OXFORDSHIRE HEALTH AND WELLBEING BOARD
13 March 2025

Oxfordshire Better Care Fund (BCF) 2025-26

Report by Director of Adult Social Care

RECOMMENDATION

The Health and Wellbeing Board is RECOMMENDED to:

a) **Note and approve the direction of travel set out in this report for the Oxfordshire Better Care Fund Plan for 2025/26 and the decision-making process set out at paragraph 13.**

b) **Delegate approval of the Oxfordshire Better Care Fund Plan for 2025/26 and decision on the assurance statements set out at paragraph 16 to the Chair of the Board for submission by 31 March 2025.**

Executive Summary

1. Better Care Fund [BCF] Plans are owned and approved by the Health & Wellbeing Board on behalf of the Council and Buckinghamshire, Oxfordshire and Berkshire [BOB] Integrated Care Board [ICB] and other partners. As such, the Board approves the Plan each year.

2. This report sets out the background to the national and local BCF Plan development process for 2025-26 and the proposed route to signing off the plan for Oxfordshire. NHS England has brought forward the planning timetable for 2025-26. The final plan must be submitted by 1200pm 31 March 2025, and it will be necessary to achieve sign off for the Plan outside of a formal Health & Wellbeing Board meeting.

3. The Planning guidance for 2025/26 was issued on 30 January and makes changes to the investment and expenditure, funding structure and metrics that must be delivered by the Plan. Broadly, the changes support Oxfordshire's existing ambitions as set out in the *Oxfordshire Way* and the Health and Wellbeing Strategy 2024-30. The policy guidance signals a shift from "sickness to prevention" and to support people living independently at home. These approaches are wholly consistent with Oxfordshire's ambitions.

4. The development of the 2025/26 Plan builds on the system approach to planning and engagement under the overview of the Oxfordshire Place Based Partnership established in 2023/24 and 2024/25.

Better Care Fund Plan 2025-26: Main Changes

5. The BCF is the main statutory vehicle for the Council and the ICB to integrate funding within a system wide plan to improve the health and care outcomes for the population and improve the resilience of the health and care system mainly in relation to the flow of Oxfordshire residents into and out of hospital (those operated by Oxford University Hospitals NHSFT, but also Royal Berkshire NHSFT and Great Western NHSFT).

6. The BCF is designed to improve integration of planning and delivery to achieve these goals and is required to evidence how it brings together the range of commissioners, health and care providers, the voluntary and community sector and our population to develop and deliver the plan. The BCF particularly is a vehicle for extensive and imaginative integration to align services and to address health inequalities.

7. The 2025/26 Plan is required to support the revised national vision for health and care to support

   (a) the shift from sickness to prevention.
   (b) people living independently and the shift from hospital to home

8. The 2025/26 national guidance incorporates key changes

   (a) **Finance**. Several different funding lines have been folded into 3
      (1) Disabled Facilities Grant (as in previous years)
      (2) The NHS Minimum Contribution, which now incorporates the ICB *Additional Discharge Funding* from 2023-25
      (3) The Local Authority Better Care Grant, which incorporates the former *Improved Better Care Fund* grant and the Council's *Additional Discharge Funding* from 2023-25.

   (b) **Metrics**. The BCF metrics are designed to evidence progress towards the ambitions set out in 8a and 8b. In 2025-26 the metrics are changed to
      (1) Reduction in emergency admissions to hospital for people over the age of 65 [new]
      (2) Average length of "discharge delay" for all acute adult patients (age 18 and above) [new]
      (3) Reduction in permanent admissions to Care Homes for people over the age of 65 [existing]

9. To support the strategic direction and the delivery of the key metrics the Oxfordshire Better Care Fund plan will need to

   (a) set out a joint system approach for meeting the objectives of the BCF which reflects local learning and national best practice and delivers value for money

(b) set goals for performance against the 3-headline metrics which align with NHS operational plans and local authority adult social care plans, including intermediate care capacity and demand plans, which should take a therapy-led approach.

