
Health and Wellbeing Board Date: Wednesday 7 May

Report: Better Care Fund Planning Update

Author: Zoe Delaney - Interim Head of All Age Commissioning City of York Council and Assistant Director of Community Integration NHS Humber and North Yorkshire Integrated Care Board

Better Care Fund Planning Update

Summary

1. The York Better Care Fund (BCF) plan has been developed through a collaborative process, ensuring alignment with national priorities and local partnership objectives. The final plan was submitted on 28th March, meeting the national submission deadline. The York Health and Wellbeing Board (HWB) is now asked to review and approve the plan (which can be found in Annex section of this cover paper) as part of the BCF assurance process.

Background

2. The Better Care Fund was established in 2014 and is a national programme designed to support the integration of health and social care, aiming to improve outcomes for people with complex needs through more coordinated and person-centred services. It operates as a pooled budget, bringing together funding from the NHS and local authorities under an overarching Section 75 agreement, which enables the joint commissioning and flexible use of resources across organisational boundaries. For 2025/26, the BCF has two primary objectives: enabling people to stay well, safe and independent at home for longer, and providing timely and appropriate care in the most suitable setting when they need it. The 2025/26 BCF plan includes several key sections: a narrative outlining local priorities and partnership working; a breakdown of expenditure and funded schemes; a set of nationally mandated and locally agreed metrics to monitor progress; and a capacity and demand analysis to inform planning and resource allocation across the system. BCF plans are developed at HWB area

level, and it is a national requirement that each plan is formally signed off by the respective HWB.

Main/Key Issues to be Considered

3. The key components of the 2025/26 Better Care Fund plan will be presented to the Health and Wellbeing Board on Wednesday 7th May, however a summary has also been provided on the following pages in order to support the Board's strategic oversight and formal approval of the plan.

Core Performance Metrics and the Rationale Underpinning the 2025/26 Targets

| BCF Metric | York 25/26 Target | Target Rationale |
|--|--|--|
| Emergency admissions to hospital for people aged 65+ per 100,000 population | Monthly target ranging from 1,778 to 1,944 admissions per 100,000 population, equivalent of 709 to 775 admissions. | Based on historical data from May 2023 – Nov 2024, the forecast increase in 2025/26 is 7%. The plan for York is to mitigate this rise to a forecast increase of 5%. |
| Average length of discharge delay for all acute adult patients | Monthly target ranging from 1.58 days in April 2025, decreasing to 1.30 days by March 2026. | Target of 3% improvement throughout the year, in-line with wider ICB. |
| Proportion of adult patients discharged from acute hospitals on their discharge ready date | Monthly target ranging from 66.4% in April 2025, increasing to 68.2% by March 2026. | Target of 3% improvement throughout the year, in-line with wider ICB. |
| For those adult patients not discharged on DRD, average number of days from DRD to discharge | Monthly target ranging from 5.20 days in April 2025, decreasing to 4.30 days by March 2026. | Most recent average in York was 5.2 days (December) with YTD average of 4.8. Target has been set as decreasing down to 4.3 days by March 2026, which is in line with the current national YTD average. |
| Long-term admissions to residential care homes and nursing homes for people aged 65+ per 100,000 population. | Annual target of 527 admissions per 100,000 population, equivalent of 210 admissions. | Target of 0% growth above the 2024-25 estimated number, with initiatives aimed at supporting people to remain at home for longer intended to mitigate the expected increase in this figure. |

Income

| | 24/25 Income | 25/26 Income | Uplift (£) | Uplift (%) | Description of Funding Source |
|--|--------------------|--------------------|-----------------|--------------|--|
| Minimum NHS Contribution - ICB | £8,275,123 | £8,306,736 | £31,613 | 0.4% | Mandated contribution from ICB core budgets into the pooled BCF budget. The ICB element is not automatically passed over to social care. |
| Minimum NHS Contribution - Minimum Social Care Allocation | £7,450,197 | £7,742,625 | £292,428 | 3.9% | Mandated contribution from ICB core budgets into the pooled BCF budget. The minimum social care allocation is a protected minimum amount that must be spent supporting social care. Automatically passed over to Local Authority on a quarterly basis. |
| ICB Discharge Funding (included in NHS Minimum Contribution in 25/26) | £1,431,567 | £1,431,567 | £0 | 0.0% | BCF grant funding to support discharge introduced in September 2022 that has been recommitted annually. Value now included within Minimum NHS Contribution ICB Element. |
| iBCF (part of Local Authority Better Care Grant in 25/26) | £5,368,798 | £5,368,798 | £0 | 0.0% | Direct grant to Local Authority introduced in 2015. Now included as part of Local Authority Better Care Grant. |
| Local Authority Discharge Funding (part of Local Authority Better Care Grant in 25/26) | £1,254,495 | £1,254,495 | £0 | 0.0% | BCF grant funding to support discharge introduced in September 2022 that has been recommitted annually. Now included as part of Local Authority Better Care Grant received directly by LA. |
| Additional Contribution LA | £0 | £0 | £0 | 0.0% | Local Authorities may optionally include additional funding to be pooled into BCF budget. |
| Additional Contribution ICB | £0 | £0 | £0 | 0.0% | ICBs may optionally include additional funding to be pooled into BCF budget. |
| Total | £25,381,376 | £24,104,221 | £324,041 | 1.28% | |

