



HM Government



## Better Care Fund 2025-26 Update Template

### 1. Guidance

#### Overview

HWBs will need to submit a narrative plan and a planning template which articulates their goals against the BCF objectives and how they will meet the national conditions in line with the requirements and guidance set out in the table on BCF Planning Requirements (published).

**Submissions of plans are due on the 31 March 2025 (noon). Submissions should be made to the national Better Care Fund [england.bettercarefundteam@nhs.net](mailto:england.bettercarefundteam@nhs.net) and regional Better Care Managers.**

This guidance provides a summary of the approach for completing the planning template, further guidance is available on the Better Care Exchange.

#### Functional use of the template

We are using the latest version of Excel in Office 365, an older version may cause an issue.

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background, as below:

Data needs inputting in the cell
Pre-populated cells

This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Within the BCF submission guidance there will be guidance to support collaborating across HWB on the completion of templates.

#### Data Sharing Statement

This section outlines important information regarding Data Sharing and how the data provided during this collection will be used. This statement covers how NHS England will use the information provided. Advice on local information governance which may be of interest to ICSs can be seen at <https://data.england.nhs.uk/sudgt/> - Please provide your submission using the relevant platform as advised in submission and supporting technical guidance.

### 2. Cover

The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. To view pre-populated data for your area and begin completing your template, you should select your HWB from the top of the sheet.

#### Governance and sign-off

National condition one outlines the expectation for the local sign off of plans. Plans must be jointly agreed and be signed off in accordance with organisational governance processes across the relevant ICB and local authorities. Plans must be accompanied by signed confirmation from local authority and ICB chief executives that they have agreed to their BCF plans, including the goals for performance against headline metrics. This accountability must not be delegated.

#### Data completeness and data quality:

- Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells in this table are green should the template be sent to the Better Care Fund Team: [england.bettercarefundteam@nhs.net](mailto:england.bettercarefundteam@nhs.net) (please also copy in your Better Care Manager).

- The checker column, which can be found on each individual sheet, updates automatically as questions are completed. It will appear red and contain the word 'No' if the information has not been completed. Once completed the checker column will change to green and contain the word 'Yes'.

- The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.

- Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'. Please ensure that all boxes on the checklist are green before submission.

### 3. Summary

The summary sheet brings together the income and expenditure information, pulling through data from the Income and Expenditure tabs and also the headline metrics into a summary sheet. This sheet is automated and does not require any inputting of data.

### 4. Income

This sheet should be used to specify all funding contributions to the Health and Wellbeing Boards (HWB) Better Care Fund (BCF) plan and pooled budget for 2025-26. The final planning template will be pre-populated with the NHS minimum contributions, Disabled Facilities Grant and Local Authority Better Care Grant. Please note the Local Authority Better Care Grant was previously referred to as the iBCF. For any questions regarding the BCF funding allocations, please contact [england.bettercarefundteam@nhs.net](mailto:england.bettercarefundteam@nhs.net) (please also copy in your Better Care Manager).

#### Additional Contributions

This sheet also allows local areas to add in additional contributions from both the NHS and LA. You will be able to update the value of any Additional Contributions (LA and NHS) income types locally. If you need to make an update to any of the funding streams, select 'yes' in the boxes where this is asked and cells for the income stream below will turn yellow and become editable. Please use the comments boxes to outline reasons for any changes and any other relevant information.

#### Unallocated funds

Plans should account for full allocations meaning no unallocated funds should remain once the template is complete.

### 5. Expenditure

For more information please see tab 5a Expenditure guidance.

### 6. Metrics

Some changes have been made to the BCF metrics for 2025-26; further detail about this is available in the Metrics Handbook on the Better Care Exchange. The avoidable admissions, discharge to usual place of residence and falls metrics/indicators remain the same. Due to the standing down of the SALT data collection, changes have been made to the effectiveness of reablement and permanent admissions metrics/indicators.

For 2025-26 the planning requirements will consist of 3 headline metrics and for the planning template only the 3 headline metrics will be required to have plans entered. HWB areas may wish to also draw on supplementary indicators and there is scope to identify whether HWB areas are using these indicators in the Metrics tab. The narrative should elaborate on these headline metrics (and may) also take note of the supplementary indicators. The data for headline metrics will be published on a DHSC hosted metrics dashboard but the sources for each are also listed below:

#### 1. Emergency admissions to hospital for people aged 65+ per 100,000 population. (monthly)

- This is a count of non-elective inpatient spells at English hospitals with a length of stay of at least 1 day, for specific acute treatment functions and patients aged 65+

- This requires inputting of both the planned count of emergency admissions as well as the projection 65+ population figure on monthly basis

- This will then auto populate the rate per 100,000 population for each month

<https://digital.nhs.uk/supplementary-information/2025/non-elective-inpatient-spells-at-english-hospitals-occurring-between-01-04-2020-and-30-11-2024-for-patients-aged-18-and-65>

#### Supplementary indicators:

Unplanned hospital admissions for chronic ambulatory care sensitive conditions.

Emergency hospital admissions due to falls in people aged 65+.

#### 2. Average number of days from Discharge Ready Date to discharge (all adult acute patients). (monthly)

- This requires inputting the % of total spells where the discharge was on the discharge ready date and also the average length of delay in days for spells where there was a delay.

- A composite measure will then auto calculate for each month described as 'Average length of discharge delay for all adult patients'

- This is a new SUS-based measure where data for this only started being published at an LA level since September hence the large number of missing months but early thinking about this metric is encouraged despite the lack of available data.

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

#### Supplementary indicators:

Patients not discharged on their DRD, and discharged within 1 day, 2-3 days, 4-6 days, 7-13 days, 14-20 days and 21 days or more.

