

OXFORDSHIRE HEALTH AND WELLBEING BOARD
14TH MAY 2026

OXFORDSHIRE BETTER CARE FUND (BCF) PLAN 2026-27

Report by Karen Fuller

RECOMMENDATION

1. **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 2026/27 and the decision-making process set out at paragraph 14.
 - b) **APPROVE** the Oxfordshire Better Care Fund Plan for 2026/27 and decision on the assurance statements set out at paragraph 19 for submission by 19th May 2026.

Executive Summary

2. The Better Care Fund (BCF) Plan is owned and approved by the Oxfordshire Health and Wellbeing Board (HWB) on behalf of Oxfordshire County Council (OCC) and the Thames Valley Integrated Care Board (TV ICB) – previously known as Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care Board and other system partners. The HWB is required to approve the BCF Plan each year and to provide assurance that it meets the national conditions set by NHS England – see paragraph 18.
3. This report sets out the local context for the Oxfordshire BCF Plan 2026/27, including the approach to joint governance, planned priorities and the proposed decision-making and sign-off route, in advance of submission to NHS England by 17.00 on 19 May 2026.
4. The BCF planning guidance was published on 17 February 2026. It outlines the investment, expenditure and metrics to be delivered by the BCF Plan. The guidance positions 26/7 as a transition year, laying the foundations for future reform and stronger alignment with neighbourhood-level planning, and also the policy shift from “acute to community” and “sickness to prevention” as stipulated in the NHS 10 Year Plan. This approach to supporting people proactively and in their own communities is aligned with Oxfordshire’s ambitions in the *Oxfordshire Way* and the Health and Wellbeing Strategy 2024-2030.
5. Oxfordshire’s 26/7 BCF Plan will further improve the ability to divert and prevent admissions, particularly for people with complex needs and/or frailty,

retain discharge capacity but improve discharge processes, and improve outcomes to independence in the community. Ultimately, the aim is to ensure that people are supported to stay at home and live independently for as long as possible.

6. The development of the BCF Plan builds on the system approach to planning and engagement developed over the last few years and overseen closely by the Oxfordshire Place Based Partnership Board.

Background and national context – key changes for 2026-27

7. The Better Care Fund (BCF) is the main statutory vehicle for Oxfordshire County Council (OCC) and the Integrated Care Board (ICB) to integrate funding within a system-wide Plan to improve health and care outcomes for the population and improve the resilience of the health and care system, particularly in relation to the flow of Oxfordshire residents into and out of hospital (including Oxford University Hospitals NHS Foundation Trust, and also Royal Berkshire NHS Foundation Trust and Great Western Hospitals NHS Foundation Trust).
8. The BCF enables ICBs and local authorities to plan and deliver more joined-up, preventative care, particularly for people with complex health and social care needs, supporting independence for longer. The BCF Plan must describe how commissioners, providers, voluntary and community sector (VCS) partners and local communities will work together to develop and deliver the BCP Plan. It provides a shared framework to align services, reduce health inequalities and support timely discharge, intermediate care, rehabilitation and reablement.
9. National BCF planning guidance for 2026/27 sets out the conditions and reporting requirements for local areas, including maintaining the NHS minimum contribution and the minimum contribution to adult social care (ASC). BCF Plans must also set out how partners will deliver against the national performance metrics, aligned to wider system planning.
10. The guidance positions 2026/27 relate to the transition year, laying the foundations for future reform and stronger alignment with neighbourhood-level planning. This means that there are no immediate funding changes for 26/7 and any further changes will be made no earlier than 27/8 subject to consultation.
11. The 26/7 BCF planning framework includes:

Finance – The 3 key funding lines established last year remain:

- (a) Disabled Facilities Grant (as in previous years)

- (b) The NHS Minimum Contribution, including the minimum contribution to adult social care
- (c) The Local Authority Better Care Grant

Metrics - The national metric set for 2026/27 remains focused on admissions, discharge/flow, long-term care and independence outcomes, with a requirement for partners to agree (with the HWB) local goals for:

- d) Non-elective emergency admissions to hospital for people over 65 [existing]
- e) Average length of discharge delay for all adult patients [existing]
- f) Permanent admissions to care homes for people over 65 [existing]
- g) Percentage of people over 65 still at home 12 weeks following reablement [new metric]

12. The 26/7 BCF Plan submission requires that systems:

- a. Set out the rationale for using BCF funding to deliver integrated and preventative care
- b. Set specific goals for metrics a & b, detail plans to drive progress against metrics c & d, and provide detail on the methodology informing the goals
- c. Explain the planned impact of the funding on the system goals
- d. Outline how systems have confidence that the service funded through BCF represent value for money and how they will seek to raise the productivity of services
- e. Outline joint governance structures for managing expenditure, assessment of impact, value for money and continuous improvement

Development of the 2026/7 Plan and route to Decision

13. Since 2022/23, Oxfordshire has adopted an increasingly transparent, system-wide approach to annual BCF planning. The development of the BCF Plan is overseen by the Oxfordshire Place-Based Partnership. There is also a system-wide BCF Oversight Group, established in 2024/5, to review the impact of BCF funded schemes and develop the BCF Plan.

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

Role in BCF planning	Responsibility
System endorsement of BCF Plan – including guidance around narrative and strategic direction and alignment with Oxfordshire priorities	Place Based Partnership
<i>New for 26/7</i> - Assurance that the BCF Plan is developed in alignment with Oxfordshire’s approach to Neighbourhoods, and reflect the	Primary & Community Care Board

national ambition for BCF funding streams to be used to progress this approach	
Alignment of BCF investment and system Urgent and Emergency Care (UEC) Funding, and setting robust, system-owned targets and trajectories that deliver the BCF metrics in relation to hospital avoidance and discharge	Urgent and Emergency Care Board
Approval of investment and expenditure plans, and assurance to Council, Cabinet and ICB Board for the wider BCF Plan	ICB/OCC Joint Commissioning Executive (JCE)
Final sign off for 26/7 BCF Plan	<ul style="list-style-type: none"> a) Chief Executive and s151 Officer for the Council b) Chief Executive TV ICB c) Chief Executive NHS Bath, North-East Somerset, Swindon and Wiltshire Integrated Care Board (see paragraph 59) d) Chair, Oxfordshire Health & Wellbeing Board

15. The national planning guidance was issued on 17 February. A draft BCF Plan was submitted to NHS England for review and feedback and returned with comments during the week-commencing 27 April, ahead of the HWB paper submission deadline of 29 April.
16. In previous years, planning timelines have meant the HWB has delegated approval of the Plan to the Chair of the Board for approval outside the HWB meeting, with the final plan shared to the HWB for information after BCF Plan submission.
17. This year, longer planning timelines have enabled sharing the BCF Plan with the Board prior to the final submission date of 1700 on 19 May 2026. The Board is asked to:
 - (a) Note and approve the direction of travel set out in this report for the Oxfordshire Better Care Fund Plan for 2026/7 and the decision-making process set out at paragraph 13
 - (b) Approve the Oxfordshire Better Care Fund Plan for 2026/7 for submission by 19 May 2026.
18. If the Board proposes any amendments to the BCF Plan, shared as an appendix to this paper, an additional final version will be shared for information ahead of the next HWB meeting in June.

19. In the BCF template the HWB is asked to confirm several assurance statements on behalf of the Oxfordshire HWB in respect of the BCF National Conditions as follows:

National funding condition	Key planning and assurance requirements	Oxfordshire position
1. Deliver integrated, preventative care aligned to neighbourhood health and social care priorities	<p>Jointly agreed BCF Plan showing how pooled funding supports integrated and preventative services, particularly intermediate care and reablement.</p> <p>Clear local goals for reducing non-elective admissions (65+), discharge delays, improving reablement outcomes and preventing avoidable long-term care, with evidence of value for money.</p>	<p>Oxfordshire has an agreed joint BCF Plan aligned to neighbourhood health priorities, with a focus on intermediate care, reablement, frailty and discharge.</p> <p>Local goals, metrics and governance arrangements are in place, with a clear narrative on impact and value for money.</p>
2. Comply with national funding, pooling and grant conditions	<p>Confirmation that the NHS minimum contribution to adult social care is maintained and that required BCF funding streams (including DFG) are pooled and spent in line with grant conditions and approved BCF Plans.</p>	<p>Oxfordshire has pooled the required NHS and local authority funding in line with national conditions, including the NHS minimum contribution to adult social care.</p> <p>Planned spend is set out clearly by funding source and category.</p>
3. Maintain effective joint governance, oversight and assurance arrangements	<p>Clear joint governance between the NHS, local authority and Health & Wellbeing Board to oversee delivery, performance, value for money and improvement, and engagement with national and regional assurance processes.</p>	<p>Oxfordshire has established joint governance arrangements with oversight through partnership structures and the Health & Wellbeing Board.</p> <p>Performance and delivery are monitored regularly, and the system is engaged with national and regional BCF assurance processes.</p>

Oxfordshire Better Care Fund Plan 2026/7 – Key priorities and approach

20. Oxfordshire's 25/6 BCF Plan focused on reducing non-elective admissions to support system flow. The Oxfordshire system achieved a 3% reduction in NELs against a zero-growth target, while also reducing conveyances to A&E by 4%. However, the Oxfordshire system's previously improving trajectory for discharge delays has slowed.
21. In 26/7 the Oxfordshire system will further improve ability to divert and prevent admissions to hospital, particularly for people with complex needs and/or frailty, retain discharge capacity and improve discharge processes, and improve outcomes to independence in the community. Ultimately, the aim is to ensure that support for people to stay at home and living independently for as long as possible. This approach is aligned with the local strategy – *The Oxfordshire Way* – and national guidance, including the NHS strategic commissioning and neighbourhood health frameworks.
22. As 2026/7 is a transition year ahead of significant reform from 2027/28, most services funded by the BCF in 2025/6 will also be funded in 2026/7. However, the BCF Plan has increased investment in existing BCF-funded services and also funded some new schemes for 2026/7 which will progress the Oxfordshire system towards its goals.
23. **Integrated planning** - A core objective of BCF planning is to support integrated approaches across health, care and the wider system. In Oxfordshire this is demonstrated through:
 - (a) **Alignment with wider system funding and priorities**
 - i. Alignment of BCF funding with ICB urgent and emergency care investment to support system resilience and delivery of BCF metrics.
 - ii. Alignment with Adult Social Care community capacity funding, and Public Health funding to support the wider prevention agenda under as part of the *Oxfordshire Way*.
 - iii. Close working alongside wider system initiatives, including homelessness and mental health
 - iv. Ongoing funding of system posts, including business intelligence and analytics support, and integrated commissioning roles to enable joint planning, and delivery. New for 2026/7, the BCF Plan also includes funding for posts dedicated to developing Oxfordshire's approach to Neighbourhood health and care.
 - (b) **Jointly commissioned prevention activity**
 - i. Joint funding with Public Health for targeted schemes, including falls prevention and reducing alcohol-related admissions.
 - (c) **Enabling system-wide partnership working**

- i. Support for partnership approaches, including the development of the Disabled Facilities Grant and Home Improvement Agency offer across the County Council and City and District councils.

24. **Preventing admission to hospital –**

- (a) Oxfordshire's 25/6 BCF Plan focused on reducing non-elective admissions to support system flow. The Oxfordshire system has achieved a 3% reduction in NELs against 25/6's zero-growth target, while also reducing conveyances to A&E by 4%. To deliver this, the Oxfordshire system invested in services that improve the coordination capacity, capability and deployment of services that stop people being conveyed to hospital.
- (b) Delivered by Oxford Health NHSFT, Single Point of Access - front door for urgent community support, used by GPs, ambulance crews, care homes and hospital teams - and ambulance call (999/111) stack expansion – additional clinical decision support for ambulance staff to avoid unnecessary trips to A&E – have been key in delivering improved performance against this BCF metric. This year's BCF Plan includes increased investment in both services, which has enabled the expansion of the stack provision to operate from 8am – 8pm Monday - Friday. This will reduce the need for ambulance conveyance at “the end of the working day” and the risk of people being admitted to hospital overnight where their needs can be met in the community.
- (c) Continued investment in mobile visiting, hospital at home services and Integrated Neighbourhood Teams also enables support for people in the right place at the right time. This is also aligned with the Oxfordshire system's developing approach to Neighbourhoods and shifting care away from acute settings to communities.