(c) demonstrate a 'Home First' approach and a shift away from avoidable use of long-term residential and nursing home care

(d) following the consolidation of the previously ring-fenced Discharge Fund, specifically explain why any changes to the use of the funds compared to 2024-25 are expected to enhance urgent and emergency care flow (combined impact of admission avoidance and reducing length of stay and improving discharge)

10. Oxfordshire is well-placed to deliver against this ambition, to build on the progress that has been made in previous years and align the BCF Plan to the direction set out in the *Oxfordshire Way.*

Development of the 2025/26 Plan and route to Decision

11. Building on the system-wide planning approach that underpinned the 2024/25 refresh of the 2023/25 Plan, the Oxfordshire Place-Based Partnership continues to oversee the development of system-wide planning approaches. Prior to the issue of the BCF planning guidance on 30 January a BCF Steering Group was established to review impact of 2024/25 schemes and support planning for 2025/26. This group has been refocussed to address the challenges arising from the changes to funding and priorities now set out in the guidance.

12. The decision-making approach sits with system forums as follows:

(a) Narrative and strategic direction, assuring that the BCF Plan is developed and delivered in line with Oxfordshire priorities: Place-Based Partnership
(b) Alignment of BCF investment and system Urgent & Emergency Care [UEC] funding, and robust targets that support the delivery of the BCF metrics in relation to hospital avoidance and discharge: Urgent and Emergency Care Board
(c) Approval of investment and expenditure plans, and assurance to Council Cabinet and ICB Board for the wider BCF Plan: Council/ICB Joint Commissioning Executive [JCE]
(d) The Plan must be signed off by
    (1) Chief Executive and s151 Officer for the Council
    (2) Chief Executive [BOB ICB]
    (3) Chief Executive NHS Bath, North-East Somerset, Swindon and Wiltshire Integrated Care Board (see para 49 below)
    (4) Chair, Oxfordshire Health & Wellbeing Board

13. The national planning guidance was issued on 30 January. A draft plan must be submitted to NHS England for review and feedback on 3 March and will be

returned with comments during week commencing 10 March. Some backing data in relation to the new metrics has not yet been made available. Local system planning conversations are ongoing (especially to align the BCF plan with the allocation of ICB UEC funding). The final BCF plan must be submitted by 1200pm on 31 March 2025.

14. This compressed timetable has complicated the sign-off processes for the 2025/26 plan. The intention is to review the NHS England feedback on the draft plan and confirm the investment, expenditure and metrics at the Council-ICB Joint Commissioning Executive on 13 March for recommendation back into each organization's sign off processes.

15. In the BCF template the Health & Wellbeing Board is asked to confirm several assurance statements on behalf of Oxfordshire in respect of the BCF National Conditions

National Condition	Assurance requirement	How will this be achieved?
National Condition One: Plan to be jointly agreed	The HWB is fully assured, ahead of signing off that the BCF plan, that local goals for headline metrics and supporting documentation have been robustly created, with input from all system partners, that the ambitions indicated are based upon realistic assumptions and that plans have been signed off by local authority and ICB chief executives as the named accountable people.	Metrics have been developed with the Urgent and Emergency Care Board and approved by Joint Commissioning Executive for sign off by Council and ICB Chief Executives
National Condition Two: Implementing the objectives of the BCF	The HWB is fully assured that the BCF plan sets out a joint system approach to support improved outcomes against the two BCF policy objectives, with locally agreed goals against the three headline metrics, which align with NHS operational plans and local authority adult social care plans, including intermediate care capacity and demand plans and, following the consolidation of the Discharge Fund, that any changes to shift planned expenditure away from discharge and step down care to admissions avoidance or other services	Planning approach has been agreed by Place Based Partnership Board and Urgent and Emergency Care Board. Plan to be signed off by Joint Commissioning Executive. Implementation and delivery of plan to be monitored in the Urgent and Emergency Care Board.