Local data on average length of delay by discharge pathway.

#### 3. Admissions to long term residential and nursing care for people aged 65+ per 100,000 population. (quarterly)

- This section requires inputting the expected numerator (admissions) of the measure only.

- Please enter the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care)

- Column H asks for an estimated actual performance against this metric in 2024-25. Data for this metric is not yet published, but local authorities will collect and submit this data as part of their SALT returns. You should use this data to populate the estimated data in column H.

- The pre-populated cells use the 23-24 SALT data, but you have an option of using this or local data to use as reference to set your goals.

- The pre-populated denominator of the measure is the size of the older people population in the area (aged 65 and over) taken from Office for National Statistics (ONS) mid-year population estimates. This is changed from last year to standardize the population figure used.

- The annual rate is then calculated and populated based on the entered information.

<https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-outcomes-framework-ascof/england-2023-24>

#### Supplementary indicators:

Hospital discharges to usual place of residence.

Proportion of people receiving short-term reablement following hospital discharge and outcomes following short term reablement.

### 7. National conditions

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Better Care Fund Policy Framework for 2025-26 (link below) will be met through the delivery of your plan. (Post testing phase: add in link of Policy Framework and Planning requirements)

This sheet sets out the four conditions, where they should be completed and requires the Health & Wellbeing Board to confirm 'Yes' or 'No' that the HWB meets expectation. Should 'No' be selected, please note the actions in place towards meeting the requirement and outline the timeframe for resolution.

In summary, the four National conditions are as below:

- National condition 1: Plans to be jointly agreed
- National condition 2: Implementing the objectives of the BCF
- National condition 3: Complying with grant and funding conditions, including maintaining the NHS minimum contribution to adult social care (ASC)
- National condition 4: Complying with oversight and support processes
- How HWB areas should demonstrate this are set out in Planning Requirements



HM Government



NHS England

**Better Care Fund 2025-26 Planning Template**

**2. Cover**

Version 1.5

Please Note:  
 - The BCF planning template is categorised as 'Management Information' and data from them will be published in an aggregated form on the NHS England website and gov.uk. This will include any narrative section. Some data may also be published in non-aggregated form on gov.uk. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.  
 - At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the Better Care Exchange) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.  
 - All information will be supplied to BCF partners (MHCLG, DHSC, NHS England) to inform policy development.  
 - This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

**Governance and Sign off**

Health and Wellbeing Board:	Middlesbrough
Confirmation that the plan has been signed off by Health and Wellbeing Board ahead of submission - Plans should be signed off ahead of submission.	Yes
If no indicate the reasons for the delay.	
If no please indicate when the HWB is expected to sign off the plan:	

Complete:

Yes
Yes
Yes
Yes

Submitted by:	Kathryn Warnock
Role and organisation:	South Tees Integration Programme Manager
E-mail:	<a href="mailto:kathryn.warnock@nhs.net">kathryn.warnock@nhs.net</a>
Contact number:	07766 554805
Documents Submitted (please select from drop down) In addition to this template the HWB are submitting the following:	Narrative C&D National Template

Yes
Yes
Yes
Yes
Yes
Yes
Yes

Role:	Professional Title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:	Organisation
Health and Wellbeing Board Chair	Cllr	Chris	Cooke	<a href="mailto:chris_cooke@middlesbrough.gov.uk">chris_cooke@middlesbrough.gov.uk</a>	
Health and Wellbeing Board Chair	Cllr	Alec	Brown	<a href="mailto:alec.brown@redcar-cleveland.gov.uk">alec.brown@redcar-cleveland.gov.uk</a>	

Yes

Named Accountable person	Professional Title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:	Organisation
Local Authority Chief Executive		Erik	Scollay	<a href="mailto:erik_scollay@middlesbrough.gov.uk">erik_scollay@middlesbrough.gov.uk</a>	
ICB Chief Executive 1		Sam	Allen	<a href="mailto:s.allen24@nhs.net">s.allen24@nhs.net</a>	North East and North Cumbria ICB
ICB Chief Executive 2 (where required)					
ICB Chief Executive 3 (where required)					

Yes  
Yes

Finance sign off	Professional Title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:	Organisation
LA Section 151 Officer		Andrew	Humble	<a href="mailto:Andrew_Humble@middlesbrough.gov.uk">Andrew_Humble@middlesbrough.gov.uk</a>	
ICB Finance Director 1		TBC			North East and North Cumbria ICB
ICB Finance Director 2 (where required)		TBC			
ICB Finance Director 3 (where required)					

Yes  
Yes

Area assurance contacts	Professional Title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:	Organisation
Local Authority Director of Adult Social Services		Louise	Grabham	<a href="mailto:louise_grabham@middlesbrough.gov.uk">louise_grabham@middlesbrough.gov.uk</a>	
DFG Lead		Suzanne	Hodge	<a href="mailto:suzanne_hodge@middlesbrough.gov.uk">suzanne_hodge@middlesbrough.gov.uk</a>	
ICB Place Director 1		Martin	Short	<a href="mailto:martin.short@nhs.net">martin.short@nhs.net</a>	North East and North Cumbria ICB
ICB Place Director 2 (where required)					
ICB Place Director 3 (where required)					

Please add any additional key contacts who have been responsible for completing the plan