25. **Maintaining independence –** this includes building community capacity, supporting unpaid carers and both home and bed-based intermediate care models.

(a) **Community capacity, information and support –**

The Oxfordshire system has an extensive community information and support offer which enables Oxfordshire residents to access advice, guidance and support to proactively manage their health and wellbeing. Services aligned to this approach both within and outside the BCF include the Local Area Coordination programme, Community Capacity Grants and falls prevention services delivered with health, public health and voluntary sector partners

c) **Intermediate care -**

There is continued investment in therapy-led approaches to supporting people in their own homes. This includes reablement following discharge and proactive community reablement. In 2025/26 the Oxfordshire system recommissioned the Short Stay Hub Bed model.

for people who require more support following discharge from hospital. During the year the system agreed to scale up the number of beds to reflect the increasing needs of people that were otherwise being supported under a Home First approach. This has proved more effective, and the increase has been consolidated in the 2026/7 BCF Plan. The BCF Plan also funds community equipment and technology enabled care services which support people to remain in their own homes.

26. **Home First approach –**

- (a) The Oxfordshire system has responded to significantly increased demand for discharge over the last couple of years. This has involved joint working between the Transfer of Care Hub in hospitals and Home First Discharge to Assess teams in the community and our care market of over 130 providers. However, in 25/6 the previously improving trajectory for reducing delays to hospital discharges has slowed. This is due to increased demand exceeding staffing capacity in Home First and increasing complexity of people coming into hospital.
- (b) With the improvements in NEL performance, discharge demand has since stabilised. This means that in 26/7 the Oxfordshire system can 'right-size' the approach to discharge through increasing staffing capacity in the Home First MDT to reduce delays for assessment following discharge.
- (c) The Oxfordshire system have also identified process improvements across all care pathways which should enable a reduction in discharge delays. This includes further utilising the Trusted Assessment model delivered by care providers and funding technological solutions such as OPTICA software which enable tracking of tasks relating to discharge across health and care partners.

27. **Unpaid carers** – There is continued investment in supporting unpaid carers to enable the Oxfordshire system to support people in their own homes and communities. This includes projects delivered jointly with health partners such as carer's IDs and passports to support identification of carers. In 26/7 the Oxfordshire system will be refreshing the system-wide All-Age Unpaid Carers Strategy which will involve input from people drawing on care and support, carers, and local health and VCSE partners. This aligns with the development of a *carer's strain index* to enable identification of carers at the highest risk of crisis. This will enable proactive responses and prevent carer breakdown and subsequent social admissions to hospital.

28. **Health Inequalities** – Support for people experiencing specific health inequalities is reflected in the BCF Plan as follows:

- a) Additional funding to develop Integrated Neighbourhood Teams in areas of deprivation, with high and/or complex needs and health inequalities

