



HEALTH AND WELLBEING BOARD: 27TH FEBRUARY 2025

REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES

LEICESTERSHIRE BETTER CARE FUND PLAN 2025-26

Purpose of report

1. The purpose of this report is to provide the Health and Wellbeing Board (HWB) with an overview of the progress to date on the draft submission of the Leicestershire Better Care Fund (BCF) Plan 2025-26.

Recommendation

2. It is recommended that the HWB:
 - a. Note the content of the report;
 - b. Note the draft narrative document, attached as Appendix A, that details the proposed contents of the BCF Plan return;
 - c. Authorise the Chief Executive of Leicestershire County Council, following consultation with the Chairman of the Health and Wellbeing Board, to finalise the BCF Plan before the national submission deadline of 31st March 2025.
 - d. Note that the members of the Integration Executive, at its meeting on 4th March 2025, will be asked to indicate their support for the BCF Plan ahead of the final submission to NHS England..

Policy Framework and Previous Decisions

3. The BCF policy framework was introduced by the Government in 2015, with the first year of BCF Plan delivery being 2015-16. The Cabinet in February 2014 authorised the HWB to approve the BCF Plan and plans arising from its use.
4. The narrative template, the blank planning requirements excel spreadsheet and demand and capacity spreadsheet are attached as appendices A to C of this report. The policy framework and planning requirements are attached as appendices D and E (respectively) to this report. Links to the policy framework and planning requirements for the 2025-26 BCF plans are also listed in the Background Papers section below.

Timetable for Decisions

5. The submission documentation was published on the 31st January, 2025 with a submission deadline to NHS England of the 31st March, 2025.

6. The draft Plan will be submitted to the Integration Executive at its meeting on the 4th March, 2025 for further consultation and review. The Integration Executive is responsible for the day-to-day delivery of the BCF Plan.

Background

7. The BCF programme supports local systems to successfully deliver the integration of health and social care in a way that supports person-centred care, sustainability and better outcomes for people and carers. It represents a unique collaboration between:
- The Department of Health and Social Care;
 - the Ministry of Housing, Communities and Local Government;
 - NHS England and Improvement;
 - The Local Government Association.
8. The four partners work closely together to help local areas plan and implement integrated health and social care services across England, in line with the vision outlined in the NHS Long Term Plan: <https://www.england.nhs.uk/long-term-plan/>
9. Locally, the programme spans both the NHS and local government to join up health and care services, so that people can manage their own health and wellbeing and live independently in their communities for as long as possible.
10. Launched in 2015, the programme established pooled budgets between the NHS and local authorities, aiming to reduce the barriers often created by separate funding streams. The pooled budget is a combination of contributions from the following areas:
- minimum allocation from NHS Integrated Care Boards (ICBs);
 - disabled facilities grant – local authority grant;
 - social care funding (improved BCF) – local authority grant;
 - winter pressures grant funding £240 million – local authority grant.

BCF Plan for 2025-26

11. The primary purpose of BCF reporting is to ensure a clear and accurate account of continued compliance of spending in line with the national conditions of the Fund. The secondary purpose is to inform policy making, the national support offer and local practice sharing by providing a fuller insight from narrative feedback on local progress, challenges and highlights on the implementation of BCF Plans and progress on wider integration.
12. The BCF Plan differs from previous years in that it is a one-year plan however; it still includes the expenditure plan, narrative, outcome metrics, demand and capacity modelling template and an expectation that areas will assess their maturity against the High Impact Change Models of Care.
13. An excel template is made available for areas to use to record and agree spending in local BCF Plans, named the BCF Expenditure Plan. This is intended to support local planning and reporting at year end. It includes targets and current data against the national metrics included in the requirements. The current version of the template was published on the 18th February, 2025 therefore, only a blank template could be included for information with this report. This is attached as Appendix B.

