Item 9

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 Surrey & Sussex), the Local Safeguarding Boards for Children and Adults and Healthwatch.

Title:
Better Care Fund Report

Date of Meeting:
28 July 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 & context information on the Better Care Fund
2. Quarter 4 performance against our Better Care Fund (BCF) Plan for 2025/26 sets out that we met all the national conditions associated with the BCF grant, that we met 2 out of the 3 BCF planned metrics targets and that we met the requirement to fully spend the BCF grant in 2025/26.
3. Sets out the BCF plan for 2026/27, which has been approved by Executive Officers across the Council and ICB and signed off by NHS England subject to final approval by

Brighton & Hove Health & Wellbeing Board

Decisions, recommendations and any options

Brighton & Hove Health and Wellbeing Board is recommended to:

1. Sign off BCF end of year performance report 2025/26
2. Approve the BCF Plan 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). It is important that the Board notes that 2026/27 is the last year of the BCF in its current form. NHS England have set out in the new national Neighbourhood Health guidance that the BCF will form part of the neighbourhood health reform. They have been clear it will remain an integrated health & care grant and administered through HWBs but will be aligned to neighbourhood health delivery.

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 agreed 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 involved 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. The most recent agreement section 75 Agreement was signed off in September 2025.

2. Better Care Fund end of year performance report 2025/26

2.1. **National Conditions**- We can confirm to the Board that we reported full compliance with all the national condition requirements of the BCF which are

- We had a jointly agreed plan
- That our plan met 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. We met our avoidable admissions and residential nursing admission planned targets for the year. We did not meet our hospital discharge planned target.

2.3. **Avoidable admissions for people aged 65+**

This metric refers to an acute hospital admission, also described as a non-elective admission, where earlier, different, or more effective health, social care, community, or preventative support could have prevented the person's condition or circumstances deteriorating to the point that hospital admission was required. These are conditions where effective community, primary care, preventative, or integrated health and social care support should reduce the likelihood of a hospital admission. Examples of conditions commonly included are:

- Chronic Obstructive Pulmonary Disease (COPD)
- Asthma
- Diabetes complications
- Heart failure
- Hypertension
- Angina and ischaemic heart disease
- Epilepsy
- Dementia
- Emphysema
- Pulmonary oedema and other chronic respiratory/cardiac conditions

The BCF measures these as unplanned hospitalisations for chronic ambulatory care sensitive conditions rate per 100,000 population

2.4. Over the year our planned target for number admissions for people aged over 65 years of age was an average 1,258 admissions a month. This is equivalent to an average of 510 admissions a month per 100,000 of the population over 65 years of age

2.5. Our performance for the year was 5% below the threshold target at an average of 310 admissions a month per 100,000 of the population

2.6. **Discharge delays**

There are three parts to this metric 1) Is the average length of discharge delay for all acute adult patients (this calculates the percentage of patients discharges after their Discharge Ready Date multiplied by the average number of days) 2) Is the proportion of adult patients discharged from acute hospitals on their discharge ready date 3) For those adults patients not discharge on their discharge ready date, average number of days from discharge ready date to discharge

2.7. Over the year our planned metric targets were 1) average length of discharge delay per month of 1.42 days 2) people discharged on their discharge ready date an average of 88% 3) Average discharge delay of 11.79 days per person not discharged on their discharge ready date

2.8. Over the year we missed this target with the percentage of people discharged on their discharge ready date of 84.4%, 3.6% below the target. We saw significant winter pressures on our discharge system over quarters three and four which contributed to us missing our target with average discharge delays 2.9 days above the planned target

2.9. **Long-term admissions to residential care homes and nursing homes** for people aged 65

This metric refers to the long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population

2.10. Our average monthly target rate per 100,000 is 155.5 admissions, which equates to 252 admissions over a year

2.11. Our actual performance was a total of 248 against our target of 252 admissions

3. Expenditure

The total BCF programme expenditure for 2025/26 was £43,094,461. The Table below shows the years actual expenditure broken down to the specific components of the BCF budget.