- b) A small amount of funding has been reallocated from pilot mental health schemes into the Oxfordshire Health and Homelessness Integration team. This reflects the Oxfordshire system ongoing commitment to supporting some of the most complex people and diverting them away from ED and ensuring that discharge from acute and mental health in-patient beds supports them to more sustainable support in the community
 - c) Continued funding for the alcohol support team joint funded by the BCF and public health
 - d) Oxford Health mental health inpatient schemes continue to reduce discharge delays and reduce the number of people placed out of county due to a lack of suitable local beds
 - e) Support for people living with a learning disability and/or autism to avoid admission to secure beds
 - f) The Oxfordshire system has allocated resource to develop data analysis capability to enable a population health approach towards the Oxfordshire system's developing Neighbourhoods model.
29. **Housing** – Housing is a key part of supporting people's independence in their own communities.
- a) The BCF continues to support the Health and Homelessness Intervention Team and contributes to the Homelessness Alliance partnership.
 - b) The BCF funds the care in Extra Care Housing developments. In 2025/6 we opened a new ECH scheme – [Fern Meadows](#) – in Faringdon.
 - c) The Oxfordshire system works closely with colleagues in the City & District Councils in the Home Improvement Agency/Disabled Facilities Grant group, attended by Therapy and Housing leads across the Oxfordshire system. This group has been developing shared performance indicators and is exploring the opportunities to develop the interface between housing adaptations, extra care and supported housing, and community equipment
 - d) The Disabled Facilities Grant element of the BCF remains but, following a national review of the funding formula, The Oxfordshire system is preparing for a 2.5% reduction in funding across the county over the next 2 years. The Oxfordshire system is exploring options to deploy these funds creatively to support people to remain at home.
30. **Permanent admissions to care homes** - Oxfordshire has a recurring challenge with self-funders entering care homes earlier than may be necessary to meet their care needs. The County Council is developing projects to support self-funders to provide them with the information and advice needed to make informed decisions about their care provision. This includes steering people to other alternative support funded by the BCF, such as Extra Care Housing. The County Council is also undertaking work to further analyse length of stay in care homes to ensure they are used as a last resort.

Metrics

31. In 2025/6 there was a requirement to submit a system Demand and Capacity plan as part of the BCF Plan submission. This is not required in 2026/7, but the system Urgent Care Delivery Group has undertaken demand and capacity modelling and analysis to inform the system targets for performance against the BCF metrics.
32. There are 3 metrics for which Oxfordshire must submit trajectories for 2026/7. These are measured quarterly by NHS England and monthly by the County Council and ICB's Joint Commissioning Executive with recommendations from the system Urgent and Emergency Care Board.
33. In addition to the 3-headline metrics, Oxfordshire sets local system trajectories and targets agreed through the Urgent and Emergency Care Board.

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

34. This metric is continued from 2025/6. Supporting indicators previously measured in conjunction with admissions metrics – including admissions for people with long term conditions and falls-related admissions for people over 65 – have been removed from the national reporting requirements but will continue to be measured locally.
35. The BCF planning template sets out the current performance against this metric:

5.1 Non-Elective admissions

		Apr 25 Actual	May 25 Actual	Jun 25 Actual	Jul 25 Actual	Aug 25 Actual	Sep 25 Actual	Oct 25 Actual	Nov 25 Actual	Dec 25 Actual	Jan 26 Actual	Feb 26 Actual	Mar 26 Actual
Non elective admissions to hospital for people aged 65 and over per 100,000 population	Rate	1,364	1,393	1,314	1,421	1,368	1,271	1,468					
	Number of admissions 65+	1910	1,950	1,840	1,990	1,915	1,780	2,055					
	Population of 65+*	139,999	139,999	139,999	139,999	139,999	139,999	139,999	139,999				
		Apr 26 Plan	May 26 Plan	Jun 26 Plan	Jul 26 Plan	Aug 26 Plan	Sep 26 Plan	Oct 26 Plan	Nov 26 Plan	Dec 26 Plan	Jan 27 Plan	Feb 27 Plan	Mar 27 Plan
	Rate	1,357	1,384	1,302	1,376	1,328	1,185	1,399	1,291	1,356	1,358	1,357	1,357
	Number of admissions 65+	1900	1938	1823	1926	1859	1589	1959	1808	1899	1901	1900	1900
	Population of 65+	139,999	139,999	139,999	139,999	139,999	139,999	139,999	139,999	139,999	139,999	139,999	139,999

36. Admission avoidance is a key metric for both individual outcomes and for the ability to manage hospital performance and system cost pressures.
37. The aim of the 2026/7 BCF Plan is to hold a zero-growth position for 25/6 levels. In 2025/6 Oxfordshire achieved a 3% reduction in NELs against the target of zero growth on 24/5 performance. This equates to approximately 753 fewer admissions over the year.
38. The Oxfordshire system has also developed local trajectories for admissions specifically relating to people who are frail. This is aligned with national targets to reduce admissions and bed days for this cohort by 10% by 2029. The

Oxfordshire system has completed modelling to achieve this over the next 3 years and in 26/7 aims to achieve a 2% overall reduction for people in this cohort in 26/7.

