



Better Care Fund 2025-26 Update Template

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 c

ons of plans are due on the 31 March 2025 (noon). Submissions should be made to the national Better Care Fund 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

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

roughout 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.

Jithin 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 informatio 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.

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.

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 ust 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 emplate be sent to the Better Care Fund Team: 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 hecker 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

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 equire any inputting of data.

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 inimum 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 lease contact england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).

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 an 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 con nformation.

Jnallocated funds

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

For more information please see tab 5a Expenditure guidance.

ome 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 netrics/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

or 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 indiciators 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 netrics will be published on a DHSC hosted metrics dashboard but the sources for each are also listed below:

. 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

nttps://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 applementary indicators:

Inplanned hospital admissions for chronic ambulatory care sensitive conditions.

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

. 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 acute 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

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

upplementary indicators:

tients 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.

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

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

tandardize 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 nentary indicators:

ospital discharges to usual place of residence.

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

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 testin nase: add in link of Policy Framework and Planning requir

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 owards meeting the requirement and outline the timeframe for resolution.

n 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





Please Note:

- The ECF 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 ECF information collected here is subject to Freedom of Information requests.

- As a local level it is for the NHW 10 decide what information is needs to publish as part of wider local government reporting and transparency requirements. Until ECF information is published, recipients of ECF exporting information including recipients who access any information placed on the Better Care Exchange) are prohibited from making this information available on any published on the Better Care Exchange) are prohibited from making this information available on any published from making this information available on any published on the aggregated information.

- All information will be supplied to BCF partners (MHCLG, DHSC, NHS England) to inform policy development.

- All information will be supplied to BCF partners (MHCLG, DHSC, NHS England) to inform policy development.

Redcar and Cleveland nation that the plan has been signed off by Health and Wellbeing Board ahead of sion - Plans should be signed off ahead of submission. no indicate the reasons for the delay. e indicate when the HWB is expected to sign off the plan

Submitted by:	Kathryn Warnock
Role and organisation:	South Tees Integration Programme Manager
E-mail:	kathryn.warnock@nhs.net
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

ICB Chief Executive 3 (where required)

			Professional Title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:	Organisation
	Health and wellbeing board chair(s) sign off	Health and Wellbeing Board Chair	Cllr	Alec		alec.brown@redcar- cleveland.gov.uk	
		Health and Wellbeing Board Chair	Cllr	Chris		chris_cooke@middlesbrou gh.gov.uk	
			•	•			
		Local Authority Chief Executive		John		john.sampson@redcar- cleveland.gov.uk	
	Named Accountable person	ICB Chief Executive 1		Sam	Allen		North East and No Cumbria ICB
	Named Accountable person	ICB Chief Executive 2 (where required)					

	LA Section 151 Officer	Phil	Winstanley	philip.winstanley@redcar-	
Finance sign off				cleveland.gov.uk.	
	ICB Finance Director 1	TBC			North East and North
					Cumbria ICB
	ICB Finance Director 2 (where required)				
	ICD Finance Discotor 3 (subsequential)				

	Local Authority Director of Adult Social Services	Patrick	Rice	patrick.rice@redcar-	
Area assurance contacts				cleveland.gov.uk	
	DFG Lead	Lisa	Gales	lisa.gales@redcar-	
				cleveland.gov.uk	
	ICB Place Director 1	Martin	Short	martin.short@nhs.net	North East and North
					Cumbria ICB
Please add any additional key contacts who have	ICB Place Director 2 (where required)				
been responsible for completing the plan					
	ICB Place Director 3 (where required)				

National Condition Assurance Statement Yes/No If no please use this section to explain your response 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	Assurance Statements			
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				
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	National Condition	Assurance Statement	Yes/No	If no please use this section to explain your response
authority and ICB chief executives as the named accountable people. Yes		that local goals for headline metrics and supporting documentation have been robusty recated, 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.		

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.		
National Condition Three: Complying with grant and funding conditions, including maintaining the NHS	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	Yes	
minimum contribution to adult social care (ASC)	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		

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 saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your Better Care Manager.