National Condition	Assurance requirement	How will this be achieved?
	are expected to enhance UEC flow and improve outcomes.	
National Condition Three: Complying with grant and funding conditions, including maintaining the NHS minimum contribution to adult social care (ASC)	The HWB is fully assured that the planned use of BCF funding is in line with grant and funding conditions and that funding will be placed into one or more pooled funds under section 75 of the NHS Act 2006 once the plan is approved	The BCF forms part of the s75 agreement. The 2025/26 plan will be varied into the s75 agreement. The plan will be signed off by the s151 Officer for the Council.
	The ICB has committed to maintaining the NHS minimum contribution to adult social care in line with the BCF planning requirements.	This will be confirmed by the ICB Chief Executive and ratified by the Council s151 Officer.
National Condition Four: Complying with oversight and support processes	The HWB is fully assured that there are appropriate mechanisms in place to monitor performance against the local goals for the 3 headline metrics and delivery of the BCF plan and that there is a robust governance to address any variances in a timely and appropriate manner	The plan will be managed in the Urgent and Emergency Care Board and monitored by Joint Commissioning Executive and reported to Health & Wellbeing Board

16. It is not possible to brief Health & Wellbeing Board fully on the detail of the plan at this point and so the Board is recommended to

    (a) Note and approve the direction of travel set out in this report for the Oxfordshire Better Care Fund Plan for 2025/26 and the decision-making process set out at paragraph 13
    (b) Delegate approval of the Oxfordshire Better Care Fund Plan for 2025/26 and decision on the assurance statements set out at paragraph 16 to the Chair of the Board for submission by 31 March 2025.

17. The final plan will be tabled for information to the Health & Wellbeing Board at its meeting on 26 June 2025.

Better Care Fund Plan 2025-26: Key priorities for Oxfordshire

18. **Integrated planning**. A key deliverable of BCF planning is to support integrated approaches. This is evidenced in the Oxfordshire approach to BCF:
    (a) Alignment of BCF funding to other system funding to maximise impact. The plan for 2025/26 will
        (1) Be aligned to ICB UEC funding to support system resilience and delivery of the BCF metrics

(2) Joint-fund specific schemes with Public Health around falls prevention and avoiding alcohol-related admissions
(3) Be aligned to Council Adult Social Care community capacity funding; ICB Health Inequalities funding and Public Health funding to support the wider prevention agenda in the *Oxfordshire Way*
(4) Work alongside other system initiatives such as the Prevention of Homelessness Directors Group review of homelessness; and the development of a new Mental Health Contract with Oxford Health NHS FT

(b) Fund system posts and integrated commissioning roles that enable system planning and operational delivery
(c) Support system-wide initiatives to develop new partnership opportunities such as the dedicated Disabled Facilities Grant and Home Improvement Agency across the Council and City and District Councils

19. **Preventing admission to hospital.** Oxfordshire has become good at delivering a Home First approach to support discharge from hospital. Oxfordshire has been less effective in helping people avoid admission to hospital in the first place. A key part of the plan for 2025/26 will be to create the co-ordination capacity, capability and deployment of services that stop people being conveyed to hospital when that can be appropriately avoided. In 2024/25 the BCF has supported the development of Oxford Health NHSFT Single Point of Access as well as the development of integrated neighbourhood teams and hospital at home services. In 2025/26 these services will be further developed and integrated with same day emergency care, primary care and 999/111 and ambulance services to enable people to receive right care, right time, right place when in urgent need.

20. **Helping people retain their independence**. The national planning guidance focusses both on *intermediate care* and on *community capacity*.

(a) In the BCF plan for 2025/26 we will focus on increasing therapy-led approaches to supporting people in their own homes: in 2024/25 Oxfordshire has significantly expanded community reablement. In 2025/26 we will further explore the opportunity to intervene earlier (e.g. for people flagged as being a falls risk) both with community reablement and rehabilitation. There are opportunities for increased use of technology enabled care which will be developed in a new BCF funded contract in 2025/26.
(b) The 2024/25 plan had significant investment in voluntary and community sector support aligned to investment from Public Health, ICB Health Inequalities and Council Community Capacity funding and this will continue in 2025/26 and be further aligned to evidence support to admission avoidance.