Average length of discharge delay for all adults discharged from acute hospitals

39. This metric is continued from 2025/6. 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 below table shows Oxfordshire's performance against the metrics and our target for 2026/7.

5.2 Discharge delays												
	Apr 25 Actual	May 25 Actual	Jun 25 Actual	Jul 25 Actual	Aug 25 Actual	Sep 25 Actual	Oct 25 Actual	Nov 25 Actual	Dec 25 Actual	Jan 26 Actual	Feb 26 Actual	Mar 26 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)	0.68	0.70	0.63	0.73	0.69	0.71	0.67	0.68				
Proportion of adult patients discharged from acute hospitals on their discharge ready date	85.7%	86.8%	87.4%	87.0%	87.3%	86.8%	86.7%	86.6%				
For those adult patients not discharged on DRD, average number of days from DRD to discharge	4.7	5.3	5.0	5.6	5.4	5.4	5.1	5.1				
	Apr 26 Plan	May 26 Plan	Jun 26 Plan	Jul 26 Plan	Aug 26 Plan	Sep 26 Plan	Oct 26 Plan	Nov 26 Plan	Dec 26 Plan	Jan 27 Plan	Feb 27 Plan	Mar 27 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

Source: <https://www.england.nhs.uk/statistics/statistical-work-areas/discharge-delays/discharge-ready-date/>

40. The Oxfordshire system will retain the same targets as 25/6 but with increased investment in Home First MDT staffing and process improvements. In addition, the reduction in non-elective admissions should in turn reduce supported discharge demand and enable the reduction of the average discharge delay across all pathways to 5 days.
41. Internal audits have been completed to understand the reasons for delayed discharges across pathways 1 and 3. One of the key drivers for delays in pathway 1 was double handed care packages. The Oxfordshire system have worked with the provider market to develop the pricing model and ensure providers are incentivised to reduce the length of delay for more complex people in pathway 1 and plan to monitor delays specifically for this cohort. For pathway 3, our care homes framework and banded care rates has already reduced the administrative burden both for the County Council and care home providers, and the Oxfordshire system have also identified opportunities to further develop the trusted assessment provision to reduce delays at the point of assessment.

42. The Oxfordshire system has also set local targets for each pathway and targets in the acute and community trusts for the number of patients who are medically optimised for discharge each day. Performance against these targets will be monitored in UEC Board.

Permanent admissions to care homes

43. The Oxfordshire system’s continued focus on Home First and strengths-based approaches to care means that the number of people admitted to care homes each year has remained broadly stable over the last decade. Oxfordshire continues to perform well nationally for low care home admissions, ranking 41 of 152 local authorities in 25/6.
44. The target for 25/6 was to maintain an ongoing downward trajectory for care home admissions. However, the population supported is becoming increasingly frail and 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.
45. The below table shows national data for care home admissions in 2025/6 and the proposed trajectories for 26/7. The care home admissions figures for 25/6 submitted nationally differ to local data and are under-reported.
46. In 26/7 is zero growth on care home admissions, equating to 800 over the year.

