



Although a formal committee of Brighton & Hove City Council, the Health & Wellbeing Board has a remit which includes matters relating to the Integrated Care Board (NHS Sussex,) the Local Safeguarding Boards for Children and Adults and Healthwatch.

Title:

Better Care Fund Report

Date of Meeting:

16 December 2025

Report of: Steve Hook Director Health & Adult Social Care & Tanya Brown-Griffith NHS Sussex Director for Joint Commissioning and Integrated Community Teams – Brighton and Hove

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Wards Affected: All

FOR GENERAL RELEASE

Executive Summary

The report covers:

1. Background information on the Better Care Fund
2. Quarter 1 & 2 performance against our Better Care Fund (BCF) Plan for 2025/26 sets out that we are meeting all the national conditions, that we are on track on only 1 out of the 3 BCF core metrics and that we are in line with our expenditure profile
3. Confirmation of an agreed section 75 agreement between the Council and NHS Sussex
4. Revisions to our 3 BCF metrics targets in line with the conditional national approval of our

2025/26 BCF plan

5. Update on what we know about the BCF planning for 2026/27

Decisions, recommendations and any options

Brighton & Hove Health and Wellbeing Board is recommended to:

1. Note performance against BCF Plan for Quarters 1 & 2
2. Note the sign off the section 75 agreement between the Council and NHS Sussex as one of the national conditions of the BCF
3. Agree the revisions to three metrics targets in our BCF plan for the second half of 2025/26 as part of final approval of the 2025/26 plan
4. Note latest information on the national guidelines for BCF planning for 2026/27

1. Background & context

- 1.1. Since 2014 the Better Care Fund (BCF) has provided a mechanism for joint health, housing and social care planning and commissioning, focusing on personalised, integrated approaches to health and care that support people to remain independent at home or to return to independence after an episode in hospital. It brings together ring-fenced budgets from NHS Integrated Care Board (ICB) allocations, and funding paid directly to Local Government, including the Disabled Facilities Grant (DFG) and the Local Authority Better Care Fund (formerly called the Improved Better Care Fund).
- 1.2. The BCF has two core policy objectives:
 - Reform to support the shift from sickness to prevention
 - Reform to support people living independently and the shift from hospital to home
- 1.3. As set out in the policy framework, HWBs will be expected to agree goals against three headline metrics as part of their planning return:
 - 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.
- 1.4. Supporting indicators aligned to the metrics will be:
 - 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.
- 1.5. 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.
- 1.6. The NHS minimum contribution to adult social care must be met and maintained by the ICB and was increased by 3.9% in each HWB area for 2025/26. Local authorities must comply with the grant conditions of the Local Authority Better Care Grant and of the Disabled Facilities Grant. HWB plans are also subject to a

minimum expectation of spending on adult social care related schemes, 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.

2. Section 75 Agreement

- 2.1. Section 75 of the NHS Act 2006 allows partners (NHS bodies and councils) to contribute to a common fund which can be used to commission health or social care related services. This power allows a local authority to commission health services and NHS commissioners to commission social care and relates specifically to the pooled fund element of the BCF.
- 2.2. I can confirm to the Board that the Council and NHS Sussex agreed a new section 75 agreement and executed the agreement in line with the national conditions of the BCF

3. Performance Against 2025/26 BCF Plan Quarter's 1 & 2

- 3.1. **National Conditions-** I can confirm to the Board that we reported full compliance with the national condition requirements of the BCF which are
 - We have a jointly agreed plan
 - That our plan meets the national objectives of the BCF
 - We complied with all the grant conditions including maintaining the NHS minimum contribution to social care
 - That we complied with the governance and oversight requirements of the BCF
- 3.2. **The national BCF Metrics** - For 2025 to 2026 there are 3 core metrics:
 - Emergency Admissions – for Q1/Q2 we are off track to meet our planned targets
 - Average length of discharge delay- for Q1/Q2 we are off track to meet our planned targets
 - Residential admissions- for Q1/Q2 we are on track to meet our planned targets
- 3.3. **Emergency admissions** to hospital for people aged over 65 per 100,000 population
 - Our average monthly planned performance target is 1,364 admissions per 100,000 of the population for people aged over 65 this equates to an average of 543 admissions a month.
 - We are still waiting for national validated data for this current year, but based on our local data we are currently running at 6% above our planned emergency admissions target

- Key mitigations for improving performance funded via the BCF include strengthened falls prevention, expanded urgent community response, and targeted support for high-intensity users, all underpinned by data-driven, intelligence and insights driven approaches such as the ICT dashboard and the rollout of the Johns Hopkins risk stratification tool, which has identified 784 high-risk patients across B&H; work to improve vaccination take up this winter, and ensuring that maximum possible impact from BCF funded schemes are aligned where they are targeted to reducing avoidable admissions.