21. **Home First from hospital**. The number of people discharged from acute (and mental health) beds has increased in 2024/25, as has the proportion of people who go directly home, whilst the time taken to get them home has reduced. This is very much due to the strategic leadership and co-ordination of the Transfer of Care Hub in the hospitals and Home First Discharge to Assess

teams in the community, working closely with independent providers 7 days a week. In 2025/26 Oxfordshire will implement a new model of bed-based care for more complex discharges (e.g. in cases of delirium) and develop alternatives for people to go home with rehabilitation support rather than needing a community hospital stay. The Trusted Assessment model already being delivered by independent providers will be expanded to enable more people who are returning to a care setting to move quickly without the need for new assessments.

22. **Health inequalities**. Support to health inequalities takes several forms

(a) The BCF Plan in 2024/25 has highlighted the higher risk of admission to acute hospital for people living in more deprived areas and this has driven the development of integrated neighbourhood teams.
(b) The BCF plan also covers hospital admissions and discharges from specialist mental health beds. The schemes implemented in 2024/25 have increased the number of people living with learning disability and/or autism who are supported with intensive care planning to avoid admission to secure beds.
(c) The Health and Homelessness Integrated Team has supported 150 people to be safely discharged from both acute and mental health beds and not return to rough sleeping after a stay in specialist supported step down accommodation.
(d) The expanded alcohol support team joint funded by BCF and Public health has avoided over 100 admissions to hospital.
(e) Oxford Health in-patient schemes have reduced both the number of bed days lost to delay in acute mental health beds and significantly reduced the number of people who have had to be inappropriately placed out of area because of a lack of beds in the County.
(f) All of these inequalities-focussed schemes will be extended into 2025/26 and evaluated for long-term impact and investment.

23. **Housing**. Suitable housing to meet people's needs is key to supporting people's ability to live independently in their own community. During 2024/25

(a) the BCF has supported the Health and Homelessness Intervention Team and contributes to the Homelessness Alliance.
(b) The BCF funds Extra Care Housing
(c) A Home Improvement Agency/Disabled Facilities Grant group has been set up between Council Therapy and Housing leads and the City and Districts. This has explored the opportunities to develop the interface between housing adaptations, extra care and supported housing, and community equipment and will develop further options in 2025/26.
(d) The Disabled Facilities Grant element of the BCF has been increased for 2025/26 and there is scope to explore options to deploy these funds to support hospital admission avoidance.

24. **Permanent admissions to Care home-supporting self-funders.** In general terms Oxfordshire has relatively low levels of admissions to care homes. This reflects the focus on Oxfordshire Way and Home First approaches in both

home-based and hospital discharge care planning. However, analysis of admissions in 2024/25 has highlighted that the 35-40% of all people who become new permanent Council-funded care home admissions were already resident in the care home. There is an opportunity to provide more support to people who are self-funding their care when making the decision to move into a residential setting, e.g. a move to Extra Care Housing or to be linked to alternative sources of support in the community. This will be a priority for 2025/26.

25. **Value and impact**. This year's BCF Plan takes place against a backdrop significant financial pressures for the Council, the ICB, the City and District Councils as well as for NHS providers, independent care providers, and the voluntary and community sector. There is a need for the system to improve its understanding of the opportunities to increase value and impact. During 2025/26 the performance of the BCF Plan will include an evaluation of value and impact of funded schemes to assure the return on investment and the opportunity to extend, expand or reduce investment in future years.

Demand and Capacity Plan

26. NHS England has revised its approach to Demand and Capacity planning for 2025/26. Local systems can now define these categories where local resource definitions do not map onto the national templates. The demand and capacity plans are designed to identify the key inputs needed to prevent hospital emergency admission for the over 65s and to support prompt discharge from acute hospital for all adults. The Oxfordshire plans will be developed in partnership with the Urgent Care Delivery Group which oversees hospital pressures and flow.

27. The plans are in development, but the key issues are as follows

(a) **Admission avoidance.** Oxfordshire has several services and processes that work across 999/111, Oxford Health NHSFT's Single Point of Access and primary and community health care. As set out above, a key part of the system plan is to develop the equivalent rigorous co-ordination and deployment of community capacity that the Transfer of Care Hub delivers for discharge from hospital. System partners are working through the key capacity that needs to be mapped into the plan to assure delivery of the reductions in admissions during 2025/26.

