

# 2025/26 BETTER CARE FUND PLAN

<b>Relevant Board Member(s)</b>	Councillor Jane Palmer – Co-Chair, Hillingdon Health and Wellbeing Board Keith Spencer – Co-Chair, Hillingdon Health and Wellbeing Board
<b>Organisation</b>	London Borough of Hillingdon
<b>Report author</b>	Gary Collier - Adult Social Care and Health Directorate, LBH Sean Bidewell – Integration and Delivery, North West London ICB
<b>Papers with report</b>	None

## HEADLINE INFORMATION

<b>Summary</b>	The Better Care Fund (BCF) is a national initiative that has been in place since 2015. The focus of the BCF in 2025/26 is to support a shift from sickness to prevention and from hospital to home. This report summarises the national requirements for 2025/26 and seeks the Board’s approval to establish delegated arrangements to approve the plan on its behalf, which reflects previous practice.
<b>Contribution to plans and strategies</b>	The Better Care Fund is a key part of Hillingdon’s Joint Health and Wellbeing Strategy and meets certain requirements of the Health and Social Care Act 2012.
<b>Financial Cost</b>	The minimum value of the 2025/26 BCF plan is £42,699,863, which comprises of minimum contributions of £27,145,109 from the North West London Integrated Care Board and £15,554,754 from the Council.
<b>Ward(s) affected</b>	All

## RECOMMENDATIONS

That the Health and Wellbeing Board:

1. agrees to delegate authority to sign off the 2025/26 Better Care Fund Plan, including proposed financial arrangements and targets for the national metrics, to the Corporate Director of Adult Social Care and Health in consultation with the Co-Chairs, the NHS North West London Borough Director and Healthwatch Hillingdon; and
2. notes content of the report.

## INFORMATION

### Strategic Context

1. The policy framework that set out broad principles to be followed for the 2025/26 Better Care Fund (BCF) plan was published on 22<sup>nd</sup> January 2025. The detailed planning requirements for 2025/26 were also published on the same date and these require

completed plans to be submitted on 31<sup>st</sup> March 2025. The 2025/26 BCF arrangements are seen as interim pending the outcome of the independent commission into adult social care led by Baroness Louise Casey.

2. The BCF policy framework published by the Department of Health and Social Care and the Ministry for Housing, Communities and Local Government (MHCLG) stated that the 2025/26 should support a shift from sickness to prevention and from hospital to home. Supporting this are two national objectives and BCF plans are required to demonstrate how they will contribute to the delivery of these objectives.
3. **National BCF Objective 1: Reform to support the shift from sickness to prevention.** Local areas are required to 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.
4. **National BCF Objective 2: Reform to support people living independently and the shift from hospital to home.** There is a requirement to 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.

### 2025/26 BCF Requirements Key Changes

5. The key changes include:
  - There has been a 1.7% uplift to the NHS minimum contribution and a 3.93% uplift to the minimum NHS contribution to Adult Social Care (ASC).
  - What in 2024/25 was the ring-fenced Integrated Care Board (ICB) Discharge Fund now forms part of the non-ASC minimum NHS contribution.
  - The LA Discharge Fund and Improved Better Care Fund (iBCF) have been combined into the LA Better Care Grant but at the same value as in 2024/25.
  - The ring-fence has been removed from both discharge fund income streams, i.e., the funding can now be used for admission avoidance purposes and not just to support hospital discharge.
  - Requirements to report output measures and planned activity for schemes have been removed, although these will be retained across NWL.
  - The number of national metrics has reduced from four to three.

### 2025/26 BCF Plan National Conditions

6. There are four national conditions, and these are summarised below.
7. **National condition 1: Plans to be jointly agreed.** This requires that:
  - Local authorities and ICBs must agree a joint plan, signed off by the HWB, to support the policy objectives of the BCF for 2025/26.
  - The development of these plans must involve joint working with local NHS trusts,

social care providers, voluntary and community service partners and local housing authorities.

8. **National condition 2: Implementing the objectives of the BCF.** This requires that:
  - LAs & ICBs must show how health and social care services will support improved outcomes against the two national policy objectives.
9. **National condition 3: Complying with grant and funding conditions, including maintaining the NHS minimum contribution to adult social care (ASC).** This requires that:
  - The NHS minimum contribution to adult social care is met and maintained by the ICB and must increase by at least 3.9%.
  - LAs comply with the grant conditions of the LA Better Care Grant and the DFG.
  - Plans will also be subject to a minimum expectation of spending on ASC.
10. **National condition 4: Complying with oversight and support processes.** This requires ICBs and HWBs to engage with national BCF oversight and support processes.

### **National Metrics**

11. The three metrics for 2025/26 are:
  - Emergency admissions to hospital for people aged 65+ per 100,000 population.
  - 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.
  - Long-term admissions to residential care homes and nursing homes for people aged 65+ per 100,000 population.
12. The Board can be assured that any targets set will be deliverable. This approach reflects the practice previously agreed by the Board.

### **Proposed Hillingdon Plan 2025/26 Priorities**

13. The following priorities have been included in the draft narrative plan that HWBs were required to submit to NHS England's Better Care Support Team on the 3<sup>rd</sup> March 2025.
  - Continuing to embed a Population Health Management (PHM) approach across the health and care system.
  - Further developing three Integrated Neighbourhood Teams (INTs) and the neighbourhood working approach to deliver care and support closer to home.
  - Establishing fewer, larger integrated teams aligned to the INTs that cover seven days and have a single leader.
  - Expanding a targeted care coordination programme within the INTs that utilises digital innovation and focuses on risk stratification and early intervention, particularly for the 4,400 people who are high users of health services.
  - Reviewing the technology enabled care (TEC) offer and exploring alignment with the INTs to maximise opportunities for need escalation prevention.