	Yes Yes
4. Income	Yes
· · · · · · · · · · · · · · · · · ·	
5. Expenditure	Yes
6. Metrics	Yes
7. National Conditions	Yes

Better Care Fund 2025-26 Planning Template

3. Summary

Selected Health and Wellbeing Board:

Redcar and Cleveland

Income & Expenditure

Income >>

Funding Sources	Income	Expenditure	Difference
DFG	£2,221,389	£2,221,389	£0
NHS Minimum Contribution	£16,077,302	£16,077,302	£0
Local Authority Better Care Grant	£8,546,817	£8,546,817	£0
Additional LA Contribution	£887,829	£887,829	£0
Additional ICB Contribution	£0	£0	£0
Total	£27,733,337	£27,733,337	£0

Expenditure >>

Adult Social Care services spend from the NHS minimum contribution

	2025-26
Minimum required spend	£8,959,900
Planned spend	£10,739,613

Metrics >>

Emergency admissions

	Apr 25 Plan	May 25 Plan	Jun 25 Plan	Jul 25 Plan	Aug 25 Plan	Sep 25 Plan	Oct 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	1,655	1,740	1,603	1,820	1,628	1,397	1,810	1,710	1,862	1,938	1,713	1,847

Delayed Discharge

	Apr 25 Plan	May 25 Plan	Jun 25 Plan	Jul 25 Plan	Aug 25 Plan			Dec 25 Plan	Jan 26 Plan	Feb 26 Plan	Mar 26
Average length of discharge delay for all acute adult patients	0.84	0.57	0.62	0.74		0.61	0.52	0.63		0.70	0.47

Residential Admissions

		2024-25		2025 2C Dlaw 02	2025 26 Dlaw 02	2025 2C Dlag 04
		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	739.4	240.4	146.0	155.2	197.8

Better Care Fund 2025-26 Planning Template

4. Income

Selected Health and Wellbeing Board:

Redcar and Cleveland

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Redcar and Cleveland	£2,221,389
DFG breakdown for two-tier areas only (where applicable)	
Total Minimum LA Contribution (exc Local Authority BCF Grant)	£2,221,389

Local Authority Better Care Grant	Contribution
Redcar and Cleveland	£8,546,817
Total Local Authority Better Care Grant	£8,546,817

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

		Comments - Please use this box to clarify any specific
Local Authority Additional Contribution	Contribution	uses or sources of funding2
Redcar and Cleveland	£737,829	Projected BCF underspend as at the end of 24/25
Redcar and Cleveland	£150,000	Projected Disabled Facilities Grant Underspend 24/25
Total Additional Local Authority Contribution	£887,829	

NHS Minimum Contribution	Contribution
NHS North East and North Cumbria ICB	£16,077,302
Total NHS Minimum Contribution	£16,077,302

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

Additional NHS Contribution		Comments - Please use this box clarify any specific uses or sources of funding
Total Additional NHS Contribution	£0	
Total NHS Contribution	£16,077,302	

	2025-26
Total BCF Pooled Budget	£27,733,337

Funding Contributions Comments Optional for any useful detail

Better Care Fund 2025-26 Planning Template

Lopenditure

Selected Health and Wellbeing Board:

Blocker and Convolund

Clink to summary sheet

| 2013 14 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 | 1/2014 |

Required Spend
This is in relation to National Conditions 3 only. It does NOT make up the tot