(b) **Hospital discharge.** Through the Home First Discharge to Assess approach delivered via the Council's Live Well at Home Framework, there is generally sufficient capacity in the care market to support discharge from hospital 7 days a week. Similarly, on the rare occasion a permanent care home bed is needed at the point of discharge, the Council's Care Home Framework will deliver that. The capacity pressures in Oxfordshire are not primarily to do with supply of move-on support, but with processes that enable people to leave hospital, move-on from step down beds, and the pressures on staff that oversee and assure the pathways across several settings. There are further

opportunities for trusted assessor and artificial intelligence to increase capacity in discharge pathways.

28. Demand and Capacity performance is monitored monthly by the system Urgent and Emergency Care Board.

Metrics

29. There are 3 areas for which Oxfordshire must give trajectories for 2025-26. These are measured quarterly by NHS England and monthly by the Council and Integrated Care Board's Joint Commissioning Executive with recommendations from the system Urgent and Emergency Care Board.

30. In addition to the 3-headline metrics, there are subsidiary metrics that support understanding of the underlying performance.

Non-elective (NEL) admissions to hospital for people aged 65 and above

31. This a new metric for 2025/26: it replaces the previous metrics in relation to falls-related admissions for people aged 65 and above, and admissions for people with long-term conditions aged 18 and above. Both these metrics will continue to be monitored as "background" information.

32. The BCF planning template sets out the current performance against this metric.

		Apr 24 Actual	May 24 Actual	Jun 24 Actual	Jul 24 Actual	Aug 24 Actual	Sep 24 Actual	Oct 24 Actual	Nov 24 Actual	Dec 24 Actual	Jan 25 Actual	Feb 25 Actual	Mar 25 Actual
Emergency admissions to hospital for people aged 65+ per 100,000 population	Rate	1,339	1,455	1,364	1,383	1,386	1,317	1,514	1,364	n/a	n/a	n/a	n/a
	Number of Admissions 65+	1835	1,995	1,870	1,895	1,900	1,805	2,075	1,870	n/a	n/a	n/a	n/a
	Population of 65+*	137,067	137,067	137,067	137,067	137,067	137,067	137,067	137,067	n/a	n/a	n/a	n/a
		Apr 25 Plan	May 25 Plan	Jun 25 Plan	Jul 25 Plan	Aug 25 Plan	Sep 25 Plan	Oct 25 Plan	Nov 25 Plan	Dec 25 Plan	Jan 26 Plan	Feb 26 Plan	Mar 26 Plan
	Rate	0	0	0	0	0	0	0	0	0	0	0	0
	Number of Admissions 65+												
	Population of 65+	137,067	137,067	137,067	137,067	137,067	137,067	137,067	137,067	137,067	137,067	137,067	137,067

33. Admission avoidance is a key metric for both individual outcome and for the ability to manage hospital performance and support the system's ability to manage cost pressures. The system is working on a plan to reduce admissions by estimated 31 per week equivalent to 130 per calendar month, a 6.8% reduction on the 242/5 performance set out above. This will be confirmed by UEC Board when then the final plan and trajectory is agreed.

34. The aim of the plan will be to reduce the admissions rate to 2023/24 levels. It will continue to focus on the management of people at risk of falls and people who are frail owing to a multiple long-term conditions. The plan is focussed on

(a) Improved co-ordination of community response
(b) Implementation of neighbourhood approaches through integrated community teams, Same Day Emergency Care and "call before convey" support to ambulance teams, especially where people have fallen
(c) Focus on support to care homes
(d) Preventative approaches to avoiding falls-related admissions to hospital
(e) Managing the demand specifically on admissions to General Medicine and Geriatric beds where there is an assumption that there is the opportunity to intervene.
(f) Managing the pressures in Horton General Hospital

35. A key line of enquiry is the relationship of hospital admissions to inequality. In some parts of the County there are higher rates of admission and these map in some cases to more deprived wards in parts of Banbury and East Oxford.