5.3 Admissions to residential and nursing care homes		Rolling 12 month total until end of quarter date indicated							
		Actual Ending 31-12-2024	Actual Ending 31-03-2025	Actual Ending 30-06-2025	Actual Ending 30-09-2025	2026-27 Plan Ending 30-06-2026	2026-27 Plan Ending 30-09-2026	2026-27 Plan Ending 31-12-2026	2026-27 Plan Ending 31-03-2027
Long-term admissions to residential and nursing care homes for people aged 65 and over per 100,000 population	Rate	519.3	490.0	481.4	474.3	571.4	571.4	571.4	571.4
	Number of admissions	727	686	674	664	800	800	800	800
	Population of 65+*	139,999	139,999	139,999	139,999	139,999	139,999	139,999	139,999

*Population of people aged 65 and above are based on the latest available mid-year estimates from the ONS

Outcomes from reablement - % of people remaining in the community within 12 weeks following reablement post discharge

47. This metric has been developed to monitor the outcomes of people undergoing reablement following a hospital stay. It is intended to support systems to measure the quality of community and reablement support. People are counted in the figures if they are readmitted to hospital, admitted to a care home or if they died at any point within the 12-week period.

- 48. As this metric is new for 26/7, there is no requirement for HWB to submit trajectories. However, the Oxfordshire system has reviewed current reablement outcomes to baseline performance against this new metric.
- 49. Over the last 12 months, 1669 people in Oxfordshire were reabled post-discharge and 72% remained in the community after 12 weeks. This is a positive indicator for how the Oxfordshire system is supporting people to remain independent.
- 50. The Oxfordshire system is completing further analysis of the remaining 28% of this cohort who did not remain at home. A high percentage of these people died during the 12-week period. This suggests that these people may have been approaching their last months of life and indicates that they could be supported in an alternative way to reablement. Further analysis to ensure tailored approaches to meet the needs of this cohort is aligned with the national NHSE target to reduce the number of admissions and bed days for people approaching the end of their lives by 10% in 2029.

Income and Expenditure Plan

Income

- 51. The income into the BCF Plan is prescribed by NHS England. Neither the County Council nor the Integrated Care Board plan to add further sums currently but note that the Oxfordshire system is making full use of aligned expenditure particularly from Public Health and the Integrated Care Board's Urgent and Emergency Care Funding. The income into the BCF plan will be recorded as a variation to the Council and the ICB's s75 Act 2006 pooled budget agreement.
- 52. The income to the BCF Plan for 2026/7 is as follows:

Running Balances	2026-27		
	Income	Expenditure	Balance
DFG	£8,262,172	£8,262,172	£0
NHS Minimum Contribution	£61,172,312	£61,172,312	£0
Local Authority Better Care Grant	£13,206,730	£13,206,730	£0
Additional LA Contribution	£0	£0	£0
Additional NHS Contribution	£0	£0	£0
Total	£82,641,214	£82,641,215	-£1

- 53. The total Disabled Facilities Grant allocation remains the same as in 2025/6. It is passed through directly to the City and Districts in line with the grant conditions.
- 54. For 2026 to 2027, the NHS minimum contribution to adult social care has been uplifted by 4.4%, with the remaining ICB contribution uplifted by 2.1%. The NHS minimum contribution has been uprated by 2%. For Oxfordshire, this has equated to an additional £2m. As part of the guidance publication NHSE also provided indicative NHS minimum contributions for 27/8 and 28/9.

55. The Local Authority Better Care Grant has not been updated for 2026/7.

Expenditure plan

56. The minimum NHS contribution and Local Authority Better Care Grant allocation expenditure commitments are confirmed as follows:

Required spend on adult social care from NHS minimum allocations	
2026-27	
	Planned Spend
Adult Social Care services spend from the NHS minimum allocations	£38,673,699
	Minimum required spend
	£35,531,804

57. In 26/7 Oxfordshire has committed to exceed this minimum commitment.

58. The income and expenditure plan sign off has been signed off by the County Council and ICB JCE leads.

59. The NHS minimum contribution includes an amount which is expected to come as a contribution from NHS Bath, North-east Somerset, Swindon and Wiltshire [BaNESSW] ICB. This is valued at £584,265. The ICB has confirmed that it will resolve this question outside of the BCF sign-off process and the funding should be treated as income in this plan.