<u>t</u> compl	ete: Yes	Yes	Yes	Yes	Yes	Yes	Yes	
,	Activity	Description of Scheme	Primary Objective	Area of Spend	Provider	Source of Funding	Expenditure for 2025-	Comments (optional)
	Home-based intermediate care (short- term home-based rehabilitation,	Community Reablement and Independence Team	S. Timely discharge from hospital	Social Care	Local Authority	NHS Minimum Contribution	£ 1,184,815	
	reablement and recovery services) Home-based intermediate care (short- term home-based rehabilitation,	Community Reablement and Independence Team	5. Timely discharge from hospital	Social Care	Local Authority	NHS Minimum Contribution	£ 118,879	
Urj	blement and recovery services) sent community response	Community Reablement and Independence Team	Preventing unnecessary hospital admissions	Social Care	Local Authority	NHS Minimum Contribution	£ 156,827	
Но	ome-based intermediate care (short- rm home-based rehabilitation,	Community Reablement and	5. Timely discharge from hospital	Social Care	Local Authority	Local Authority Better Care Grant	£ 412,705	
1	erm home-based rehabilitation, eablement and recovery services)	Independence Team Supported Living Schemes	G. Reducing the need for long term	Social Care	Private Sector	NHS Minimum	£ 25,650	
	ed-based intermediate care (short-	Red Second Intermediate Core Section	residential care 5. Timely discharge from hospital	Social Care	Land Authority	Contribution NHS Minimum	£ 1,872,596	
ter rea		and assed interinedate Care an vices		acta care	Local Passing by	Contribution	1,072,000	
to re	rm bed-based rehabilitation, ablement and recovery services) ed-based intermediate care (short- rm bed-based rehabilitation, ablement and recovery services)	Bed Based Intermediate Care Services	5. Timely discharge from hospital	Social Care	NHS Acute Provider	NHS Minimum Contribution	£ 351,920	
	ed-based intermediate care (short- erm bed-based rehabilitation,	Bed Based Intermediate Care Services	5. Timely discharge from hospital	Social Care	NHS Community Provider	NHS Minimum Contribution	£ 5,564	
Sign	ablement and recovery services) apport to carers, including unpaid arers	Identification, advice and support	Supporting unpaid carers	Social Care	Charity / Voluntary Sector	NHS Minimum Contribution	£ 240,429	
	pport to carers, including unpaid ners	Support to Young Carers	3. Supporting unpaid carers	Social Care	Charity / Voluntary Sector	NHS Minimum Contribution	£ 57,994	
	Support to carers, including unpaid	Information and Support in Hospitals	Supporting unpaid carers	Social Care	Charity / Voluntary Sector	NHS Minimum	£ 40,003	
	arers	Assail E. bufrianding service for older	5. Saduring the need for long term	Social Care	Charity / Voluntary Sector	Contribution NHS Minimum	£ 45.500	
	der local support to promote evention and independence	Age UK - befriending service for older people in their own home	6. Reducing the need for long term residential care			Contribution		
	Vider local support to promote revention and independence	Mental Health Services for Older People	Preventing unnecessary hospital admissions	Mental Health	Charity / Voluntary Sector	NHS Minimum Contribution	£ 28,800	
P	lider local support to promote evention and independence	Contribution to Welfare Rights Service to provide advice sessions in GP surgeries	Proactive care to those with complex needs	Social Care	Local Authority	NHS Minimum Contribution	£ 63,813	
Lo	ng-term home-based social care rvices	Overnight Planned Care - overnight domiciliary care service	Preventing unnecessary hospital admissions	Social Care	Private Sector	NHS Minimum Contribution	£ 309,830	
	Valuation and enabling integration	Care Act Implementation Duties	Proactive care to those with complex needs	Social Care	Local Authority	NHS Minimum Contribution	£ 610,693	
Ev:	slustion and enabling integration	3 consultants at A & E	A. Preventing unnecessary hospital	Acute	NHS Acute Provider	NHS Minimum	£ 151,083	
Ev.	aluation and enabling integration	Therapies AAU	admissions 4. Preventing unnecessary hospital	Acute	NHS Acute Provider	Contribution NHS Minimum	£ 183,165	
_	luation and enabling integration		admissions	Acute	NHS Acute Provider	Contribution		
		7 Day Staffing/Medical decision Maker	Preventing unnecessary hospital admissions			NHS Minimum Contribution	311,033	