3.4. **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 their DRD, average number of days from the DRD to discharge

- Our planned target is that 87.9% of patients are discharged on their DRD. For patients with a delayed discharge this will be an average of 12.51 days giving an overall average for all patients of 1.51 days average length of discharge delay
- We are still waiting for national validated data for this current year, but based on our local data we are currently below the target of 87.9% of patients being discharged on their DRD, meaning we are not meeting the average discharge delay of 1.51 days
- Key mitigations are the continuing work to strengthen our integrated transfer of care hub with increased social care capacity over seven days a week and additional physical and mental health in-reach clinical capacity, continuing to improve discharge data and using that data to target interventions and strengthening delirium pathway. All these mitigations are supported through our BCF plan

3.5. **long-term admissions to residential care homes and nursing homes** for people aged 65 and over per 100,000 population

- Our rate for the year is 706.3 per 100,000 of the population, which equates to 281 residential admissions
- Currently we are on track to meet the target with our current rolling average for a year being 256 residential care admissions.

3.6. It is important to note that as detailed in section 4 of this report our performance targets for the year will change from quarter 3 to reflect the new stretched targets agreed with NHSE that were required for our BCF plan to get full approval. This will make the reduction in emergency admissions and delayed discharge rate more challenging and will reduce the current headroom we have on our residential admissions metric

- 3.7. **Expenditure-** below is the table that set outs current expenditure against the agreed plan for year. By the end of quarter two we should be close to 50% of the BCF funds being spent. The current position shows 49% spent at the end of quarter 2 with small lag on the Disabled Facilities Grant spend accounting for the 1%

Source of Funding	Planned Income	Updated Total Plan Income for 25-26	DFG Q2 Year-to-Date Actual Expenditure
DFG	£2,869,975	£2,869,975	£1,045,198
Minimum NHS Contribution	£28,150,986	£28,150,986	
Local Authority Better Care Grant	£11,669,360	£11,669,360	
Additional LA Contribution	£404,140	£404,140	
Additional NHS Contribution	£0	£0	
Total	£43,094,461	£43,094,461	
	Original	Updated	% variance
Planned Expenditure	£43,094,462	£43,094,462	0%
			% of Planned Income
Q2 Year-to-Date Actual Expenditure		£21,157,442	49%

- 3.8. We would like to bring the Boards attention to the changes in our contracted community equipment services provider. In the autumn our existing provider notified us of impending bankruptcy. The provider works at a national scale and Local Authorities came together to consider potential mitigation. In the end the provider went into liquidation, and we were fortunate to be able to quickly agree a new contract with the provider used by East and West Sussex. They took on the existing service maintaining a basic level of delivery and have now moved to full delivery of the community equipment service. This will have some impact on the overall budget for the year, which we are still assessing, but are confident that any overspend can be covered within the overall BCF budget.

4. Revisions to the BCF performance metrics for Quarters 3 & 4

- 4.1. When we agreed our BCF plan at the start of the year we agreed to maintain the current performance level targets from 24/25 as these had been a stretch for us to achieve, noting that further work would be undertaken in year to agree and sign-off local ambitions to go further with improvements beyond the trajectories shown at the point of submission. NHSE gave conditional approval for our BCF plan and set out that they wanted to see a more ambitious approach to improving performance recognising how B&H and Sussex benchmark regionally and

nationally for avoidable admissions and discharge delays, and asked us to review and revise our metric targets for quarter 3 & 4 of this year's plan

- 4.2. **Emergency admissions to hospital** for people aged over 65 per 100,000 population our current performance target is 1,238 admissions per 100,000 of the population for people aged over 65 this equates to an average of 492 admissions a month. The revised metric target reflects the measures agreed within the Sussex health and care system Winter Plan to reduce avoidable admissions through proactive care and MDT coordination. We have submitted to NHSE a monthly average of 1,213 admissions per 100,000 which equates to an average of 483 admissions a month, a 2% improvement.
- 4.3. **Average length of discharge delay** our current target is 87.9% of patients are discharged on their DRD. For patients with a delayed discharge this will be an average of 12.51 days giving an overall average for all patients of 1.51 days average length of discharge delay. Our revised metric target we have submitted to NHSE is 88% of patients are discharged on their DRD. For patients with a delayed discharge this will be an average of 11.1 days giving an overall average for all patients of 1.33 days average length of discharge delay. This improvement reflects the B&H health and care system, and Sussex system partners' agreed plans to improve discharge performance for the benefit of all patients through 2025/26.
- 4.4. **Long-term admissions to residential care homes and nursing homes-** our current target is 635 per 100,000 of the population, which equates to 253 residential admissions. Our revised metric target we have submitted to NHSE is the equivalent of 623 per 100,000 of the population, which equates to 248 admissions over a year.
- 4.5. Based on current performance this year these targets will be challenging for us, but we need to ensure we have a fully approved plan that secures the maximum impact and best possible outcomes from the investments made through the BCF.
- 4.6. We have submitted these revised metric targets to NHSE who have confirmed that they meet their expectations and once these have been signed off by the Health & Wellbeing Board they will confirm full unconditional approval of our 2025/26 BCF plan