- Implementing a single borough-wide Reactive Care Service that maximises the 'Homefirst' approach and delivers community-based urgent responses.
- Implementing the outcomes of competitive tenders for third sector provided preventative services, e.g., information, advice and guidance, support for carers, and early intervention support for adults with mental health needs.
- Implementing the outcomes of the North West London Integrated Care System (ICS) BCF review to achieve greater alignment of approaches across the sector. This is intended to ensure that national BCF objectives are met within an equitable and sustainable joint system approach, except where divergence is appropriate to address place-based needs.

## NWL BCF Review

14. The Board will be aware from previous meetings that during 2024/25 a review of BCF schemes funded from NHS income streams was undertaken with the objectives of achieving a greater understanding of spend, activity and impact of schemes funded from the NHS minimum contribution and NHS additional contribution funding streams to assess their value in delivering whole system aims and develop consistency across the ICS. The final outcome report from the report was published on the 25<sup>th</sup> February 2025.
15. In the context of the review Hillingdon schemes have been amalgamated using common definitions agreed across the sector and aligned against four 'buckets' that have aims linked to the national BCF objectives. The buckets and related aims are shown below:
  - *Living Well*. Aim: Maximising independence and preventing unnecessary admission to hospital and residential care – Adults of working age.
  - *Ageing Well*. Aim: Maximising independence and preventing unnecessary admission to hospital and residential care – People aged 65 +.
  - *Active Recovery*. Aim: Promoting recovery and independence after acute illness.
  - *Infrastructure Enablers*. Aim: Providing effective foundations for operational service delivery.
16. The approach with the development of the 2025/26 is to make progress towards implementing recommendations from the review where it is possible to do so. This would result in an incremental move towards a consistent 65% (NHS): 35% (LA) risk share arrangement with community equipment and with full implementation in 2026/27. Current arrangements amount to a 76% (NHS): 24% (LA) split. The split in 2025/26 would be 71% (NHS): 29% (LA).
17. Other changes would include the transfer of commissioning posts from the minimum contribution to ASC to the LA Better Care Grant to adopt the recommendation that there is one joint post within the former funding stream. The third review related change for 2025/26 implementation would be include an increased financial contribution to the cost of reablement from the minimum contribution to ASC. This reflects the inclusion of national funding for reablement being channelled via the minimum contribution, although with no stated value for each authority.

## Delegated Authority

18. Plan completion requirements, including governance, and availability of data are contributing factors resulting in not being possible to present a completed plan to the Board for its consideration ahead of the national submission date. Alignment of national

submission dates and the local HWB cycle has been a frequent issue during the lifetime of the BCF necessitating delegation arrangements. The national Better Care Support Team has confirmed that delegation of sign-off authority on behalf of the Board would be compliant with national requirements for the 2025/26 plan.

## Plan Submission

19. There are three components to the required plan submission and these are shown below.
20. **Narrative plan document:** This sets out the approach to delivering the two BCF objectives and the approach to joint working and governance.
21. **Planning template:** This will include:
  - Goals against the three metrics.
  - Expenditure from BCF income streams.
  - How the NHS minimum contribution to ASC will be met.
22. **Intermediate care (including short-term care) capacity and demand plan:** This will include:
  - The breakdown of projected demand for both step-up and step-down pathways, and planned capacity, for intermediate care and other short-term care.
  - A narrative explanation of how these forecasts have been derived and used in wider system planning.

## Next Steps

23. If the recommendation is agreed the intention is that the completed 2025/26 plan will be submitted as a draft pending sign-off under delegated arrangements. The Board will be asked to ratify this decision at its June meeting.

## Financial Implications

24. Table 1 shows the minimum financial contribution requirements for 2025/26 compared to 2024/25. The Board is reminded that the LA Better Care Grant shown below combines LA Discharge Fund and the Improved Better Care Fund (iBCF). In 2024/25 these were identified as two separate grants.

<b>Table 1: BCF MINIMUM CONTRIBUTIONS SUMMARY 2024/26</b>		
<b>Funding Breakdown</b>	<b>2024/25</b>	<b>2025/26</b>
<b>NHS MINIMUM CONTRIBUTION BREAKDOWN</b>		
➤ Minimum to Adult Social Care	8,811,589	9,157,453
➤ Non-Adult Social Care minimum	15,352,420	15,396,775
➤ ICB Discharge Fund	2,590,881	2,590,881
<b>TOTAL</b>	<b>26,754,890</b>	<b>27,145,109</b>
<b>LBH MINIMUM CONTRIBUTION BREAKDOWN</b>		
➤ LA Better Care Grant	9,212,761	9,212,761
➤ Disabled Facilities Grant	5,574,889	6,341,993
<b>TOTAL</b>	<b>14,787,650</b>	<b>15,554,754</b>
<b>MINIMUM BCF VALUE</b>	<b>41,542,540</b>	<b>42,699,863</b>

## **BACKGROUND PAPERS**

<https://www.gov.uk/government/publications/better-care-fund-policy-framework-2025-to-2026>  
<https://www.england.nhs.uk/publication/better-care-fund-planning-requirements-2025-26/>