Evalu	ation and enabling integration	To Support Current Acute Activity	Preventing unnecessary hospital admissions	Acute	NHS Acute Provider	NHS Minimum Contribution	£ 1,820,254	
sch	abled Facilities Grant related ernes	DFG related schemes	2. Home adaptations and tech	Social Care	Private Sector	DFG	£ 2,221,389	
Disa	bled Facilities Grant related omes	Handyperson Services	2. Home adaptations and tech	Social Care	Local Authority	Local Authority Better Care Grant	£ 198,450	
	ation and enabling integration	Team who design and aid implementation of intergration	5. Timely discharge from hospital	Social Care	Local Authority	Local Authority Better Care Grant	£ 110,550	
Long-	term residential/nursing home	Residential Placements	Proactive care to those with	Social Care	Private Sector	Local Authority Better Care Grant	£ 1,377,750	
		Residential Placements	complex needs 1. Proactive care to those with complex needs	Social Care	Private Sector	NHS Minimum	£ 2,335,917	
Long		Ensuring penals section to		Social Care	Private Sector	Contribution	£ 3,357,894	
ser	vices	Ensuring people receive the necessary care provision to remain in their own homes	G. Reducing the need for long term residential care			Local Authority Better Care Grant		
	g-term home-based social care vices	Ensuring people receive the necessary care provision to remain in their own	G. Reducing the need for long term residential care	Social Care	Private Sector	NHS Minimum Contribution	£ 1,838,914	
Pers	onalised budgeting and missioning	homes Personalised budgeting re care plans and packages	Proactive care to those with complex needs	Social Care	Private Sector	Local Authority Better Care Grant	£ 1,100,800	
Perso	onalised budgeting and missioning	Personalised budgeting re-care plans and packages	Proactive care to those with complex needs	Social Care	Private Sector	NHS Minimum Contribution	£ 795,206	
	ent community response	OIERRS - urgent response	Preventing unnecessary hospital admissions	Community Health	NHS Community Provider	NHS Minimum Contribution	£ 212,614	
Long		arrangement for care homes re. medical emergencies etc. Medicines Management - pharmacy techs doing care home audits, improving the way care homes handle	admissions 4. Preventing unnecessary hospital admissions	Community Health	NHS Acute Provider	Contribution NHS Minimum Contribution	£ 67,302	
	g-term residential/nursing home e g-term residential/nursing home	techs doing care home audits, improving the way care homes handle Nutrition Team - nutrition and		Community Health	Local Authority		£ 128,700	
	g-term residential/nursing home	hydration training and support to care homes across South Tees (Dietetic)	Preventing unnecessary hospital admissions			NHS Minimum Contribution		
	of life care	End of Life - CCG SPC nurse	Preventing unnecessary hospital admissions	Community Health	NHS Community Provider	NHS Minimum Contribution	£ 32,881	
Long	-term residential/nursing home	developing training and support to care homes CCG infection Prevention Control Nurse training to care homes	Preventing unnecessary hospital admissions	Community Health	NHS Community Provider	NHS Minimum Contribution	£ 33,787	
Dis	charge support and infrastructure	Trusted Assessor Lead - Trusted Assessor to supervise and lead the	5. Timely discharge from hospital	Social Care	Local Authority	NHS Minimum Contribution	£ 53,159	
D	ischarge support and infrastructure	Trusted Assessor Team Trusted Assessor to facilitate patient discharge to care homes	5. Timely discharge from hospital	Social Care	Local Authority	NHS Minimum Contribution	£ 55,968	
Dis	charge support and infrastructure	discharge to care homes Trusted Assessor to facilitate patient discharge re mental health patients	5. Timely discharge from hospital	Social Care	Local Authority	Contribution NHS Minimum Contribution	£ 51,145	
	scharge support and infrastructure	Social Worker - Transfer of Core Hot	5. Timely discharge from hospital	Social Care	Local Authority		£ 54,007	
		Strade Point of Association				NHS Minimum Contribution		
	Evaluation and enabling integration	Single Point of Access - Multi disciplinary service hub to provide first point of contact	Preventing unnecessary hospital admissions	Community Health	Local Authority	NHS Minimum Contribution	£ 46,700	
