

Better Care Fund and System Plan 2025-26: briefing for HWB



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BCF priorities 2025/26

- The plan has been framed in terms of supporting a reduction to non-elective activity in OUH to 2023/24 levels and shift the focus and investment of BCF and UEC funding from managing people in hospital to supporting them in the community. The BCF plan will ensure that more people can stay at home, living independently in their own communities and being supported in their own home should they have health crisis rather than being conveyed and admitted to acute hospital
- The plan continues to focus on a Home First approach to people when they are ready for discharge from hospital
- The plan continues to invest in services that address health inequalities: including focus on areas of deprivation in relation to people aged 50-64 with diseases of aging; support and alternatives to admission for people living with learning disability and/or autism who are at risk of admission to mental health beds; step up support through dedicated homelessness pathways, support around alcohol and support for the most complex high intensity users to community-based support; responses for children and young people especially around mental health and respiratory presentations where there is an alternative to admission to hospital
- The plan underpins the wider community and strengths-based preventative approach set out in the *Oxfordshire Way* and is aligned with the community capacity developed outside of the Better Care Fund and funded by Adult Social Care, Public Health and the ICB Health Inequalities funds and NHS Social Prescribing and District Council neighbourhood resources
- The plan will continue to develop services for unpaid carers as part of the key underpinning of the plan and to support prevention and our ability to support people at home
- The plan supports a City-led review of homelessness services to take place in 2025/26
- As part of the plan we will work with Home Improvement Agency leads and the Council's lead OT on opportunities to increase the impact of Disabled Facilities Grants.

Funding Sources	Income	Expenditure	Difference
DFG	£8,262,172	£8,262,172	£0
NHS Minimum Contribution	£59,135,122	£59,135,122	£0
Local Authority Better Care Grant	£13,206,730	£13,206,730	£0
Additional LA Contribution	£0	£0	£0
Additional ICB Contribution	£0	£0	£0
Total	£80,604,024	£80,604,024	£0

Disabled Facilities Grant was uplifted in-year during 2024/25. This is passed through to City and Districts but in 2025/26 the BCF plan will seek to explore opportunities to align this with other local funding and work streams to identify efficiency and increased impact.

The NHS minimum contribution was uplifted by 1.7% for 2025/26.

The former *Additional Discharge Fund* and *Improved Better Care Fund* were both consolidated into the NHS Minimum Contribution and LA Better Care Grant respectively. These were not uplifted for 2025/26.

The investment requirement in Adult Social Care increased by 3.9%

Oxfordshire has complied with the investment and expenditure requirements. Our BCF plan exceeds the investment requirement for adult social care

Adult Social Care services spend from the NHS minimum contribution

	2025-26
Minimum required spend	£34,019,094
Planned spend	£37,683,431

BCF Metrics: discharges NEW 2025/26

	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
	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
Average length of discharge delay for all acute adult patients	0.60	0.60	0.60	0.60	0.60	0.60	0.60	0.60	0.60	0.60	0.60	0.60
Proportion of adult patients discharged from acute hospitals on their discharge ready date	88.0%	88.0%	88.0%	88.0%	88.0%	88.0%	88.0%	88.0%	88.0%	88.0%	88.0%	88.0%
For those adult patients not discharged on DRD, average number of days from DRD to discharge	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00

- The number of acute hospital discharges per day increased from 12.5 to >16 during 2024/25
- The “delay day length of stay” reduced from 6.74 average to 5.24 average in 2024/25
- The discharge metrics proposed consolidate this improvement whilst remaining within current and planned changes to capacity
- This trajectory maintains and extends the improvements in 2425 without diverting further additional resource to the back door. There is scope to shift resource to P1 from community at times of surge.

		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	1,293	1,416	1,320	1,339	1,343	1,269	1,478	1,320	1,480	1,521	1,339	1,404
	Number of Admissions 65+	1,835	1,995	1,870	1,895	1,900	1,805	2,075	1,870	2078	2131	1895	1979
	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

- We are planning to maintain levels of admission at 2024/25 levels. The year-on-year trajectory is for 6.02% growth in admissions. Maintaining 2024/25 levels will require an increased level of diversion from admission of 23-30 patients per week.
- The BCF metric relates only to people >65. We believe admission avoidance activity will impact on all ages and this will be monitored locally as part of UEC dataset
- BCF metric is all hospital settings (including non OUH) but will be monitored in performance at OUH

		2023-24 Actual	2024-25 Plan	2024-25 Estimated	2025-26 Plan Q1	2025-26 Plan Q2	2025-26 Plan Q3	2025-26 Plan Q4
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Rate	350.2	291.8	308.6	75.9	75.1	74.4	73.7
	Number of admissions	480	400	423	104	103	102	101
	Population of 65+*	137,067	137,067	137,067	137,067	137,067	137,067	137,067

