajectory setting used historical seasonal trends projected figures for Q2 - Q4. Community solutions enable people to come forward for triaging, diagnosis & help earlier, enhancing enhance proactive management of conditions & independence, including self-management. |
| Islington | 704.1 | 655 | <ul style="list-style-type: none"> Islington admission avoidance, taken annually, has been steadily reducing since 2019/20 as a result of continued investment and development. Islington is forecasting a further reduction in 2022/23 as a result of expanded capacity in the Rapid Response teams, further integration with 111 services and alternate care pathways, and development of broader preventative offers such as the Proactive Ageing Well service. |

BCF Metric 2: Improving the proportion of people discharged to their usual place of residence

| HWB area | 2021/22 Actual | 2022/23 Plan | Comments |
|------------------|----------------|--------------|---|
| Barnet | 92.5% | 92.4% | <ul style="list-style-type: none"> The reablement pathway has been revised with enhanced capacity for this year. There is additional investment from BCF funds to provide an extra 200 hours of reablement service capacity, and the establishment of an OT-led reablement approach starting from September 2022. CLCH has deployed nursing staff to care homes to provide clinical input for supported discharge. The new care technology framework will also provide additional assistive community equipment to enable patients to return home safely with additional monitoring. |
| Camden | 92.3% | 92.4% | <ul style="list-style-type: none"> RFH was recognised for doubling the number of patients supported through IDTs in 2021/22 while consistently enabling 20-25% of discharges through pathway 1. Further development of the Virtual Ward in 2022/23 is expected to improve performance in this area. BCF funding for Carelink will see greater coordination between IDTs and community-based services to enable residents to return home under the care of the virtual ward. The BCF will continue to provide funding for reablement services both in the community and with dedicated reablement flats at Henderson Court, with a key focus on facilitating timely discharges and ensuring good outcomes for residents. |
| Enfield | 92% | 92% | <ul style="list-style-type: none"> Increased step down to rehab/bedded care before final move home contributed to a slightly lower performance in Q1. Integrated discharge planning meetings include operational and commissioning colleagues combining operational service response with commissioning requirements. Increased provision of extra care intermediate flats with long term tenancy now an option to avoid need for residential placements. |
| Haringey | 92.9% | 93.7% | <ul style="list-style-type: none"> Reflects improvements in Home First solutions investments and P2 bedded units in BCF (including Virtual Wards funded outside BCF) to derive planned figures. Current and planned investment in Home First, P2 beds and longer-term community solutions enabling people to return and stay at home rather than move to long-term care home provision on discharge. |
| Islington | 91.7% | 91.8% | <ul style="list-style-type: none"> Expected discharge to usual place of residence draws on historical trend analysis, pathway 0/1/2/3 mapping, and reflects developments including Virtual Wards. BCF is a key enabler to improve discharge outcomes by funding services such as reablement, hospital discharge teams, and intermediate care. Forecasting a moderate increase in this metric due to ongoing increases in acuity of Islington residents admitted to hospital. |

BCF metric 3: Long term support needs of older people (65 and older) met by admission to residential and nursing care homes

| HWB area | 2021/22 estimate | 2022/23 plan | Comments |
|------------------|------------------|--------------|---|
| Barnet | 500.8 | 440.9 | <ul style="list-style-type: none"> Projected target is based upon 10% reduction in admissions to residential care year-on-year. Development of new extra care schemes and live-in care services in Barnet this year will enable people to receive higher levels of support within their own home as an alternative to residential admission. |
| Camden | 313.5 | 395.8 | <ul style="list-style-type: none"> The target has been maintained at 2019/20 (i.e., pre-pandemic) actual admissions. 2021/22 performance showed a slight decrease in admissions compared to 2020/21 actual performance and was well below the 2021/22 target. A refreshed accommodation strategy for older people is currently in development. This work is a key element of Camden's transformation agenda and provides an opportunity to review existing provision and ensure that the projected increase in demand for services through to 2035 can be met through a range of diverse, high quality accommodation options, including extra care, which reduce the need for residential and nursing care. |
| Enfield | 400.7 | 425.3 | <ul style="list-style-type: none"> Continue to expect an increase in permanent admissions as a result of services such as discharge to assess, which have led to a large increase in short stay placements. Target set is above borough 2021/22 performance. Increased extra care step down capacity available to improve options to return home. More community options have been put in place for patients with lower acuity, with a greater % of placements into care homes at the higher end of acuity/nursing/dementia. |
| Haringey | 361.3 | 361.5 | <ul style="list-style-type: none"> Anticipated to make steady progress on reducing care home admissions in 2022/23 as part of a continued drive towards Home First solutions. At the same time, there is an increase complexity of cases of people needing support which mitigates against improvement. Investment in Home First, P2 beds and longer-term community solutions enables people to return and stay at home rather than move to long-term care home provision. |
| Islington | 358 | 350 | <ul style="list-style-type: none"> The number of admissions in 2021/22 has been affected by the pandemic causing suppressed demand and increased complexity. Aim to avoid further increases in admissions in 2022/23 through learning taken from the pandemic period and more joined-up commissioning and collaborative working across health and social care. The Home First model, strength-based working, and the development of an integrated urgent response model across community health, social care discharge and hospital avoidance pathways will enable residents to remain in their own homes for longer and with a better quality of life. |

BCF metric 4: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services

| HWB area | 2021/22 estimated | 2022/23 plan | Comments |
|------------------|-------------------|--------------|--|
| Barnet | 77.4 | 77.4 | <ul style="list-style-type: none"> As a minimum the aim is to maintain 2021/22 outturn, although it is anticipated that that based on last year's delivery this year's outturn will again exceed this plan. Introduction of therapy-led reablement from September 2022 will provide increased capacity over winter from an enhanced reablement approach following hospital discharge. |
| Camden | 74.6 | 81.9 | <ul style="list-style-type: none"> The 2022/23 target has been reset at 2019/20 performance in response to the significant increase in the number of reablement packages delivered. As a result, a number of spot providers are currently utilised to meet demand. Work is underway with one neighbourhood-based homecare provider to retrain staff specifically to focus on reablement. There will be continued focus on recruitment and retention of staff to improve performance during 2021/22. |
| Enfield | 87.7 | 88 | <ul style="list-style-type: none"> In 2022/23, there is an intention to increase the proportion while increasing the overall number of service users. Plans to increase capacity by 30% for 2022/23 over the entire year, representing additional capacity of 184 while maintaining current performance. |
| Haringey | 54.5 | 75.2 | <ul style="list-style-type: none"> 2021/22 estimate figure based on sample of cases. Target set to improve performance towards 2019/20 levels. Current and planned investment in Home First, P2 beds and longer-term community solutions enable people to return and stay at home rather than move to long-term care home provision, or return to hospital. |
| Islington | 78.8 | 78.7 | <ul style="list-style-type: none"> The reablement service will be returning to full functionality by the end of the year. A plan is in place to improve performance and towards pre-pandemic levels. The reablement service will be returning to full functionality by the end of the year with a revised eligibility criteria focusing on acute/hospital discharges. Working towards expansion of this offer is subject to increased therapy capacity within the discharge, across wider health services. |