Yes  
Yes  
Yes

**Assurance Statements**

National Condition	Assurance Statement	Yes/No	If no please use this section to explain your response
National Condition One: Plans to be jointly agreed	The HWB is fully assured, ahead of signing off that the BCF plan, that local goals for headline metrics and supporting documentation have been robustly created, with input from all system partners, that the ambitions indicated are based upon realistic assumptions and that plans have been signed off by local authority and ICB chief executives as the named accountable people.	Yes	
National Condition Two: Implementing the objectives of the BCF	The HWB is fully assured that the BCF plan sets out a joint system approach to support improved outcomes against the two BCF policy objectives, with locally agreed goals against the three headline metrics, which align with NHS operational plans and local authority adult social care plans, including intermediate care capacity and demand plans and, following the consolidation of the Discharge Fund, that any changes to shift planned expenditure away from discharge and step down care to admissions avoidance or other services are expected to enhance UEC flow and improve outcomes.	Yes	
National Condition Three: Complying with grant and funding conditions, including maintaining the NHS minimum contribution to adult social care (ASC)	The HWB is fully assured that the planned use of BCF funding is in line with grant and funding conditions and that funding will be placed into one or more pooled funds under section 75 of the NHS Act 2006 once the plan is approved	Yes	
	The ICB has committed to maintaining the NHS minimum contribution to adult social care in line with the BCF planning requirements.	Yes	
National Condition Four: Complying with oversight and support processes	The HWB is fully assured that there are appropriate mechanisms in place to monitor performance against the local goals for the 3 headline metrics and delivery of the BCF plan and that there is a robust governance to address any variances in a timely and appropriate manner	Yes	

Yes  
Yes  
Yes  
Yes  
Yes

**Data Quality Issues - Please outline any data quality issues that have impacted on planning and on the completion of the plan**

At time of this draft, we are waiting for the latest data to inform our metric setting and demand planning. We expect to have this by the final submission.

Yes

Question Completion - When all questions have been answered and the validation boxes below have turned green, please send the template to the Better Care Fund Team [england.bettercarefundteam@nhs.net](mailto:england.bettercarefundteam@nhs.net) saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your Better Care Manager.

Template Completed	
	Complete:
2. Cover	Yes
4. Income	Yes
5. Expenditure	Yes
6. Metrics	Yes
7. National Conditions	Yes

[<< Link to the Guidance sheet](#)

^^ Link back to top

## Better Care Fund 2025-26 Planning Template

### 3. Summary

Selected Health and Wellbeing Board:

Middlesbrough

### Income & Expenditure

[Income >>](#)

Funding Sources	Income	Expenditure	Difference
DFG	£2,814,373	£2,814,373	£0
NHS Minimum Contribution	£16,898,602	£16,898,602	£0
Local Authority Better Care Grant	£10,666,099	£10,666,099	£0
Additional LA Contribution	£1,416,900	£1,416,900	£0
Additional ICB Contribution	£0	£0	£0
<b>Total</b>	<b>£31,795,974</b>	<b>£31,795,974</b>	<b>£0</b>

[Expenditure >>](#)

### Adult Social Care services spend from the NHS minimum contribution

	2025-26
Minimum required spend	£8,696,026
Planned spend	£8,803,935

[Metrics >>](#)

### Emergency admissions

	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
Emergency admissions to hospital for people aged 65+ per 100,000 population	2,077	2,034	1,943	2,081	1,974	1,777	2,168	2,049	2,534	2,530	2,424	2,522

### Delayed Discharge

	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	0.52	0.52	0.39	0.61	0.53	0.36	0.44	0.38	0.46	0.84	0.47	0.51

### Residential Admissions

	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 713.3	157.6	157.6	177.3	181.3

**Better Care Fund 2025-26 Planning Template**

**4. Income**

Selected Health and Wellbeing Board: Middlesbrough

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Middlesbrough	£2,814,373
DFG breakdown for two-tier areas only (where applicable)	
<b>Total Minimum LA Contribution (exc Local Authority BCF Grant)</b>	<b>£2,814,373</b>

Local Authority Better Care Grant	Contribution
Middlesbrough	£10,666,099
<b>Total Local Authority Better Care Grant</b>	<b>£10,666,099</b>

Are any additional LA Contributions being made in 2025-26? If yes, please detail below Yes

Local Authority Additional Contribution	Contribution	Comments - Please use this box to clarify any specific uses or sources of funding
Middlesbrough	£300,000	Match Funding - Carers
Middlesbrough	£866,900	24/25 BCF Underspend
Middlesbrough	£250,000	24/25 DFG Underspend
<b>Total Additional Local Authority Contribution</b>	<b>£1,416,900</b>	

NHS Minimum Contribution	Contribution
NHS North East and North Cumbria ICB	£16,898,602
<b>Total NHS Minimum Contribution</b>	<b>£16,898,602</b>

Are any additional NHS Contributions being made in 2025-26? If yes, please detail below No

Additional NHS Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
<b>Total Additional NHS Contribution</b>	<b>£0</b>	
<b>Total NHS Contribution</b>	<b>£16,898,602</b>	

**Total BCF Pooled Budget** 2025-26  
£31,795,974

**Funding Contributions Comments**  
 Optional for any useful detail

**Better Care Fund 2025-26 Planning Template**

**5. Expenditure**

Selected Health and Wellbeing Board:

Middlesbrough

« Link to summary sheet

		2025-26		
Running Balances		Income	Expenditure	Balance
	DfG	£2,814,373	£2,814,373	0
	NHS Minimum Contribution	£14,096,402	£14,096,402	0
	Local Authority Better Care Grant	£10,666,099	£10,666,099	0
	Additional LA contribution	£1,416,900	£1,416,900	0
	Additional NHS contribution	0	0	0
	<b>Total</b>	<b>£19,993,674</b>	<b>£19,993,674</b>	<b>0</b>

**Revised Spend**  
This is in relation to National Conditions 3 only. It does NOT make up the total NHS Minimum Contribution (on row 10 above)

