

Appendix 1:

Better Care Fund 25/26 Planning Update



Better Care Fund policy framework and planning requirements 2025-26



Better Care Fund policy framework and planning requirements:

The aim of the 2025 to 2026 BCF Policy Framework is:

- To be a first step in a broader shift to align with the government’s Health Mission and the shift to a “neighbourhood health” approach
- To better support patients and service users by enabling people to live more healthy and independent lives for longer
- To support hospital flow and positively contribute to the NHS’ ability to move towards constitutional standards
- To make the BCF work better for local authorities and the NHS by reducing administrative burdens and providing greater flexibility to meet BCF objectives
- To support the government’s objective to simplify the local government funding landscape

BCF Objectives for 2025-26

In line with the government’s vision for health and care, the Better Care Fund policy framework sets out the vision, funding, oversight and support arrangements, focused on 2 overarching objectives for the BCF in 2025-26:

- reform to support the shift from sickness to prevention
- reform to support people living independently and the shift from hospital to home

Objective One - reform to support the shift from sickness to prevention

Local areas must agree plans that help people remain independent for longer and prevent escalation of health and care needs, including:

- timely, proactive and joined-up support for people with more complex health and care needs
- use of home adaptations and technology
- support for unpaid carers

Objective Two reform to support people living independently and the shift from hospital to home

Local areas must agree plans that:

- help prevent avoidable hospital admissions,
- achieve more timely and effective discharge from acute, community and mental health hospital settings, supporting people to recover in their own homes (or other usual place of residence)
- reduce the proportion of people who need long-term residential or nursing home care



BCF timelines 2025-26

The timescales for system planning, submission of HWB plans and assurance are set out below:

Date	Publication/Key Milestone
28 January 2025	<p>Better Care Fund planning requirements published</p> <ul style="list-style-type: none"> • submission guidance, metrics handbook and headline FAQs available on Better Care Exchange • HWB submission templates available to systems via -Better Care Exchange • HWB areas allocations available on Better Care Exchange
Week commencing 27 January 2025	Webinar series to support local planning – full details to be shared via BCF Bulletin and Better Care Exchange.
February	Proactive and supportive discussions with HWB areas or groups of areas at risk of facing higher challenge to successful delivery.
3 March 2025	Draft headline HWB submissions to be made to regional Better care managers for feedback and discussion.
31 March 2025 (noon)	Full HWB submission to be made to the national Better Care Fund team and regional Better care managers.
May	Outcome letters to HWB areas.
30 September 2025	Section 75 agreements must be in place across HWB areas.



Better Care Fund Headline Metrics and supporting indicators 2025/26

These metrics will help local areas to focus on impact and outcomes and are aligned to the revised objectives of the BCF, the outcomes expected from the BCF, and the government's overall reform vision for neighbourhood health. Data on these metrics will be centrally collected and made available to HWBs on a new BCF dashboard. We will require local areas to set goals against the 3 headline metrics. We also encourage local areas to consider the local metrics which will most support all partners to measure progress towards the policy outcomes.

Headline Metrics	Supporting Indicators
These are mandatory metrics that HWB areas must use as part of planning for 2025/26. It is expected that local goals will be set for each of these metrics.	HWB areas may also use supporting indicators to better understand the drivers of their performance against BCF objectives and specific local priorities. We recommend using the six indicators set out below, but additional indicators can be adopted locally.
1. Emergency admissions to hospital for people aged 65+ per 100,000 population.	<ul style="list-style-type: none"> Unplanned hospital admissions for chronic ambulatory care sensitive conditions Emergency hospital admissions due to falls in people aged 65+
2. Average length of discharge delay for all acute adult patients, derived from a combination of: Proportion of adult patients discharged from acute hospitals on their discharge ready date (DRD) For those adult patients not discharged on DRD, average number of days from DRD to discharge.	<ul style="list-style-type: none"> Patients not discharged on their DRD, and discharged within 1 day, 2-3 days, 4-6 days, 7-13 days, 14-20 days and 21 days or more. Average length of delay by discharge pathway.
3. Long-term admissions to residential care homes and nursing homes for people aged 65+ per 100,000 population.	<ul style="list-style-type: none"> Hospital discharges to usual place of residence Proportion of people receiving short-term reablement following hospital discharge and outcomes following short term reablement



Metrics

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 from the ICB 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 LA Contribution	£0	£0	£0	0.0%	Local Authorities may optionally include additional funding to be pooled into BCF budget.
Additional ICB Contribution	£0	£0	£0	0.0%	ICBs may optionally include additional funding to be pooled into BCF budget.
Total	£23,780,180	£24,104,221	£324,041	1.28%	

	24/25 Income	25/26 Income	Uplift (£)	Uplift (%)	Description of Funding Source
DFG	£1,601,197	£1,821,521	£220,324	13.8%	This funding is passed over to Local Authority and is used to support disabled adults and children to make home adaptations to support independent living.

Expenditure – Spend Breakdown by BCF Category

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%

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%