Corporate Policies and Priorities

60. The Oxfordshire BCF Plan 2026/27 supports the County Council’s Corporate Plan outcomes by enabling residents to live well and independently for longer, improving access to timely support and strengthening prevention. It aligns with the Oxfordshire Way approach to strengths-based, community-focused support and contributes to delivery of the Oxfordshire Health and Wellbeing Strategy 2024–30, including the shift from “sickness to prevention” and supporting people living independently at home through joined-up health, social care, housing and voluntary and community sector (VCS) provision. The BCF Plan also supports system priorities for urgent and emergency care (UEC) and neighbourhood development by investing in admission avoidance, intermediate care, rehabilitation and reablement, and services that reduce health inequalities.

Financial Implications

61. The planning guidance sets out the income and expenditure for the Better Care Fund in 2026-27.

62. The final BCF Plan will be approved by the County Council’s S151 officer.

63. The final BCF Plan as submitted will be varied into the s75 NHS Act 2006 Pooled Commissioning Budget agreement between the County Council and the ICB as required by the Planning Guidance.
64. The Local Authority Better Care Grant (LABCG) forms part of the County Council's Fair Funding allocations. The DFG is received by the County Council and is paid over to the districts as stated within the grant conditions and the funding for the NHS minimum contributions is paid directly to the ICB forming part of the pooled budget for 2026/27 covering both health and social care costs as per the agreed BCF Plan.

Comments checked by:

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Legal Implications

65. Part 1 of the Care Act 2014 places a statutory duty on councils to promote individual well-being and to develop and maintain strategies and services to prevent the need for care and support arising in the future. The Care Act also requires councils to work co-operatively with health services to meet the needs of the local population. The Oxfordshire Better Care Fund Plan for 2026/27 forms part of the preventive measures being developed to meet the needs of local communities.

Comments checked by:

Jay Akbar
Head of Legal & Governance

Staff Implications

66. The BCF Plan 26/7 continues to fund several cross system 'integrator' posts, including the system UEC lead, Transfer of Care and Home First leads and joint commissioning and data analytical resource. It also includes new investment for posts dedicated to developing and delivering Oxfordshire's approach to neighbourhood health and care.

Equality & Inclusion Implications

67. The BCF Plan continues to fund schemes which address health inequalities experienced by people in Oxfordshire. This includes targeting areas of deprivation through the provision of Integrated Neighbourhood Teams and

supporting vulnerable people experiencing homelessness, learning disabilities and/or mental health challenges.

68. The BCF Plan 26/7 also brings opportunities for to consider more broadly how BCF funding is used to support people under 65, including people experiencing specific long term conditions and children and young people.

Risk Management

69. As part of 26/7 planning, the Oxfordshire system has mapped several system risks and interdependencies which could impact on delivery of the BCF Plan and performance against the proposed trajectories. This includes national risks, such as Local Government Reorganisation and the ongoing Industrial Action by resident doctors, and local risks relating specifically to Oxfordshire organisations and services.
70. The Oxfordshire system's approach to these risks and how they impact delivery of the 26/7 BCF Plan will be managed as a system through the Urgent and Emergency Care Board and Oxfordshire Place Based Partnership Forums.

Engagement

71. The BCF Plan has been developed through involvement with already established system groups rather than specific engagement activities relating to individual schemes. However the key messages in *the Oxfordshire Way* around supporting people to live at homes and in their communities remain the same.
72. Building on engagement work already completed with system partners, the Oxfordshire system also undertaking a significant engagement programme to inform Oxfordshire's Neighbourhood development approach, with BCF funding earmarked to support this work.
73. As part of planning for 27/8 the Oxfordshire system will explore opportunities to increase engagement and feedback on the schemes funded by BCF and build this into an evaluation exercise planned for Q2.

Implementation and Review for 2026/7

74. Responsibility for the implementation of the BCF Plan has been delegated to the County Council and ICB'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.
75. The existing BCF Oversight Group will be deployed to monitor implementation of new and existing schemes for 26/7 to inform planning for 27/8.

Karen Fuller, Corporate Director of Adult Social Care

Annex 1: BCF narrative return template

Annex 2: BCF numerical return template

Background papers: Nil.

Other Documents: Better Care Fund Plan 2026/27 submission (numerical and narrative returns)

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