		2025-26		
		Minimum Required Spend	Planned Spend	Unallocated
	Adult Social Care services spend from the NHS minimum allocations	£8,696,026	£8,803,955	0

**Checks**

Column complete

		Yes	Yes	Yes	Yes	Yes	Yes	Yes
Scheme ID	Activity	Description of Scheme	Primary Objective	Area of Spend	Provider	Source of Funding	Expenditure for 2025-26 (0)	Comments (optional)
1	Assistive technologies and equipment	Community Equipment	2. Home adaptations and tech	Social Care	Local Authority	NHS Minimum Contribution	£ 178,300	
1	Assistive technologies and equipment	Telecare Equipment & Support	2. Home adaptations and tech	Social Care	Local Authority	NHS Minimum Contribution	£ 109,000	
1	Home-based intermediate care (short-term home-based rehabilitation, equipment and	Reablement Brokerage	5. Timely discharge from hospital	Social Care	Local Authority	NHS Minimum Contribution	£ 29,950	
1	Bed-based intermediate care (short-term bed-based rehabilitation, equipment and recovery services)	Reablement Brokerage	5. Timely discharge from hospital	Social Care	Local Authority	NHS Minimum Contribution	£ 29,950	
1	Housing related schemes	Reablement Agency Caseworker	2. Home adaptations and tech	Social Care	Local Authority	NHS Minimum Contribution	£ 37,600	
2	Bed-based intermediate care (short-term bed-based rehabilitation, equipment and recovery services)	Middlesbrough Mobile Therapy Unit (MMU) - beds	6. Reducing the need for long-term residential care	Acute	Private Sector	NHS Minimum Contribution	£ 666,100	
2	Bed-based intermediate care (short-term bed-based rehabilitation, equipment and recovery services)	Middlesbrough Mobile Therapy Unit (MMU) - beds	6. Reducing the need for long-term residential care	Social Care	Private Sector	Local Authority Better Care Grant	£ 387,400	
2	Bed-based intermediate care (short-term bed-based rehabilitation, equipment and recovery services)	Middlesbrough Mobile Therapy Unit (MMU) - therapy staffing	6. Reducing the need for long-term residential care	Acute	NHS Community Provider	NHS Minimum Contribution	£ 136,300	
3	Home-based intermediate care (short-term home-based rehabilitation, equipment and	Community Reablement Team	4. Preventing unnecessary hospital admissions	Acute	Local Authority	NHS Minimum Contribution	£ 848,475	
3	Home-based intermediate care (short-term home-based rehabilitation, equipment and	Community Reablement Team	4. Preventing unnecessary hospital admissions	Social Care	Local Authority	NHS Minimum Contribution	£ 549,735	
3	Home-based intermediate care (short-term home-based rehabilitation, equipment and	Community Reablement Team	4. Preventing unnecessary hospital admissions	Social Care	Local Authority	Local Authority Better Care Grant	£ 487,290	
4	Short-term home-based social care (including rehabilitation, reablement or recovery services)	Time To Think Beds to support avoidance of hospital admission	4. Preventing unnecessary hospital admissions	Social Care	Private Sector	NHS Minimum Contribution	£ 87,800	
5	Long-term home-based social care services	Overnight Planned Care - care and support to individuals in their own homes who have overnight support needs.	6. Reducing the need for long-term residential care	Social Care	Private Sector	NHS Minimum Contribution	£ 497,200	
6	Urgent community response	Enhanced Rapid Response	3. Timely discharge from hospital	Community Health	Private Sector	NHS Minimum Contribution	£ 84,600	
7	Support to carers, including unpaid carers	Carer & Engagement Officer	3. Supporting unpaid carers	Social Care	Local Authority	NHS Minimum Contribution	£ 51,400	
8	Support to carers, including unpaid carers	Support Carers in carrying out their caring role and ensuring carers health and wellbeing	3. Supporting unpaid carers	Social Care	Charity / Voluntary Sector	NHS Minimum Contribution	£ 229,066	
9	Support to carers, including unpaid carers	Young Carers Support	3. Supporting unpaid carers	Social Care	Charity / Voluntary Sector	NHS Minimum Contribution	£ 115,988	
10	Support to carers, including unpaid carers	Adult carer support	3. Supporting unpaid carers	Social Care	Charity / Voluntary Sector	NHS Minimum Contribution	£ 158,146	
11	Support to carers, including unpaid carers	Short Breaks	3. Supporting unpaid carers	Social Care	Private Sector	NHS Minimum Contribution	£ 213,300	
12	Support to carers, including unpaid carers	Support Carers in carrying out their caring role and ensuring carers health and wellbeing	3. Supporting unpaid carers	Social Care	Charity / Voluntary Sector	Additional LA Contribution	£ 173,000	
13	Support to carers, including unpaid carers	Carers direct payments	3. Supporting unpaid carers	Social Care	Private Sector	Additional LA Contribution	£ 127,000	
14	Wider local support to promote prevention and independence	Staying Included Service - ways to live independently at home and stay connected to the community	6. Reducing the need for long-term residential care	Social Care	Local Authority	NHS Minimum Contribution	£ 202,000	
15	Urgent community response	Contact Falls Service - 24/7 emergency response for clients who have a fall at home	4. Preventing unnecessary hospital admissions	Social Care	Local Authority	NHS Minimum Contribution	£ 106,900	
16	Wider local support to promote prevention and independence	Befriending Service - Work with people aged 65+ who are experiencing social isolation.	6. Reducing the need for long-term residential care	Social Care	Charity / Voluntary Sector	NHS Minimum Contribution	£ 38,600	
17	Short-term home-based social care (including rehabilitation, reablement or recovery services)	Care at Home medication assistance - Medication management of individuals in their own homes	4. Preventing unnecessary hospital admissions	Community Health	Private Sector	NHS Minimum Contribution	£ 506,500	