36. It is important to note that the approach to avoidable admissions cannot just be focussed on the over 65s covered by this metric

(a) There have been increased rates of admissions and then length of stay amongst 50–64-year-olds, especially from more deprived areas
(b) There is both a need and an opportunity to reduce the rate of admission for Children and Young People, especially in relation to respiratory disease
(c) For OUH there is a need to have strategies and plans to manage the demand from non-Oxfordshire patients, especially in Horton General Hospital
(d) None of these groups fall within the metric, but the BCF plan needs to address this demand.

37. Health & Wellbeing Board should also note that admission avoidance is a key part of other pathways. The BCF supports admission avoidance approaches both for adults living with Learning Disability and/or Autism who might be at risk of admission to mental health beds and supports care homes in managing older people who might be at risk of admission to specialist mental health beds. These initiatives are part of the wider Home First ambition.

Average Length of discharge delay for all adults discharged from acute hospital Discharge to Usual Place of Residence

38. This is a new metric for 2025/26. It measures both the proportion of people discharged on the day they were ready for discharge, and the length of discharge delay for those people who do not leave on that day. The former "discharge to usual place of residence" will continue to be measured as a backing measure, as well as the proportion of people discharged at time intervals after the ready date.

39. The current performance against this new metric as follows:

	Apr 24 Actual	May 24 Actual	Jun 24 Actual	Jul 24 Actual	Aug 24 Actual	Sep 24 Actual	Oct 24 Actual	Nov 24 Actual	Dec 24 Actual	Jan 25 Actual	Feb 25 Actual	Mar 25 Actual
Average length of discharge delay for all acute adult patients (this calculates the % of patients discharged after their DRD, multiplied by the average number of days)	n/a	n/a	n/a	n/a	n/a	0.68	0.68	0.57	n/a	n/a	n/a	n/a
Proportion of adult patients discharged from acute hospitals on their discharge ready date	n/a	n/a	n/a	n/a	n/a	88.6%	87.2%	88.3%	n/a	n/a	n/a	n/a
For those adult patients not discharged on DRD, average number of days from DRD to discharge	n/a	n/a	n/a	n/a	n/a	6.0	5.3	4.9	n/a	n/a	n/a	n/a

40. The reduction in discharge delay days in the bottom row is reflected in the local data that is reviewed against all discharge pathways in the UEC Board. Further analysis is being undertaken to understand the opportunities to reduce the discharge delays and to set a target. As noted at paragraph (28b), the care market capacity to support discharge is in place and the opportunities to reduce delays may sit more with processes and more complex cases than with expanding resource that supports discharge. The trajectory will be agreed by UEC Board.

Permanent Admission to residential care

41. Oxfordshire is focused on Home First and strengths-based approaches to care assessment and planning and will continue to reduce the length of time in which older people live away from their own communities wherever possible. As noted above, a significant proportion of people who are captured by this metric were already resident in a Care Home prior to coming within the cohort. The performance for 2024/25 has been as follows

Period	Actual no. for period	Same time last year	Change in last 12 months		Target no. for period	Variation on target		RAG
Apr-Jan	360	405	-45	12.5%	333	27	8%	A

42. Oxfordshire's performance against this metric has continued to show year on year improvement but has not delivered so far on the *planned* reduction for 2024/25. This measure will be reviewed by the Council in the light of the pressure created by self-funders that has been identified in this year and a revised target be agreed with UEC Board.

Income and Expenditure Plan

Income

43. The income into the plan is prescribed. Neither the Council nor the Integrated Care Board plan to add further sums currently but note that we are making full use of aligned expenditure particularly from Public Health and the Integrated Care Board's Inequalities Funding.

44. The income to the BCF Plan is as follows:

Running Balances	Income
DFG	£8,262,172
NHS Minimum Contribution	£59,135,122
Local Authority Better Care Grant	£13,206,730
Additional LA contribution	£0
Additional NHS contribution	£0
Total	**£80,604,024**

45. The Disabled Facilities Grant was uplifted in-year during 2024/25, and that increase has been retained for 2025/26. It is passed through directly to the City and Districts in line with the grant conditions. As noted above, the Council is working with the City and Districts to improve understanding of current expenditure and opportunities to increase impact and value from this funding.

46. The NHS minimum includes the former Additional Discharge Funding at the 2024/25 rates. The core part of the NHS minimum has been uprated by 1.7% on the 2024/25 level, an increase of £858k.