14. To provide assurance to the Board on the initial developments on completing the plan, Appendix A highlights how the HWB area and overall system will aim to meet the national conditions required to gain national approval of the plans. This mirrors the planning requirements tab on the excel template.

BCF National Conditions

15. The three national conditions set by the Government in the policy framework for 2023-25 are:
16. **National Condition 1 - Plans to be jointly agreed.** Local authorities and ICBs must agree a joint plan, signed off by the HWB, to support the policy objectives of the BCF for 2025 to 2026. 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. These plans must be submitted to BCF national and regional teams and must include locally agreed goals against these three headline metrics (see below) and an intermediate care capacity and demand plan.
17. **National Condition 2 – Implementing the objectives of the Better Care Fund**
Local authorities and ICBs must, in their joint HWB plans, show how health and social care services will support improved outcomes against the fund’s two principal policy objectives:
- To support the shift from sickness to prevention – including timely, proactive and joined-up support for people with more complex health and care needs; use of home adaptations and technology; and support for unpaid carers.
 - To support people living independently and the shift from hospital to home – including help prevent avoidable hospital admissions; achieve more timely and effective discharge from acute, community and mental health hospital settings; support people to recover in their own homes (or other usual place of residence); and reduce the proportion of people who need long-term residential or nursing home care.
18. **National Condition 3 – Complying with grant and funding conditions, including maintaining the NHS minimum contribution to adult social care.** The NHS minimum contribution to adult social care must be met and maintained by the ICB and will be required to increase by at least 3.9% in each HWB area. Local authorities must comply with the grant conditions of the Local Authority Better Care Grant and of the Disabled Facilities Grant. HWB plans will also be subject to a minimum expectation of spending on adult social care, which are published alongside the BCF planning requirements. HWBs should review spending on social care, funded by the NHS minimum contribution to the BCF, to ensure the minimum expectations are met, in line with the national conditions.
19. **National Condition 4 – Complying with oversight and support processes**
Local areas and HWBs are required to engage with BCF oversight and support processes, which include:
- a regionally led oversight process;
 - enhanced oversight where there are performance concerns;

Strategic Narrative

20. The DRAFT narrative template, attached as Appendix A, sets out Leicestershire's initial approach to the integration of health and social care under the national condition headings.
21. Detail within the narrative has been based on a series of partner discussions to determine priorities for delivery in the next financial year. At its meeting of the 4th February, 2025 the Integration Executive discussed the key lines of enquiry documents produced for each line of the Better Care Fund schemes. This determined priority areas for inclusion in the plan.
22. Priority areas were determined as opportunities for further integration, areas where finances could be better aligned across partners and improvements needed to align to national priorities e.g. development of neighbourhood models of care
23. In addition, HWB partners took part in a Joint Health and Wellbeing Strategy development session on the 'Living and Supported Well' life course.
24. This developed the background in approach to delivery of priorities and planned alignment to the strategy review which will take place in 25-26.

BCF Income

25. The BCF Plan for Leicestershire for 2025-26 will total £84.4million. This includes Disabled Facilities Grant funding of £5.5 million which is in the process of being passported to District Councils. Contributions are summarised in the table below:

ICB minimum NHS contribution	£57,070,979
LA Better Care Grant	£21,824,275
Disabled Facilities Grant	£5,518,288
Total	£84,413,542

26. Discharge grant funding elements seen in previous years have been rolled into main funding elements for 25-26. The Local Authority discharge grant has been incorporated into the previous Improved Better Care Grant (iBCF) and is renamed the LA Better Care Grant.
27. The overall uplift to the NHS minimum contribution is 1.7%. However, the ICB discharge grant element has been incorporated into the NHS minimum contribution and forms part of the 3.9% uplift to Adult Social Care BCF schemes that are paid for from the NHS minimum contribution. As in previous years, the uplift will contribute to additional costs associated with current schemes.

BCF Metrics

28. In addition to the national conditions, the BCF Policy Framework sets national metrics that must be included in BCF Plans in 2025-26. The local authority and ICB are required to establish ambitions associated with each metric and set out how they will be achieved. This process should then be approved by the HWB. The framework has three headline metrics:

- 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.