18	Wider local support to promote prevention and independence	Assistive Technology Team - prevents/reduce a clients need for support and reduce impact of hospital admissions	4. Preventing unnecessary hospital admissions	Social Care	Local Authority	NHS Minimum Contribution	£ 167,400	
19	Wider local support to promote prevention and independence	Hearing Intervention Service - Dedicated case worker to work with clients with complex hearing disorders	3. Proactive care to those with complex needs	Social Care	Charity / Voluntary Sector	NHS Minimum Contribution	£ 40,000	
20	Wider local support to promote prevention and independence	Welfare Rights - Contribution to welfare rights service to provide advice sessions in GP surgeries	3. Proactive care to those with complex needs	Primary Care	Local Authority	NHS Minimum Contribution	£ 61,100	
21	Evaluation and enabling integration	Single Point of Access - multi disciplinary service hub to provide first point of contact	4. Preventing unnecessary hospital admissions	Community Health	Local Authority	NHS Minimum Contribution	£ 99,318	
22	Evaluation and enabling integration	Single Point of Access - Co-ordinator and call handler to help enable multi disciplinary service hub to provide first point of contact	4. Preventing unnecessary hospital admissions	Community Health	NHS Community Provider	NHS Minimum Contribution	£ 67,675	
23	Evaluation and enabling integration	Liaison Worker - Supporting & Networking with voluntary and community services	3. Proactive care to those with complex needs	Social Care	Local Authority	NHS Minimum Contribution	£ 61,400	
24	Evaluation and enabling integration	Project & Financial Management to BCF	5. Timely discharge from hospital	Other	Local Authority	NHS Minimum Contribution	£ 141,800	
25	Evaluation and enabling integration	Social Worker Virtual Ward PCN / Hospital at Home - improve outcomes for clients	4. Preventing unnecessary hospital admissions	Acute	Local Authority	Additional LA Contribution	£ 113,000	
26	Evaluation and enabling integration	South Tees Integrated Therapy Triage - single point of access and triage for all therapy referrals across Health & social care	4. Preventing unnecessary hospital admissions	Acute	NHS Acute Provider	Additional LA Contribution	£ 95,000	
27	Urgent community response	DiERR - Emergency health care practitioner support - prevent urgent / emergency/included and acute episodes of care in elderly patients residing in care homes	4. Preventing unnecessary hospital admissions	Community Health	NHS Community Provider	NHS Minimum Contribution	£ 218,564	
28	Long-term residential/nursing home care	Medicine Management - Pharmacy Technicians offering expertise to care homes	4. Preventing unnecessary hospital admissions	Community Health	NHS Acute Provider	NHS Minimum Contribution	£ 69,817	
29	Long-term residential/nursing home care	MUST Service - Nutrition and targeted dietitian support to care homes	4. Preventing unnecessary hospital admissions	Community Health	Local Authority	NHS Minimum Contribution	£ 128,650	
30	End of life care	End of Life Training & Support - Secondment of Macmillan CNS to provide palliative and end of life education to care homes	4. Preventing unnecessary hospital admissions	Continuing Care	NHS Community Provider	NHS Minimum Contribution	£ 33,872	
31	Long-term residential/nursing home care	Infection control - Employment of infection prevention and control nurse to provide training & support to staff in care homes	4. Preventing unnecessary hospital admissions	Community Health	NHS Community Provider	NHS Minimum Contribution	£ 34,835	
32	Long-term residential/nursing home care	Occupational Therapy prevention support in care homes re: postural management / falls offering training / advice & support	4. Preventing unnecessary hospital admissions	Community Health	Local Authority	NHS Minimum Contribution	£ 218,200	
33	Evaluation and enabling integration	Healthcall, remote clinical monitoring in care homes - Android / web based application that allows care homes to send electronic referral information to the most appropriate	4. Preventing unnecessary hospital admissions	Community Health	NHS	Additional LA Contribution	£ 40,468	
34	Evaluation and enabling integration	Care Homes Connected Digital Service	4. Preventing unnecessary hospital admissions	Community Health	NHS	Additional LA Contribution	£ 63,396	
35	Evaluation and enabling integration	Medicines Support in the Community - Audit of current medicines processes to offer training & support to Don Care Providers	4. Preventing unnecessary hospital admissions	Social Care	NHS	Additional LA Contribution	£ 59,860	
36	Evaluation and enabling integration	Medicines Optimisation Support to Domiciliary care providers - Safe management of medication for patients in receipt of domiciliary care services	4. Preventing unnecessary hospital admissions	Community Health	NHS Acute Provider	Additional LA Contribution	£ 56,102	
37	Discharge support and infrastructure	Discharge to Assess Occupational Therapists - to support discharges from acute settings and provide a link between hospital and the community	5. Timely discharge from hospital	Acute	Local Authority	Additional LA Contribution	£ 106,900	
38	Discharge support and infrastructure	Trusted Assessor to facilitate patient discharge to care homes	5. Timely discharge from hospital	Acute	Local Authority	NHS Minimum Contribution	£ 257,600	
39	Discharge support and infrastructure	Hospital Social Work Team weekend service	5. Timely discharge from hospital	Acute	Local Authority	NHS Minimum Contribution	£ 307,300	
40	Discharge support and infrastructure	South Tees Home First Service - Bridging Service from acute care to community and social care	5. Timely discharge from hospital	Community Health	NHS Acute Provider	NHS Minimum Contribution	£ 64,625	