Key changes to 2025/26 income compared to previous year

- There is a significant 13.8% increase in the Disabled Facilities Grant compared to 2024/25, equating to an additional £220k.
- The protected social care element of the Minimum NHS Contribution has increased by 3.9%, amounting to an uplift of £292k.
- There has been no uplift to the Discharge Funding for 2025/26.
- The ICB element of the Minimum NHS Contribution has increased by £30k, representing a 0.4% rise.
- The ICB Discharge Funding is now incorporated within the Minimum NHS Contribution.
- The iBCF and Local Authority Discharge Funding have been consolidated into the Local Authority Better Care Grant.

Approach to scheme uplifts

- Limited uplift of 1.28% (£324k) to BCF funding allocation to support scheme uplifts
- A 2.15% uplift has been applied to the majority schemes in line with the standard NHS uplift that has been set nationally.
- Exceptions to this are:
 - Schemes delivered by either the ICB or City of York Council, where any pay award increases will be met internally through non-BCF funding.
 - A number of schemes that are contributions to larger costs, where the contribution amount from the BCF in 2025/26 will remain the same.
 - Uplifts to schemes delivered by NHS organisations within the ICB, where a 0.24% convergence factor has been applied in addition to the standard NHS uplift (net 1.91%) in accordance with NHS Planning Guidance.

Spend breakdown by BCF category

As part of the Better Care Fund (BCF) planning process, all schemes and associated expenditure must be categorised by both area of spend and primary objective. This ensures alignment with national reporting

requirements and supports strategic investment decisions that promote integrated, person-centred care across health, social care, and community settings.

The table below outlines the 2025/26 BCF allocation by area of spend:

| Area of Spend | Total Spend | Percentage Spend |
|------------------|--------------|------------------|
| Social Care | £ 14,620,606 | 56% |
| Community Health | £ 10,744,734 | 41% |
| Mental Health | £ 198,739 | 1% |
| Primary Care | £ 4,000 | 0% |
| Continuing Care | £ 0 | 0% |
| Acute | £ 337,162 | 1% |
| Other | £ 0 | 0% |

The largest portion of funding is allocated to Social Care (£14.6 million), representing 56% of total BCF expenditure, reflecting a continued commitment to supporting people to live independently at home and sustaining capacity within the social care sector. Community Health services account for 41% of total funding, supporting a wide range of preventative and community-based services. Smaller allocations are made to Mental Health, Acute, and Primary Care, with no planned expenditure under Continuing Care or Other categories this year.

Each scheme is also aligned to a primary objective to ensure that spending is targeted toward delivering measurable outcomes:

| Primary Objective | Total Spend | Percentage Spend |
|---|-------------|------------------|
| 1. Proactive care to those with complex needs | £ 2,738,938 | 11% |

| | | |
|---|-------------|-----|
| 2. Home adaptations and tech | £ 2,345,521 | 9% |
| 3. Supporting unpaid carers | £ 736,000 | 3% |
| 4. Preventing unnecessary hospital admissions | £ 8,518,865 | 33% |
| 5. Timely discharge from hospital | £ 1,611,189 | 6% |
| 6. Reducing the need for long term residential care | £ 9,975,229 | 38% |

This distribution of funding clearly reflects the BCF's focus on proactive, preventative care and timely interventions. The largest share is committed to reducing the need for long-term residential care (38%), followed closely by preventing unnecessary hospital admissions (33%). These priorities directly support the BCF's overarching national objectives: enabling people to stay well, safe and independent at home for longer, and accessing timely and appropriate care when needed.