47. The Local Authority Better Care Grant consolidates the former Improved Better Care Grant and Additional Discharge Funding. Neither of these have been uprated for 2025/26.

48. Although the Additional Discharge Funding has been consolidated, these sums will for 2025/26 continue to be viewed as a distinct planning unit within the BCF. Funded schemes will be reviewed during 2025/26 for impact and value.

49. The NHS minimum contribution includes an amount which is supposed to come as a contribution from NHS Bath, North-east Somerset, Swindon and Wiltshire ICB. This is valued at £510,193. BOB ICB has always made up this sum in local arrangements, but NHS England has directed that these need to be reviewed for 2025/26 and that the other ICB sign off the Oxfordshire plan. This will not impact on the funding available to the BCF Plan but may require a further bespoke element to the Plan that demonstrates how the Plan supports the Great Western Hospital in respect of Oxfordshire residents.

Expenditure plan

50. The minimum NHS contribution and Local Authority Better Care Grant allocation expenditure commitments are still being worked up. The specific expenditure plans will depend on decisions around some former Additional Discharge Fund commitments, and the deployment of BCF and UEC funding.

51. The planning guidance for 2025/26 has removed the specific requirement to spend a proportion of the funding on out of hospital NHS care, but has required that the minimum spend on Adult Social Care is increased by 3.9% over 2024/25 levels to give the following minimum:

	Minimum Required Spend
Adult Social Care services spend from the NHS minimum allocations	£34,019,094

52. Oxfordshire committed exceeded this minimum commitment in 2024/25 and does not anticipate any issues in meeting this requirement.

53. The BCF Plan Income and Expenditure plan will be signed off by the Council/ICB JCE and recommended to both partner's sign off processes.

Financial Implications

54. The planning guidance sets out the income and expenditure for the Better Care Fund in 2025-26.

55. The final plan will be approved by the Council's S151 officer.

56. The final plan as submitted will be varied into the s75 NHS Act 2006 Pooled Commissioning Budget agreement between the Council and the ICB as required by the Planning Guidance. This variation will be completed prior to the 30 September deadline in Joint Commissioning Executive.

Comments checked by:

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Inequalities

57. The BCF Plan is deployed extensively to support the most vulnerable people on discharge and prevent them entering hospital settings in the first place. It will continue to be developed in 2025/26 to reflect the increased risk of admission and poorer outcomes for those people living in more deprived areas in the County.

58. The BCF Plan will continue to invest in 2025/26 in integrated capacity across health, therapy, social work for people both in mental health units and learning disability/autism settings. These MDT approaches recognise the additional complexity facing these groups beyond the Home First model in successful discharges into the community.

59. The 2025/26 Plan will continue to invest in meetings the needs of people with learning disability and/or autism, who are homeless, and/or who have alcohol or other complex issues when they encounter the acute healthcare system.

60. The 2025/26 Plan will develop our approaches to support people living with disabilities who might benefit from Disabled Facilities Grant, including children and young people.

Engagement

61. The 2025/26 Plan is being developed at pace to meet the national planning guidelines using established system groups rather than in a wider engagement exercise. Key messages around supporting people in their own homes and in their own communities are consistent from the engagement exercises that were developed in 2024.

62. A post-submission engagement approach is planned: both delivering workshops for professionals on the Plan 2025/26 but also to explore the opportunities to build a greater level of user and carer engagement into evaluation of schemes that will be evaluated in the year.

Implementation and Review for 2025-26

63. Responsibility for the implementation of the Plan is delegated to the Council and Integrated Care Board's Joint Commissioning Executive. That body will in turn be advised by the system Urgent and Emergency Care Board in respect to system performance against metrics and the impact and value of committed funds. Performance will also be reported and reviewed in the Place Based Partnership.

64. The existing BCF Steering Group will be deployed to monitor implementation of those schemes that are to be reviewed in 2025/26.

65. There will be a formal review concluded in Q3 to confirm any in-year amendments to the plan and inform the proposals for 2026/27.

Karen Fuller
Director of Adult Social Care

Annex: None

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March 2025