40	Discharge support and infrastructure	South Tees Home First Service - Bridging Service from acute care to community and social care	5. Timely discharge from hospital	Community Health	NHS Acute Provider	Additional LA Contribution	£ 198,156	
41	Discharge support and infrastructure	Transfer of Care Hub - expansion of an integrated transfer of care hub to support discharges	5. Timely discharge from hospital	Acute	NHS Acute Provider	Additional LA Contribution	£ 134,018	
42	Evaluation and enabling integration	Urgent Care & Hospital Admission Avoidance - A&E front of House 3 Consultants in A&E	4. Preventing unnecessary hospital admissions	Acute	NHS Acute Provider	NHS Minimum Contribution	£ 157,406	
43	Evaluation and enabling integration	Urgent Care & Hospital Admission Avoidance - Therapies AAU	4. Preventing unnecessary hospital admissions	Acute	NHS Acute Provider	NHS Minimum Contribution	£ 190,797	
44	Evaluation and enabling integration	Urgent Care & Hospital Admission Avoidance - AAU 7 day staffing & Medical Decision Maker FCH	4. Preventing unnecessary hospital admissions	Acute	NHS Acute Provider	NHS Minimum Contribution	£ 339,581	
45	Wider local support to promote prevention and independence	Fratly Clinical Intervention Team - South Tees NHS FT team to co-ordinate care for patients with frailty score of 4 or more at James Cook	3. Proactive care to those with complex needs	Acute	NHS Acute Provider	NHS Minimum Contribution	£ 289,059	
46	Evaluation and enabling integration	Emergency Performance & Acute Provider - to support current acute activity	4. Preventing unnecessary hospital admissions	Acute	NHS Acute Provider	NHS Minimum Contribution	£ 1,882,444	
47	Evaluation and enabling integration	Care Act Implementation Related Duties	3. Proactive care to those with complex needs	Social Care	Local Authority	NHS Minimum Contribution	£ 680,000	
48	Long-term home-based social care services	Social Care Transfer	3. Proactive care to those with complex needs	Social Care	Private Sector	NHS Minimum Contribution	£ 1,915,655	
48	Personalised budgeting and commissioning	Social Care Transfer	3. Proactive care to those with complex needs	Social Care	Private Sector	NHS Minimum Contribution	£ 649,153	
48	Long-term residential/nursing home care	Social Care Transfer	3. Proactive care to those with complex needs	Social Care	Private Sector	NHS Minimum Contribution	£ 2,683,393	
49	Evaluation and enabling integration	Care Conference June 2025	3. Proactive care to those with complex needs	Other	Private Sector	NHS Minimum Contribution	£ 3,000	
50	Disabled Facilities Grant related schemes	Disabled Facilities Grant (DFG) - Adaptations	2. Home adaptations and tech	Social Care	Private Sector	DFG	£ 2,814,373	
51	Long-term residential/nursing home care	BCF Residential placements	1. Proactive care to those with complex needs	Social Care	Private Sector	Local Authority Better Care Grant	£ 3,276,762	
51	Long-term home-based social care services	BCF Home Care / Domiciliary Care	1. Proactive care to those with complex needs	Social Care	Private Sector	Local Authority Better Care Grant	£ 4,044,157	
51	Personalised budgeting and commissioning	BCF Personalised Budgets	1. Proactive care to those with complex needs	Social Care	Local Authority	Local Authority Better Care Grant	£ 1,017,046	
51	Evaluation and enabling integration	BCF Enablers for Integration	1. Proactive care to those with complex needs	Social Care	Local Authority	Local Authority Better Care Grant	£ 291,427	
51	Assistive technologies and equipment	BCF Additional CSDs equipment	1. Proactive care to those with complex needs	Social Care	Local Authority	Local Authority Better Care Grant	£ 14,478	
52	Discharge support and infrastructure	Discharge to Assess - Domiciliary Care - To facilitate streamlined D2A pathway	5. Timely discharge from hospital	Acute	Private Sector	NHS Minimum Contribution	£ 562,282	
52	Discharge support and infrastructure	Discharge to Assess - Domiciliary Care - To facilitate streamlined D2A pathway	5. Timely discharge from hospital	Acute	Private Sector	Local Authority Better Care Grant	£ 259,200	
53	Discharge support and infrastructure	Discharge to Assess - Bed based intermediate care services. To facilitate streamlined D2A pathway	5. Timely discharge from hospital	Acute	Private Sector	NHS Minimum Contribution	£ 470,666	
53	Discharge support and infrastructure	Discharge to Assess - Bed based intermediate care services. To facilitate streamlined D2A pathway	5. Timely discharge from hospital	Acute	Private Sector	Local Authority Better Care Grant	£ 845,934	
54	Discharge support and infrastructure	Admin Support - 2% top-slice for admin costs associated with distributing and reporting	5. Timely discharge from hospital	Social Care	Local Authority	Local Authority Better Care Grant	£ 40,405	
55	Discharge support and infrastructure	ICES Community Equipment Service expansion - Additional resources to support increased capacity for same-day discharge arrangements	5. Timely discharge from hospital	Acute	Local Authority	NHS Minimum Contribution	£ 103,900	
56	End of life care	In-Reach Assessment & Support for EOL/Palliative Care Patients - Band 7 to increase assessment & planning capacity improve flow of patients from ED and inpatient wards	5. Timely discharge from hospital	Acute	NHS Acute Provider	NHS Minimum Contribution	£ 27,277	
57	Discharge support and infrastructure	Ambulance Discharge costs - Funding to support patient transport for discharges	5. Timely discharge from hospital	Other	NHS	NHS Minimum Contribution	£ 162,924	
50	Disabled Facilities Grant related schemes	Disabled Facilities Grant (DFG) - Adaptations	2. Home adaptations and tech	Social Care	Private Sector	Additional LA Contribution	£ 250,000	