Key changes to schemes and expenditure from previous year

- Significant piece of work to more accurately name and describe schemes
- Consolidation and aggregation of several schemes where separation was previously in place to distinguish different funding sources, for example aggregation of all schemes funding home care packages and funded through the Adult Social Care Discharge Fund - this has led to a reduction in duplication and contributed to a reduction in the number of schemes from 57 to 46.
- Reablement scheme now encompasses the rapid response element and reablement service, which now form part of the same contract.
- Seven-day discharge scheme funding until end of Q1 only to enable wider system discussion to take place.
- Additional contribution to staffing resource supporting hospital discharge – a further £73k funding to enable existing Hospital Social Worker Team administrative capacity (working Monday-Friday) to

continue following the loss of the original funding stream for these posts. Funding to enable the continuation of Hospital Trust element of the 7-day discharge scheme throughout Q1 also included within this scheme.

- Planned reduction and cessation of Move Mates scheme
- Resettlement bed at Union Terrace now commissioned by CYC, provided by CYC Housing team (previously delivered by Changing Lives).
- Increase in funding to the York Frailty Hub (approximately £100k).
- Increase in funding to intermediate care discharge to assess beds (approximately £52k).

Capacity and demand section summary

To inform the 2025/26 Better Care Fund planning, capacity data was gathered using 2024/25 activity records from the City of York Council's Mosaic system, alongside direct input from providers delivering services across both step-up and step-down pathways. This data was analysed in conjunction with local intelligence to produce forecasted activity levels for 2025/26.

Demand modelling across the ICB began with hospital discharge data by pathway, which was then refined using locally available insights. In some areas, current capacity does not fully meet demand, evidenced by increased waiting times from referral to service commencement. Specifically, demand for home-based care is estimated to exceed available capacity by 5%, whereas demand for bed-based care is forecast to be 5% below capacity. This reflects local understanding that, with improved access to home-based rehabilitation, more individuals could safely recover at home rather than in bedded settings.

Consultation

4. The development of the 2025/26 plan has been jointly led by City of York Council and York Place Integrated Care Board (ICB) core commissioning teams, with significant input from finance and business intelligence colleagues.

The regional NHS England team has led a series of meetings throughout the planning process to support and align plans across the Humber and North Yorkshire ICB footprint.

Other key contributors to the plan have included the BCF Performance and Delivery group (which was been refreshed for 2025 and will now meet regularly to review the ongoing effectiveness of the schemes in supporting the BCF, performance against national metrics, and ensure that we continue to reduce inequalities across the city) the Disabled Facilities Grant lead, and providers and scheme leads who have supplied vital information to inform capacity and demand data and metric targets.

The plan has also been reviewed and approved by the York Integrated Community Model Joint Delivery Board, and this approach has ensured compliance with the national BCF requirement for cross-sector involvement, including NHS trusts, social care providers and voluntary and community service partners.

Additionally, the plan has been reviewed and formally reviewed by the required senior stakeholders, including the Health and Wellbeing Board Chair, the Local Authority Chief Executive, the ICB Chief Executive, the LA Section 151 Officer, the ICB Finance Director, the Local Authority Director of Adult Social Services, the DFG Lead, and the ICB Place Director. This section should include details and results of any consultation that has taken place on this subject matter [both internal (to your organisation) and any external consultation that has taken place should be referenced here]

Options

5. N/A

Analysis

6. N/A

Strategic/Operational Plans

7. The Better Care Fund Policy Framework for 2025-2026 aligns closely with the York Health and Wellbeing Board's strategic and operational goals, particularly in promoting prevention, supporting independence, and improving hospital discharge processes. The BCF's focus on proactive, preventative support for individuals with complex health needs aligns with York HWB's commitment to early intervention and promoting independent living. A fundamental part of the BCF is to reduce the reliance on acute services through community-based care, home adaptations, and technology.

The planned spend under the BCF further demonstrates this alignment. A significant 38% of funds are allocated to reducing the need for long-term residential care, supporting York HWB's shared goal of enabling individuals to live independently and remain in their homes with appropriate support. In addition, 33% of the BCF spend focuses on preventing unnecessary hospital admissions, which directly complements the aim to reduce the demand on hospital services through early intervention and community-based care.

Further supporting the proactive approach, 11% of the BCF spend is dedicated to proactive care for individuals with complex health needs, aligning with York HWB's strategic objective to provide holistic, integrated care for vulnerable individuals. Another 9% is allocated to home adaptations and technology, highlighting a shared commitment to using innovation to support independent living and improve quality of life.