- In 2024/25 the number of permanent Council-funded >65 care home admissions reduced in line with the Oxfordshire Way strengths-based approach to assessment and care planning
- However, we did not meet our stretch target to reduce by 5% over 2023/24 performance
- In 2024/25 further analysis confirmed that 38% of permanent Council-funded placements were people self-funding their residential or nursing home care prior to the Council assuming responsibility (usually as their funds were depleted)
- There is no reason to think this proportion will change and so this compromises our ability to further reduce the trajectory in 2025/26.
- Therefore, we plan to
 - Maintain the reduction achieved in 2024/25 on the basis that Home First and Oxfordshire Way approaches will continue to impact on this measure
 - Review support to self-funders to prevent early self-admission to residential care

National Condition	Planning expectation that BCF plan should:	Evidence of delivery in BCF plan and process
1. Plans to be jointly agreed	Reflect local priorities and service developments that have been developed in partnership across health and care, including local NHS trusts, social care providers, voluntary and community service partners and local housing authorities	BCF plan developed alongside NHS planning requirements and UEC funding allocations. Approval for approach and priorities in plan agreed in Place Based Partnership 7/3/2025
	Be signed off in accordance with organisational governance processes across the relevant ICB and local authorities	Approved ICB CEO and CFO 24/3/25 Approved s151 officer 28/3/25 Approved OCC CEO 28/3/25
	Must be signed by the HWB chair, alongside the local authority and ICB chief executives – this accountability must not be delegated	HWB agreed delegation to the Chair 13/3/25 Approved HWB Chair (TBC) 31/3/25
2. Implementing the objectives of the BCF	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	Plan sets out investment and delivery to enable Home First approaches; a shift from hospital discharge to community-based hospital avoidance; underlying focus on the Oxfordshire Way, preventative support; plan retains a focus on health inequalities and supports hospital avoidance and discharge for people with mental health, learning disability and/or autism, and people who are homeless both in general and specialist bed settings; plan delivers integration both in commissioning and in system-leadership for operations. The investment to support this plan has been agreed by system COO across health and care and aligned to urgent and emergency care funding, as well as joint funding of some schemes with Public Health (support around alcohol in hospital, and falls prevention)
	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	1. Reduction in non-elective admissions by 30pw to enable Oxfordshire to maintain acute demand at 24/25 levels for people >65 needing General Medicine or Geratology beds 2. Reduction in discharge delay days to average 5 days per patient 3. Reduction in Council-funded permanent admissions to residential settings for people over the age of 65 by 3% in 2025/26
	Demonstrate a 'home first' approach and a shift away from avoidable use of long-term residential and nursing home care	Evidenced in performance around reduced care home placements. Increase in reablement, home first discharge to assess, and equipment and technology enabled care in 2025/26 aligned to the deployment of community capacity, information and advice in line with the Oxfordshire Way
	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)	The former ADF funding has largely been reallocated to Home First Discharge to Assess and retaining the investment in health inequalities (homelessness, mental health, learning disability and/or autism).

National Condition	Planning expectation that BCF plan should:	Evidence of delivery in BCF plan and process
3. Complying with grant and funding conditions, including maintaining the NHS minimum contribution to adult social care (ASC)	Set out expenditure against key categories of service provision and the sources of this expenditure from different components of the BCF	Set out in expenditure tab of plan. Funding broadly follows the following categories 1. Housing: Disabled Facilities Grant and Home Improvement and Extra Care Housing £10633k 2. Prevention and community capacity £1820k 3. Equipment and technology enabled care £7606k 4. Community capacity to prevent hospital admission £9056 5. Hospital Discharge (general) £15813k 6. Hospital Discharge/avoidance (health inequalities) £3171k 7. Long-term care (at home and residential) £26596k 8. Unpaid carers £937k 9. Staffing/infrastructure £3637k
	Set out how expenditure is in line with funding requirements, including the NHS minimum contribution to adult social care	We have exceeded the minimum investment requirement into adult social care: £37683k invested v £34019k requirement
4. Complying with oversight and support processes	Confirm that HWBs will engage with the BCF oversight and support process if necessary, including senior officers attending meetings convened by BCF national partners.	Yes. Oxfordshire is very engaged with regional BCF planning group hosted by NHS England and has recently met the Directors of Intermediate Care and Better Care Fund both for NHS England and Dept Health & Social Care. Presently we are supporting regional discussions both in terms of our Home First Discharge to Assess service and the Care Homes Framework and in relation to the Homelessness and Health Inclusion Team funded by the BCF.
	Demonstrate effective joint system governance is in place to: submit required quarterly reporting, review performance against plan objectives and performance, and change focus and resourcing if necessary to bring delivery back on track	1. Oversight of factors relating to and impact of BCF metric performance will be managed via the system Urgent Care Delivery Group fortnightly. 2. BCF metric performance and escalations around deployment of capacity and management of performance risks will be managed at system Urgent and Emergency Care Board. 3. Spend, investment and alignment to wider HWB metrics and system metrics will be reviewed by the Council-ICB Joint Commissioning Executive and reported to the HWB quarterly