## Guidance for completing Expenditure sheet

### How do we calculate the ASC spend figure from the NHS minimum contribution total?

Schemes tagged with the following will count towards the planned **Adult Social Care services spend** from the NHS minimum:

- **Area of spend** selected as 'Social Care' and **Source of funding** selected as 'NHS Minimum Contribution'

The requirement to identify which primary objective scheme types are supporting is intended to provide richer information about the services that the BCF supports. Please select [from the drop-down list] the primary policy objective which the scheme supports. If more than one policy objective is supported, please select the most relevant. Please note The Local Authority Better Care Grant was previously referred to as the IBCF.

On the expenditure sheet, please enter the following information:

- Scheme ID:**
  - Please enter an ID to represent the Scheme ID for the scheme being entered. Please enter the same Scheme ID in this column for any schemes that are described across multiple rows.
- Activity:**
  - Please select the Activity from the drop-down list that best represents the type of scheme being planned. These have been revised from last year to try and simplify the number of categories. Please see the table below for more details.
- Description of Scheme:**
  - This is a free text field to include a brief headline description of the scheme being planned. The information in this field assists assurers in understanding how funding in the local BCF plan is supporting the objectives of the fund nationally and aims in your local plan.
- Primary Objective:**
  - Sets out what the main objective of the scheme type will be. These reflect the six sub objectives of the two overall BCF objectives for 2025-26. We recognise that scheme may have more than one objective. If so, please choose one which you consider if likely to be most important.
- Area of Spend:**
  - Please select the area of spend from the drop-down list by considering the area of the health and social care system which is most supported by investing in the scheme.
- Provider:**
  - Please select the type of provider commissioned to provide the scheme from the drop-down list.
  - If the scheme is being provided by multiple providers, please split the scheme across multiple lines.
- Source of Funding:**
  - Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme from the drop down list. This includes additional, voluntarily pooled contributions from either the NHS or Local authority
  - If a scheme is funded from multiple sources of funding, please split the scheme across multiple lines, reflecting the financial contribution from each.
- Expenditure (£)2025-26:**
  - Please enter the planned spend for the scheme (or the scheme line, if the scheme is expressed across multiple lines)
- Comments:**
  - Any further information that may help the reader of the plan. You should estimate the overall spend on the activity type in question across the system (both local authority and ICB commissioned where both organisations commission this type of service). Where the total spend in the system is not clear, you should include an estimate. The figure will not be subject to assurance.

### 2025-26 Revised Scheme Types

Number	Activity (2025-26)	Previous scheme types (2023-25)	Description
1	Assistive technologies and equipment	Assistive technologies and equipment Prevention/early intervention	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Community based equipment, Digital participation services).
2	Housing related schemes	Housing related schemes Prevention/early intervention	This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.
3	DFG related schemes	DFG related schemes	The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes.  The grant can also be used to fund discretionary, capital spend to support people to remain independent in their own homes under a Regulatory Reform Order, if a published policy on doing so is in place.
4	Wider support to promote prevention and independence	Prevention/early intervention	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and wellbeing
5	Home-based intermediate care (short-term home-based rehabilitation, reablement and recovery services)	Home-based intermediate care services Home care or domiciliary care Personalised care at home Community based schemes	Includes schemes which provide support in your own home to improve your confidence and ability to live as independently as possible Also includes a range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services
6	Short-term home-based social care (excluding rehabilitation, reablement and recovery services)	Personalised care at home	Short-term schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period.
7	Long-term home-based social care services	Personalised care at home	Long-term schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient or to deliver support over the longer term to maintain independence.
8	Long-term home-based community health services	Community based schemes	Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood/PCN level (eg: Integrated Neighbourhood Teams)  Reablement services should be recorded under the specific scheme type 'Reablement in a person's own home'
9	Bed-based intermediate care (short-term bed-based rehabilitation, reablement or recovery)	Bed-based intermediate care services (reablement, rehabilitation in a bedded setting, wider short-term services supporting recovery)	Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups.
10	Long-term residential or nursing home care	Residential placements	Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.
11	Discharge support and infrastructure	High Impact Change Model for Managing Transfer of Care	Services and activity to enable discharge. Examples include multi-disciplinary/multi-agency discharge functions or Home First/ Discharge to Assess process support/ core costs.
12	End of life care	Personalised care at home	Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home for end of life care.
13	Support to carers, including unpaid carers	Carers services	Supporting people to sustain their role as carers and reduce the likelihood of crisis.  This might include respite care/carers breaks, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence.
14	Evaluation and enabling integration	Care Act implementation and related duties Enablers for integration High Impact Change Model for Managing Transfer of Care Integrated care planning and navigation Workforce recruitment and retention	Schemes that evaluate, build and develop the enabling foundations of health, social care and housing integration, encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes.  Schemes may include: - Care Act implementation and related duties - High Impact Change Model for Managing Transfer of Care - where services are not described as "discharge support and infrastructure" - Enablers for integration, including schemes that build and develop the enabling foundations of health, social care and housing integration, and joint commissioning infrastructure. - Integrated care planning and navigation, including supporting people to find their way to appropriate services and to navigate through the complex health and social care systems; may be online or face-to-face. Includes approaches such as Anticipatory Care. Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated plans, typically carried out by professionals as part of an MDT. - Workforce recruitment and retention, where funding is used for incentives or activity to recruit and retain staff or incentivise staff to increase the number of hours they work.
15	Urgent Community Response	Urgent Community Response	Urgent community response teams provide urgent care to people in their homes which helps to avoid hospital admissions and enable people to live independently for longer. Through these teams, older people and adults with complex health needs who urgently need care, can get fast access to a range of health and social care professionals within two hours.
16	Personalised budgeting and commissioning	Personalised budgeting and commissioning	Various person centred approaches to commissioning and budgeting, including direct payments.
17	Other	Other	This should only be selected where the scheme is not adequately represented by the above scheme types.