Additionally, 6% of the BCF spend is directed towards supporting timely discharge from hospital, directly aligning with York HWB's priority to enhance hospital flow and ensure individuals receive appropriate care upon leaving the hospital. Finally, 3% of the BCF spend supports unpaid carers, reinforcing York HWB's focus on providing holistic support for families and carers, who play a critical role in maintaining individuals' independence and wellbeing. Many of the 2025/26 Adult Social Care priorities outlined in the Adult Social Care strategy and the service plan contribute to both of the BCF objectives.

These include:

- Creation of a multi-disciplinary planned review team to address our backlog of annual reviews, helping people to remain independent
- Utilising our LACS to ensure people waiting for a strength-based conversation to assess their care and support needs are waiting well in the hope that we can prevent or reduce the need for more formal care
- Gathering feedback from people who use our services including those with complex needs that require both health and social care support and those that transition between health and social care and using this information to improve services
- Expanding our use of research across Adult Social care practice and implementing increased support for self-funders

- Improving our process for people using Direct Payments to promote independence and alternatives to traditional commissioned care to achieve identified outcomes
- Working across health and social care to improve our use of resources across the system to ensure timely and effective hospital discharge including a new Discharge to Assess model in the acute hospital and developing mental health hubs across the city and working closely with partners to improve our CHC process to improve outcomes and experiences from some of the most vulnerable people in the city
- Developing a new carers strategy and delivery plan to improve our support to unpaid carers
- Improving our supported housing offer (both internally and externally) to allow people to remain independent in their own homes, reducing or delaying the need for residential or nursing home care.
- In summary, the BCF objectives closely align with York HWB's focus on prevention, integration, and supporting individuals to live independently, reinforcing shared goals for better health and care outcomes.

Implications

8. The following implications have been considered:

- **Financial**

The BCF plan outlines the proposed expenditure of a pooled total budget of £25,925,742.

This includes the Disabled Facilities Grant (£1,821,521), a specified minimum contribution from NHS funding (£17,480,928) and the Local Authority Better Care Grant (£6,623,742).

Finance colleagues from both the City of York Council and the Humber and North Yorkshire Integrated Care Board have been involved in the development of this plan and the plan has also achieved sign off from Chief Finance Officers from both organisations.

The BCF plan is designed to optimise spending on services that prevent hospital admissions, support early discharge, and provide care in the community. While there are potential cost savings and efficiencies to be realised, particularly through integrated care and

reducing long-term residential care, there are also financial risks, especially where demand for services exceeds current capacity. Ongoing monitoring and adjustment will be necessary to mitigate these risks and ensure the plan remains financially sustainable.

Key changes to expenditure from the previous year have been outlined in section 3 of this report.

- **Human Resources (HR)**

There are no human resources implications

- **Equalities**

There are no equalities implications

- **Legal**

There are no legal implications

- **Crime and Disorder**

There are no crime and disorder implications

- **Information Technology (IT)**

There are no information technology implications

- **Property**

There are no property implications

- **Other**

There are no other implications to highlight to the HWB at this time

Risk Management

9. There are no significant risks to flag.

Recommendations

10. The Health and Wellbeing Board are asked to review and approve the 25/26 plan, given its collaborative development and alignment to both BCF and HWB priorities.

Contact Details

| | | | | |
|--|--|-------------|-------------|--------------------|
| Author: Zoe Delaney Interim Head of All Age Commissioning (City of York Council) and Assistant Director of Community Integration (York Place, NHS Humber and North Yorkshire Integrated Care Board) Tel No. 07762 982 632 Co-Author Bobbi Dempsey Integration Manager Community Integration (York Place, NHS Humber and North Yorkshire Integrated Care Board) Tel No. 07517132599 | Chief Officer Responsible for the report: Sara Storey Corporate Director of Adult Social Care and Integration (City of York Council) Tel No. 07720 155632 | | | |
| | Report Approved | <i>tick</i> | Date | <i>Insert Date</i> |
| | Chief Officer's name Title | | | |
| | Report Approved | <i>tick</i> | Date | <i>Insert Date</i> |
| Specialist Implications Officer(s) Steve Tait Job Title Finance Manager Dept Name Corporate Services, supporting Adult Social Care and Public Health Organisation name City of York Council Tel No. 01904 554065 | | | | |
| Wards Affected: All wards | | | All | Yes |
| For further information please contact the author of the report | | | | |

Annex 1 – BCF 2025/26 Planning Template

Annex 2 – BCF 2025/26 Narrative Plan

Annex 3 – BCF 2025/26 Capacity and Demand Plan

Appendix 1 - Better Care Fund 25/26 Planning Update

Glossary

BCF – Better Care Fund

HWB - Health and Wellbeing Board

ICB – Integrated Care Board