Source of Funding	2025-26 Planned Income	Updated Total Income for 25-26	DFG EOY Actual Expenditure
DFG (including top-up)	£3,071,802	£3,071,802	£3,071,802
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	**£43,296,288**	**£43,296,288**	

		% of Planned Income
End of Year Actual Expenditure	£43,296,288	**100%**

4. Brighton & Hove Better Care Fund Plan 2026/27

4.1. The 2026/27 BCF Planning Framework is a bridging year between the current Better Care Fund model and a future neighbourhood health-focused integrated funding approach. Systems are expected to maintain core BCF services while beginning to align pooled budgets, commissioning and outcome measures with emerging neighbourhood health arrangements, with particular focus on intermediate care, discharge, reablement, prevention and adult social care sustainability. Local authorities and ICBs must continue to develop a joint BCF plan, agreed through the Health and Wellbeing Board, setting out how pooled funding will be used to deliver integrated and preventative care. The framework places particular emphasis on:

- Intermediate care & reablement
- Reducing hospital demand
- Supporting Adult Social Care
- Strengthening partnerships

4.2. The Brighton & Hove 2026/27 BCF plan, is appended to this report and is a continuation and refinement strategy rather than a major redesign. It focuses on strengthening neighbourhood health services, preventing avoidable hospital use, improving discharge performance, supporting independence and delivering measurable value through integrated health, social care and VCSE partnerships. The governance arrangements are mature and designed to support continuous improvement against agreed system outcomes. Key areas covered in the plan are:

- Improving population health and reducing health inequalities
- Better access to local services
- Improved integration of services
- Reduced hospital demand
- Value for money and improved productivity
- Local governance arrangements to support the plan

4.3. The integrated health & care services supported by the plan are:

- Home First and Intermediate Care services to enable people to recover at home or closer to home.

- Integrated Community Teams operating within Brighton & Hove's three neighbourhoods plus a specialist homelessness and multiple compound needs team.
- Proactive care and admission avoidance through risk stratification and multidisciplinary working.
- Hospital discharge services, including transfer of care hubs, same-day discharge teams and enhanced reablement.
- Community equipment, telecare and Disabled Facilities Grants to support independence.
- Support for unpaid carers through carers' services, respite and personal budgets.
- VCSE sector services, particularly those addressing homelessness, mental health and high-intensity users

4.4. Planned metric targets for 2026/27

4.5. Delayed Discharges

The plan reflects local health and care system partners' agreed improvement targets based on provider operational plans and benchmarking:

- Increase discharge to usual residence from 84.2% to 84.4%.
- Reduce average delayed days per patient from 11.5 days to 9.0 days

4.6. Non-Elective Admissions (65+)

The target reflects:

- Provider growth assumptions.
- Sussex-wide ambition to reduce avoidable admissions through Integrated Community Teams.

Overall, the 2026/27 plan aims for admissions to be 1% lower than recent actual activity despite rising demand pressures.

4.7. Residential Care Admissions

The proposed 2026/27 target is 592.5 admissions per 100,000, aligned with national averages.

The rationale for how ambitions have been set for 2026/27 is included in Appendix 1.

4.8. BCF funding allocations for 2026/27

The BCF plan is based on the following national funding allocation.

	2026-27	
Running Balances	Income	Expenditure
DFG	£2,972,999	£2,972,999
NHS Minimum Contribution	£28,988,421	£28,988,421
Local Authority Better Care Grant	£11,669,360	£11,669,360
Additional LA Contribution	£404,140	£404,140
Additional NHS Contribution	£0	£0
Total	**£44,034,920**	**£44,034,920**

Required spend on adult social care from NHS minimum allocations

	2026-27	
	Minimum required spend	Planned Spend
Adult Social Care services spend from the NHS minimum allocations	£11,052,925	£11,460,541

4.9. Governance and sign off

The plan was developed through the Brighton & Hove BCF Steering Group and has been approved by Local Authority and ICB executive officers. Plans were submitted to NHS England on 19 May in line with national planning timetables, and NHS England have confirmed sign off of the plans subject to Local HWB sign off at the meeting on 28 July 2026. Once the Brighton & Hove HWB have signed off the plan, we will need to refresh the section 75 agreement between the Council and the ICB by end of September.

5. Important considerations and implications

Legal:

5.1 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 will be put in place to support the plan by September 2026.

Lawyer consulted: Alice Macnair Date: 15th July 2026

Finance:

5.1 The Better Care Fund is a section 75 pooled budget which totals £44.034m for 2026/27. The ICB contribution to the pooled budget is £28.988m and the Council contribution is £15.047m

5.2 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: Brian Smith Date: 20/07/2026

Equalities:

5.4. 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 EHIAs are carried out for specific new schemes as they are developed. All schemes funded by the NHS are required to apply EHIA processes to of 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 EHIAs 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:

5.5. None

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

5.6. 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.

6. Supporting documents and information

Appendix 1: Brighton and Hove Better Care Fund 2026-27 - Narrative return