Better Care Fund 2025-26 Planning Template

6. Metrics for 2025-26

Selected Health and Wellbeing Board:

Middlesbrough

8.1 Emergency admissions

		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	Rationale for how local goal for 2025-26 was set. Include how learning and performance to date in 2024-25 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.	
Emergency admissions to hospital for people aged 65+ per 100,000 population	Rate	2,049	2,010	1,911	2,049	1,951	1,734	2,148	2,010	n/a	n/a	n/a	n/a		FOR THIS DRAFT SUBMISSION, we have adopted a 2% proxy for demographic growth and a do nothing approach for 2025/26 to arrive at the numbers included. This is to allow more time for detailed planning, discussions with FT and other colleagues and quantifying the expected impact of UCR, Virtual Ward and other admission avoidance schemes. There will be revised figures, ambitions and rationale in our final submission.
	Number of Admissions 65+	520	510	485	520	495	440	545	510	n/a	n/a	n/a	n/a		
	Population of 65+*	25,374	25,374	25,374	25,374	25,374	25,374	25,374	25,374	25,374	n/a	n/a	n/a	n/a	
	Rate	2,077	2,034	1,943	2,081	1,974	1,777	2,168	2,049	2,534	2,530	2,424	2,522		
	Number of Admissions 65+	527	516	493	528	501	451	550	520	643	642	615	640		
	Population of 65+	25,374	25,374	25,374	25,374	25,374	25,374	25,374	25,374	25,374	25,374	25,374	25,374		

Complete:

Yes

Yes

Source: <https://digital.nhs.uk/supplementary-information/2025/non-elective-inpatient-spells-at-english-hospitals-occurring-between-01-04-2020-and-30-11-2024-for-patients-aged-18-and-65>

Supporting Indicators		Have you used this supporting indicator to inform your goal?
Unplanned hospital admissions for chronic ambulatory care sensitive conditions. Per 100,000 population.	Rate	Yes
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Rate	Yes

Yes

Yes

8.2 Discharge Delays

\*Dec Actual onwards are not available at time of publication

		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	Rationale for how local goal for 2025-26 was set. Include how learning and performance to date in 2024-25 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.
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	0.36	0.48	0.38	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	90.9%	91.3%	91.6%	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	4.0	5.5	4.5	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		0.52	0.52	0.39	0.61	0.53	0.36	0.44	0.38	0.46	0.84	0.47	0.51	
Proportion of adult patients discharged from acute hospitals on their discharge ready date		89.8%	88.8%	90.6%	88.9%	89.9%	91.4%	91.8%	91.9%	89.6%	87.7%	89.7%	89.9%	
For those adult patients not discharged on DRD, average number of days from DRD to discharge		5.07	4.60	4.12	5.54	5.22	4.17	5.37	4.74	4.46	6.82	4.59	5.09	

Yes

Yes

Yes

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

Supporting Indicators		Have you used this supporting indicator to inform your goal?
Patients not discharged on their DRD, and discharged within 1 day, 2-3 days, 4-6 days, 7-13 days, 14-20 days and 21 days or more.	Number of patients	Yes
Local data on average length of delay by discharge pathway.	Number of days	Yes

Yes

Yes

8.3 Residential Admissions

		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	Rationale for how the local goal for 2025-26 was set. Include how learning and performance to date in 2024-25 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.
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	374.4	756.7	713.3	157.6	157.6	177.3	181.3	
	Number of admissions	95	192	181	40	40	45	46	
	Population of 65+*	25,374	25,374	25,374	25,374	25,374	25,374	25,374	

Yes

Yes

Long-term admissions to residential care homes and nursing homes for people aged 65+ per 100,000 population are based on a calendar year using the latest available mid-year estimates.

Supporting Indicators		Have you used this supporting indicator to inform your goal?
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence	Percentage	Yes
The proportion of people who received reablement during the year, where no further request was made for ongoing support	Rate	Yes

Yes

Yes



HM Government



Better Care Fund 2025-26 Update Template

7: National Condition Planning Requirements

Health and wellbeing board

Middlesbrough

National Condition	Planning expectation that BCF plan should:	Where should this be completed	HWB submission meets expectation	Where the Planning requirement is not met, please note the actions in place towards meeting the requirement	Timeframe for resolution
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	Planning Template - Cover sheet Narrative Plan - Overview of Plan	Yes		
	Be signed off in accordance with organisational governance processes across the relevant ICB and local authorities	Planning Template - Cover sheet	Yes		
	Must be signed by the HWB chair, alongside the local authority and ICB chief executives – this accountability must not be delegated	Planning Template - Cover sheet	Yes		
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	Narrative Plan - Section 2	Yes		
	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	Planning Template - Metrics	Yes		
	Demonstrate a 'home first' approach and a shift away from avoidable use of long-term residential and nursing home care	Narrative Plan - Section 2	Yes		
	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)	Narrative Plan - Section 2	Yes		
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	Planning Template - Expenditure	Yes		
	Set out how expenditure is in line with funding requirements, including the NHS minimum contribution to adult social care				
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.	Planning Template - Cover	Yes		
	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	Narrative Plan - Executive Summary	Yes		

Complete:

Yes  
Yes  
Yes

Yes  
Yes  
Yes  
Yes

Yes

Yes  
Yes