



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:

3 March 2026

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 3 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 planned expenditure profile
3. National BCF Planning Framework for 2026/27

Decisions, recommendations and any options

Brighton & Hove Health and Wellbeing Board is recommended to:

1. Note performance against BCF Plan for Quarter 3
2. Note the requirements of the BCF planning framework 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.

- 1.7. 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.
- 1.8. We 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

2. Performance Against 2025/26 BCF Plan Quarter 3

- 2.1. **National Conditions-** We 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

- 2.2. **The national BCF Metrics** - For 2025 to 2026 there are 3 core metrics:

- Emergency Admissions – for quarter 3 we are off track to meet our planned targets for the year
- Average length of discharge delay- for quarter 3 we are off track to meet our planned targets for the year
- Residential admissions- for quarter 3 we are on track to meet our planned targets for the year
- It is important that the Board notes that for quarters 3 & 4 we were required to stretch our BCF metric targets as part of moving from conditional to full national NHS approval of our BCF plan. We were not meeting the Discharge Delay or Avoidable Admissions original targets in quarters 1 & 2, so the new stretched targets will create an additional challenge in meeting these two metric targets
- Appended to this report is a more detailed update on the work to improve performance on our Discharge & Avoidable Admission metrics

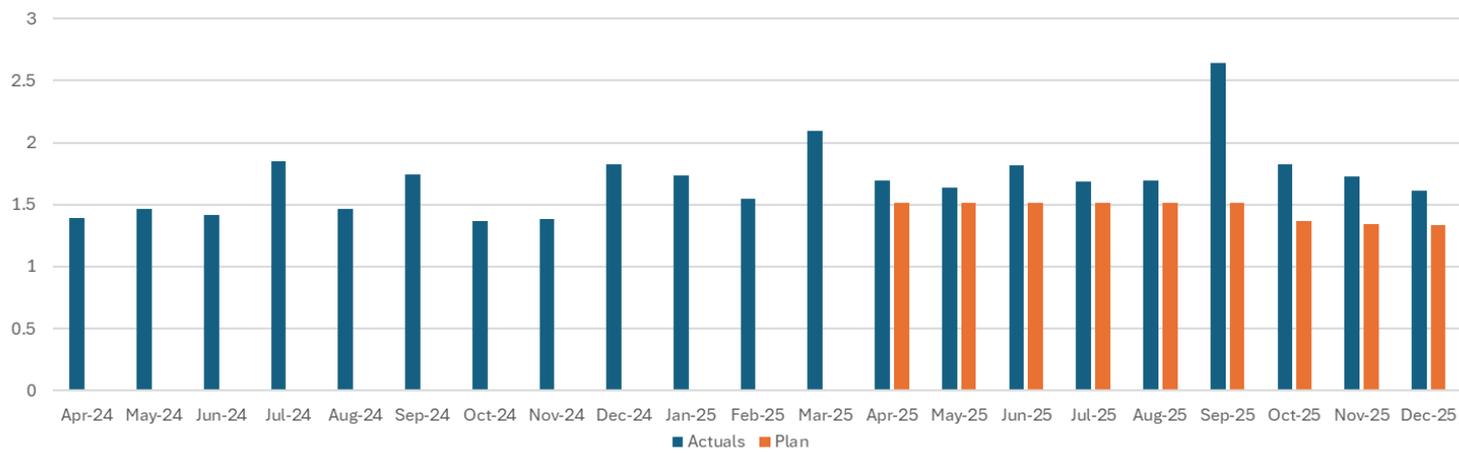
- 2.3. **Emergency admissions** to hospital for people aged over 65 per 100,000 population

- Our average monthly planned performance target was 1,364 admissions per 100,000 of the population for people aged over 65 this equates to an average of 543 admissions a month. This reduced to 1,191 admissions per 100,00 of the population for people aged over 65 this equates to an average of 482 admissions a month when we revised our metric targets for quarters 3 &4
- We are still waiting for national validated data for this quarter, but based on our local data we are seeing further increases in avoidable admissions for quarter 3 rising from 6% in quarters 1 & 2 to 14% in quarter 3 above our metric target. This increase in the percentage of admissions above our metric target is influenced by the new stretched target for quarters 3 & 4 and the early onset of this winters flu season.
- See appendix below for more detail on our partnership work to improve the Avoidable Admissions metric performance

2.4. **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 87.9% of patients are discharged on their DRD. For patients with a delayed discharge this will be an average of not more than 12.51 days giving an overall average for all patients of 1.51 days average length of discharge delay. With the revision of our metric targets for Qtr's 3 &4 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 quarters performance is an average of 84% of people were discharged on their discharge ready date. With an overall average discharge delay for all patients of 1.72 days
- The graph below provides a visual of the overall average discharge delay over past 2 years and against this years planned targets. See appendix below for more detail on our partnership work to improve the Discharge Delay metric performance

Average delayed days Inc 0 delays- Brighton and Hove



2.5. **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. 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.
- Currently we are on track to meet the target with the last Qtr we recorded 53 admissions so well within the 12 month rolling target.