	aluation and enabling integration	Single Point of Access - Social Worker to help enable multi disciplinary	Preventing unnecessary hospital admissions	Social Care	Local Authority	NIIS Minimum Contribution	£ 54,749	
12	aluation and enabling integration	service hub to provide first point of Single Point of Access - Co-ordinator and call handler to help enable multi	Preventing unnecessary hospital admissions	Community Health	NHS Community Provider	NHS Minimum Contribution	£ 63,664	
Evi	aluation and enabling integration	disciplinary service hub to provide To manage and administer the BCF programme	5. Timely discharge from hospital	Social Care	Local Authority	NHS Minimum Contribution	£ 114,551	
Dis	charge support and infrastructure		S. Timely discharge from hospital	Social Care	Local Authority	NHS Minimum Contribution	£ 206,541	
	scharge support and infrastructure	Hospital Social Work Team - to enable 7 day working and facilitate 7 day hospital discharges DTOC Officer -Officer dealing with the avoidance of delayed transfers of care	S. Timely discharge from hospital	Acute	Local Authority	Contribution NHS Minimum Contribution	£ 62,381	
	charge support and infrastructure		Timely discharge from hospital		Local Authority			
		OT staffing to facilitate, advise and support in respect of postural management in care homes.		Community Health		NHS Minimum Contribution	£ 62,381	
	valuation and enabling integration	Health Call - Remote clinical monitoring system for care homes	Preventing unnecessary hospital admissions	Community Health	NHS	NHS Minimum Contribution	£ 45,249	
pri	der local support to promote overtion and independence	Frality team for Emergency Department to reduce admissions of	Proactive care to those with complex needs	Acute	NHS Acute Provider	NHS Minimum Contribution	£ 289,059	
L	ong-term residential/nursing home are	frail patients and help with on-going Falls Training - OT training for care home staff on falls prevention and	Preventing unnecessary hospital admissions	Community Health	Local Authority	NHS Minimum Contribution	£ 49,004	
	scharge support and infrastructure	management Transfer of Care Hub -Strategic System Lead and 4 Care Co-prelimators	5. Timely discharge from hospital	Acute	NHS Acute Provider	NHS Minimum Contribution	£ 134,018	
	lischarge support and infrastructure	System Lead and 4 Care Co-ordinators to expand an intergrated transfer of A Home First community based service to ensure that patients are	S. Timely discharge from hospital	Community Health	NHS Community Provider	NHS Minimum Contribution	£ 262,781	
	lustion and enabling integration	discharged home when medically	Preventing unnecessary hospital	Community Health	NHS Community Provider	NHS Minimum	£ 49,804	
	aluation and enabling integration	Meds Support in the Community - To support home care providers with effective training and support to Contribution to the costs of DOLS BIA assessments and legal fees	admissions	Social Care	Local Authority	Contribution Local Authority Better	£ 203,950	
			Proactive care to those with complex needs			Care Grant		
Evalu	ation and enabling integration	Tees Valley Digital Care Home Support - To provide IT digital support to care homes re. NHS mail, Microsoft Teams	Preventing unnecessary hospital admissions	Social Care	NHS Community Provider	NHS Minimum Contribution	£ 60,514	
Dis	charge support and infrastructure	OT staff to assess and facilitate discharges from care homes within a	5. Timely discharge from hospital	Community Health	Local Authority	NHS Minimum Contribution	£ 106,371	
		4 week period			Private Sector	NHS Minimum		
Disc	harge support and infrastructure	Effective Discharge - funding to	5. Timely discharge from hospital	Continuing Care		Contribution	£ 887,621	
Disch	narge support and infrastructure	Effective Discharge - funding to facilitate streamlined D2A Pathway Effective Discharge - funding to	Timely discharge from hospital Timely discharge from hospital	Continuing Care Continuing Care	Private Sector	Contribution	£ 887,621 £ 355,074	
Disch	narge support and infrastructure	Effective Discharge - funding to facilitate streamlined D2A Pathway	5. Timely discharge from hospital		Private Sector Private Sector	Contribution Local Authority Better Care Grant		
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Guidance for completing Expenditure sheet