5. BCF National Planning Guidance 2026/27

- 5.1. At the time of writing this report we are yet to receive the full planning guidance for 2026/27. We know that in the NHS long-term plan it was confirmed the BCF would continue but would be reformed in line with the national reform agenda, with a strong correlation to the new Neighbourhood Health Agenda. It is expected that these reforms will be phased in and that 2026/27 would be the start of the reforms but recognising the need for stability to existing arrangements.
- 5.2. What we do know is the NHS minimum contribution for 2026/27, the NHS minimum contribution to adult social care has been uplifted by 4.4% (in line with the Spending Review 2025 commitment of an increase to the NHS's minimum contribution to adult social care via the Better Care Fund in line with DHSC's SR settlement). Discharge and remaining ICB contributions are uplifted by 2.1% in line with Community Services inflation growth. As these different uplifts have been applied independently this will lead to marginally differential uplifts to the

total NHS minimum contribution at ICB level (the national average is 3.0% uplift). As part of 2 year allocations, for 2027/28, the NHS minimum contribution to adult social care will be uplifted by 4.8% (in line with the Spending Review 2025 commitment of an increase to the NHS's minimum contribution to adult social care via the Better Care Fund in line with DHSC's SR settlement), Discharge and remaining ICB contributions by 2.1% in line with Community Services inflation growth. As these different uplifts have been applied independently this will lead to marginally differential uplifts to the total NHS minimum contribution at ICB level (the national average is 3.2% uplift). The contribution from individual ICBs has been calculated based on population estimates and contributions to individual HWBs from ICBs.

B&H ICB BCF Contributions	£,000's Min ASC Spend	£,000's ICB Discharge	£,000's All other BCF	£,000's Total NHS Contribution
2026/27	11,053	2,432	15,504	28,989
2025/26	10,582	2,382	15,186	28,150
Growth £'s	471	50	318	839
Growth %	4.5%	2.1%	2.1%	3.0%

- 5.3. The specific element of the BCF that goes direct to Local Authorities, known as the LA BCF and the Disabled Facilities Grant have not been announced yet.

6. Important considerations and implications

Legal:

- 6.1. It is a requirement that the Better Care Fund is managed locally though a pooled budget. The power to pool budgets between the Council and the ICB is set out in the NHS Act 2006 and requires a formal Section 75 Agreement. Regulations prescribe the format and minimum requirements for a Section 75 Agreement. A new Section 75 Agreement was agreed in 2025 to support the 2025-26 plan.

Lawyer consulted: Sandra O'Brien Date: 5 December 2025

Finance:

- 6.1. The Better Care Fund is a section 75 pooled budget which totals £43.094m for 2025/26. The ICB contribution to the pooled budget is £28.151m and the Council contribution is £14.943m
- 6.2. The Better Care Fund informs budget development and the Medium-Term Financial strategy of the partner organisations, including the council. This requires a joined-up process for budget setting in relation to all local public services where appropriate, and will ensure that there is an open, transparent and integrated approach to planning and provision of services. Any changes in

service delivery for the council will be subject to recommissioning processes and will need to be delivered within the available budget.

Finance Officer consulted: Jane Stockton Date: 02/12/2025

Equalities:

- 6.3. The BCF plans set out in the narrative submission specifically how the schemes invested in will support the equalities and health inequalities of their local population. Individual EHIA's are carried out for specific new schemes as they are developed. All schemes funded by the NHS are required to apply EHIA processes to all services commissioned. The plans and strategies have been developed jointly based upon detailed population analysis, reflecting the Place based plans that are informed by EHIA's and the local JSNAs. There is not a formal public and engagement process supporting this annual process, but individual schemes will be informed by views of patients and public.

Sustainability:

- 6.4. None

Health, social care, children's services and public health:

- 6.5. The BCF plans set out in the narrative submission specifically how the schemes invested in will support equalities and health inequalities policy and requirements of their local population. The development, agreement and delivery of the plan is the responsibility of the local Health and Wellbeing board.

7. Supporting documents and information