2.6. **Expenditure-** below is the table that set outs current expenditure against the agreed plan for year. By the end of quarter three we should be close to 75% of the BCF funds being spent. The current position shows 75% spent at the end of quarter three.

Source of Funding	2025-26		DFG Q3 Year-to-Date Actual Expenditure
	Planned Income	Updated Total Plan Income for 25-26	
DFG	£2,869,975	£2,869,975	£2,152,481
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
Q3 Year-to-Date Actual Expenditure	£32,320,846	75%

2.7. 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. To date there has not been an overspend on the original community equipment budget as the new provider started with a more limited catalogue of equipment as they got up to speed. There is additional cost requirements connected to the new contract which we will start to see come through on Quarters 3 & 4 and we are currently working on an assumption of not more than 5% overspend on the original budget. The over all pooled budget can support this overspend through the utilisation of the winter pressures budget we build into our overall BCF plan.

3. BCF National Planning Framework 2026/27

- 3.1. To be added if national planning framework released in time or presented at the meeting

4. Important considerations and implications

Legal:

- 4.1. 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: 18/02/2026

Finance:

- 4.1. 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. The planned expenditure as at quarter 3 is in line with the original overall budget.
- 4.2. 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: Sophie Warburton Date: 18/02/2026



Equalities:

- 4.3. 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:

- 4.4. None

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

- 4.5. 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.

5. Supporting documents and information

Better Care Fund Plan- Metric Performance Assurance Discharge Delays

Weekly Discharge Information

To update these figures and add new narrative, please use [this form link](#).



- National Oversight and external support - Consortium 24 via the Better Care Fund Support Programme
- **Increased investment-** senior therapists (physical & mental health), in Hospitals. Home First Team reorganised and co-located in Transfer of Care Hub, 24/7 discharge model being implemented in A&E.
- **Removing barriers-** personal health grants, new self-funder service launched October, increased use of volunteers in A&E supporting nonclinical needs – "Helpforce"
- **Better support for complex needs-** improved support for carers, homeless and recovery in reach teams
- **Consortium 24-** working with senior BHCC and NHS Sussex leaders, & frontline clinicians in the hospital. Work underway to increase co-location and integration of data – one set of data
- **Discharge performance is now improving-** 4000 people have received extra support 62% (2,500+) of those have gone directly home from A&E via Admission Prevention Team & 129 people into short term recovery services

Improving Lives Together

Better Care Fund Plan- Metric Performance Assurance Emergency Hospital Admissions Over 65

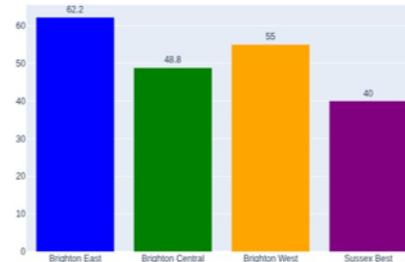
NHS Sussex Neighbourhood Health Alliance

- NHS Sussex commissioning intentions 26/27
- Part of a 1% Transformation Fund
- ICT dashboard and performance metrics
- 10% reduction in Avoidable admissions by March 2027
- 10-15% improvement in vaccination and screening rates

NHS Sussex's Highest & Ongoing Needs Programme

- Part of the wider Sussex Neighbourhood Health Plan
- Focuses on shifting care from hospitals to the community through Integrated Community Teams (Brighton West, Central, East ICTs)
- Using data to proactively identify and support frail elderly, those at risk of admission, and people with complex needs
- Using pro-active joint care planning to enhance community health & care offer with the aim of reducing unnecessary hospital admissions
- Our ICTs have set up 5 Multidisciplinary Teams, SCFT have recruited 3 Coordinators, and the delivery has started this month

Emergency Admissions (65+) per 1,000



- Refreshed Place-based Falls Plan
- Winter Collaborative partnership
- ICT leadership Groups focusing on increasing vaccination and screening up take in line with NHS Sussex Commissioning Intentions 10% improvement target