How do we calcute 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:

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.

- 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.

 1. 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.

These select lite type in provide to commissionle to provide in scheme from the unproduct lists.

1. Start of the scheme is being provided by multiple providers, please split the scheme across multiple lines.

2. Source of Funding:

8. 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.

8. Expenditure (£)2025-26:

Please enter the planned spend for the scheme (or the scheme line, if the scheme is expressed across multiple lines)

Present the transport of the satisfactory in t

2025-26 Revised Scheme Types

Number	Activity (2025-26)	Previous scheme types (2023-25)	Description
1	Assistive technologies and equipment	Assistive technologies and equipment	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg.
		Prevention/early intervention	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.
15	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:

Redcar and Cleveland

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	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.
	Rate	1,628	1,704	1,582	1,795	1,597	1,384	1,780	1,689	n/a	n/a	n/a		FOR THIS DRAFT SUBMISSION, we have adopted a 2%
	Number of Admissions 65+	535	560	520	590	525	455	585	555	n/a	n/a	n/a	n/a	proxy for demographic growth and a do nothing approach for 2025/26 to arrive at the numbers included. This is to
Emergency admissions to hospital for people aged	Population of 65+*	32,866	32,866	32,866	32,866	32,866	32,866	32,866	32,866	n/a	n/a	n/a	n/a	allow more time for detailed planning, discussions with FT and other colleagues and quantifying the expected impact of UCD Virtual Word and other admission available.
65+ per 100,000 population		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	of UCR, Virtual Ward and other admission avoidance schemes. There will be revised figures, ambitions and
	Rate	1,655	1,740	1,603	1,820	1,628	1,397	1,810	1,710	1,862	1,938	1,713	1,847	rationale in our final submission.
	Number of Admissions 65+	544	572	527	598	535	459	595	562	612	637	563	607	
	Population of 65+	32,866	32,866	32,866	32,866	32,866	32,866	32,866	32,866	32,866	32,866	32,866	32,866	

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

8.2 Discharge Delays

one production									*Dec Actual onw	ards are not avail	lable at time of pu	ublication	
	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	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	0.64	0.61	0.55	n/a	n/a	n/a	n/a	FOR THE DRAFT SUBMISSION, we have just maintained the 2024/25 position and assumed no change in numerator or denominator. This is to allow more time for detailed
Proportion of adult patients discharged from acute hospitals on their discharge ready date	n/a	n/a	n/a	n/a	n/a	89.0%	88.7%	89.7%	n/a	n/a	n/a	n/a	planning, discussions with colleagues and assessment of the impact of our schemes which support effective discharges. There will be revised figures, ambitions and
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	5.8	5.4	5.3	n/a	n/a	n/a	n/a	rationale in our final submission.
	Apr 25 Plan	May 25 Plan	Jun 25 Plan	Jul 25 Plan	Aug 25 Plan	Sep 25 Plan		Nov 25 Plan	Dec 25 Plan			Mar 26 Plan	
Average length of discharge delay for all acute adult patients	0.84	0.57	0.62	0.74	0.49	0.61	0.56	0.52	0.63	0.73	0.70	0.47	
Proportion of adult patients discharged from acute hospitals on their discharge ready date	87.6%	89.8%	90.5%	87.4%	90.3%	89.6%	89.6%	90.2%	89.4%	88.2%	86.8%	89.7%	
For those adult patients not discharged on DRD, average number of days from DRD to discharge	6.75	5.59	6.50	5.91	5.00	5.82	5.37	5.32	5.91	6.16	5.34	4.61	

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		

8.3 Residential Admissions

<u> </u>								
		2023-24					2025-26	
		Actual	Plan	Estimated	Plan Q1	Plan Q2	Plan Q3	Plan Q4
1 t	Rate	785.0	730.2	739.4	240.4	146.0	155.2	197.8
Long-term support needs of older people (age 65 and over) met by admission to residential and	Number of							
nursing care homes, per 100,000 population	admissions	258	240	243	79	48	51	65
Harsing care nomes, per 100,000 population								
	Population of 65+*	32,866	32,866	32,866	32,866	32,866	32,866	32,866

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 residenced		Yes		
The proportion of people who received reablement during the year, where no further request was made for ongoing support	Rate	Yes		





Better Care Fund 2025-26 Update Template

7: National Condition Planning Requirements

Health and wellbeing board

Redcar and Cleveland

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	Complete
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			Yes
	Be signed off in accordance with organisational governance processes across the relevant ICB and local authorities	Planning Template - Cover sheet	Yes			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			Yes
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			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			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			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
			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	W.			Yes
	Set out how expenditure is in line with funding requirements, including the NHS minimum contribution to adult social care		Yes			
4. Complying with oversight and	Confirm that HWBs will engage with the BCF oversight and support process if necessary, including	Planning Template - Cover				1
	senior officers attending meetings convened by BCF national partners.					Yes
	Demonstrate effective joint system governance is in place to: submit required quarterly reporting,	Narrative Plan - Executive Summary	Yes			
	review performance against plan objectives and performance, and change focus and resourcing if necessary to bring delivery back on track		Yes			Yes