29. In addition to the headline metrics there are six supporting indicators. HWB areas may wish to use the supporting indicators to better understand the drivers of their performance against BCF objectives and specific local priorities. The supporting indicators do not need to form part of the submission. They are:

- Unplanned hospital admissions for chronic ambulatory care sensitive conditions.
- Emergency hospital admissions due to falls in people over 65.
- Patients not discharged on their discharge ready date (DRD), and discharged within 1 day, 2 to 3 days, 4 to 6 days, 7 to 13 days, 14 to 20 days, and 21 days or more.
- Average length of delay by discharge pathway.
- Hospital discharges to usual place of residence.
- Outcomes from reablement services.

30. Current timescales have not enabled metrics to have ambitions set against the metrics for this report. However, achieving goals against these metrics will be agreed across the system, involving services funded by the BCF and by non-BCF funds. Goals relating to hospital emergency admissions and discharge will be aligned to ICB planning assumptions. Goals for long-term admissions to residential care homes and nursing homes will be aligned to our adult social care planning assumptions.

31. Ambitions will reflect underlying changes in demand over the coming year. For example, the goals for maximum levels of emergency admissions to hospital should take into account any expected underlying growth in demand for admissions due to population demographics. This will be aligned to Urgent and Emergency Care planning which will be based on the same increases.

Intermediate Care Capacity and Demand plans

32. HWB areas need to assess demand and capacity for intermediate care services. Intermediate care should take a therapy-led approach – with rehabilitation and reablement care overseen by a registered therapist – working in integrated ways across health and social care.

33. Building on the work in 2024-25, HWBs must therefore agree and submit a plan showing:

- 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.

34. Plans should cover all intermediate care and other short-term care, whether funded by the BCF or from other sources, which helps people remain independent at home or their usual place of residence (step-up care) and support their recovery following a stay in hospital (step-down care).
35. Due to timescales, work on this is in draft format for inclusion into the narrative and has not been entered into the published template. However, a blank template has been included as Appendix C to this report.

Background papers

Better Care Fund Planning Requirements 2025-26: <https://www.england.nhs.uk/long-read/better-care-fund-planning-requirements-2025-26/#planning-expectations-meeting-national-conditions>

Better Care Fund Policy Framework 2025-26: <https://www.gov.uk/government/publications/better-care-fund-policy-framework-2025-to-2026/better-care-fund-policy-framework-2025-to-2026#bcf-objectives>

Circulation under the Local Issues Alert Procedure

26. None

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List of Appendices

Appendix A – BCF Draft Narrative 25-26

Appendix B – BCF Planning Template

Appendix C – BCF Demand and Capacity Plan 25-26

Appendix D – BCF Policy Framework 25-26

Appendix E – BCF Planning guidance 25-26

Relevant Impact Assessments

Equality and Human Rights Implications

27. The BCF aims to improve outcomes and wellbeing for the people of Leicestershire, with effective protection of social care and integrated activity to reduce emergency and urgent health demand.
28. An equalities and human rights impact assessment has been undertaken when the BCF was established and is provided at <http://www.leicestershire.gov.uk/sites/default/files/field/pdf/2017/1/11/better-care-fund-overview-ehria.pdf>. This identified that the BCF will have a neutral impact on equalities and human rights.
29. A review of the assessment was undertaken in March 2017.

Partnership Working and associated issues

30. The delivery of the BCF Plan and the governance of the associated pooled budget is managed in partnership through the collaboration of commissioners and providers in Leicestershire.
31. Day to day oversight of delivery is via the Integration Executive, a subgroup of the Health and Wellbeing Board.

Partnership Working and associated issues

32. The delivery of the Leicestershire BCF ensures that a number of key integrated services are in place and contributing to the system wide changes being implemented through the NHS Long-term plan.

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