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 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 (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 (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 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 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 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 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

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

			Complete:
Health and Wellbeing Board:	Halton		Yes
Confirmation that the plan has been signed off by Health and Wellbeing Board ahead of submission - Plans should be signed off ahead of submission.	No		Yes
If no indicate the reasons for the delay.	The HWB is not due to meet until 9th July 2025 and therefore has		Yes
If no please indicate when the HWB is expected to sign off the plan:	Wed 09/07/2025	<< Please enter using the format, DD/MM/YYYY	Yes
Submitted by:	Louise Wilson		Yes
Role and organisation:	Commissioning & Development Manager - Halton Borough Council		Yes
E-mail:	louise.wilson@halton.gov.uk		Yes
Contact number:	0151 511 8861		Yes
Documents Submitted (please select from drop down) **In addition to this template the HWB are submitting the following:**	Narrative		Yes
	C&D Local Template		Yes

	Role:	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	Marie	Wright	marie.wright@halton.gov.uk		Yes
	Health and Wellbeing Board Chair						
Named Accountable person	Local Authority Chief Executive	Mr	Stephen	Young	Stephen.young@halton.gov.uk		Yes
	ICB Chief Executive 1	Mr	Graham	Urwin	graham.urwin@cheshireandmerseyside.nhs.uk	NHS Cheshire & Merseyside	Yes
	ICB Chief Executive 2 (where required)						
	ICB Chief Executive 3 (where required)						

Finance sign off	LA Section 151 Officer	Mr	Ed	Dawson	ed.dawson@halton.gov.uk		Yes
	ICB Finance Director 1	Mr	Mark	Bakewell	mark.bakewell@cheshireandmerseyside.nhs.uk	NHS Cheshire & Merseyside	Yes
	ICB Finance Director 2 (where required)						
	ICB Finance Director 3 (where required)						

Area assurance contacts	Local Authority Director of Adult Social Services	Mrs	Sue	Wallace-Bonner	Susan.Wallace-Bonner@halton.gov.uk		Yes
	DFG Lead	Mr	Damian	Nolan	damian.nolan@halton.gov.uk		Yes
	ICB Place Director 1	Mr	Tony	Leo	anthony.leo@cheshireandmerseyside.nhs.uk	NHS Cheshire & Merseyside	Yes
Please add any additional key contacts who have been responsible for completing the plan	ICB Place Director 2 (where required)						
	ICB Place Director 3 (where required)						

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		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		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		Yes
	The ICB has committed to maintaining the NHS minimum contribution to adult social care in line with the BCF planning requirements.	Yes		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

Data Quality Issues - Please outline any data quality issues that have impacted on planning and on the completion of the plan	
Halton sits primarily between two acute hospitals with roughly equal levels of activity, with smaller levels going to other DGHs and specialist trusts. Warrington Hospital has been recording SDEC activity as type5 ED through all of 2024/25 and has reasonably good discharge data, has initiated delay coding and days delayed from the discharge ready date is recorded. There are a few patients who status changes and errors are caused but within acceptable levels. Mersey and West Lancashire Hospitals, Whiston site, does still record SDEC as non-elective admissions, has data quality and completeness issues recording discharge ready dates and no right to reside numbers as well as issues with the completeness and reliability of the site's recording of discharge pathways data accuracy resulting in significantly under reporting the level of patients who are not discharged on the discharge ready date. Having two very different levels of data quality makes the baseline information and the national monitoring unreliable and difficult to correct due to the reporting variances. This together with less granular information at a sub-ICB level does not allow local data to be used as a substitute. The methodology used to set the over 65+ admissions nationally has been to count all non-elective admissions with a length of stay of 1 day or more for a range of treatment function codes, SDEC activity can include 1 day lengths of stay and NEL admissions to a ward can have a zero length stay and therefore this will not correct the SDEC coding issue and is reducing the true admissions. We have attempted to give an accurate position and trajectory but the quarterly national monitoring is unlikely to match the local position and if Whiston Hospital improves their reporting during the year it will cause movements in the trends, through counting and coding changes, rather than actual activity changes. The national guidance on the futures portal states 4 principle criteria for hospital data to be acceptable. Currently across Cheshire and Merseyside 84% of discharges are on pathway zero, 10% are pathway 1, 3% pathway 2 and 3% pathway 3. Due to the recoding of patient being discharged to back to the existing package of care or to their originating care home, these are now pathway 0 and not pathway 1 or 3 and by the potential additional requirements not all pathway 0 are able to be discharged on the date they are medically fit. The local expectation is that pathway 1 will be discharged within 2 days, pathway 2 within 3 and pathway 3 within 7, recognising the additional assessment needs and the scarcity of EMI home and the reluctance to step dementia patients down and then onwards due to the detrimental outcomes. For the local providers Warrington's discharges are approximately in line with the Cheshire and Merseyside position but Mersey and West Lancashire report 94% pathway 0, 2% pathway 1, 0% pathway 2 and 4% pathway 3 and are very much out of line with neighbouring hospitals and not reflecting the local operational position. As they also code SDEC activity as NEL and not type 5 ECDS their discharges are overstated, and if they started to code correctly there would be around a 10% reduction in NEL discharges and by the nature of SDEC they would all be pathway 0 and discharged on the date of discharge ready. The Cheshire and Merseyside ICB business intelligence team is building a BCF dashboard to support monitoring but will predominantly utilise national sit-rep information and we will work with them to identify the errors and develop alternative	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 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: Halton

Income & Expenditure

Income >>

Funding Sources	Income	Expenditure	Difference
DFG	£2,475,102	£2,475,102	£0
NHS Minimum Contribution	£15,032,442	£15,032,442	£0
Local Authority Better Care Grant	£8,613,534	£8,613,534	£0
Additional LA Contribution	£0	£0	£0
Additional ICB Contribution	£0	£0	£0
Total	**£26,121,078**	**£26,121,078**	**£0**

Expenditure >>

Adult Social Care services spend from the NHS minimum contribution

	2025-26
Minimum required spend	£7,043,087
Planned spend	£7,614,212

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	1,921	1,861	1,849	1,825	1,792	1,623	1,817	1,571	1,635	1,611	1,430	1,700

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	1.20	1.20	1.10	1.10	1.00	1.00	1.00	1.00	0.90	0.90	0.90	0.90

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	866.0	217.5	217.5	217.5	217.5

Better Care Fund 2025-26 Planning Template

4. Income

Selected Health and Wellbeing Board: Halton

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Halton	£2,475,102
DFG breakdown for two-tier areas only (where applicable)	
Total Minimum LA Contribution (exc Local Authority BCF Grant)	**£2,475,102**

Complete:

Local Authority Better Care Grant	Contribution
Halton	£8,613,534
Total Local Authority Better Care Grant	**£8,613,534**

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

Yes

Local Authority Additional Contribution	Contribution	Comments - Please use this box to clarify any specific uses or sources of funding
Total Additional Local Authority Contribution	**£0**	

Yes

NHS Minimum Contribution	Contribution
NHS Cheshire and Merseyside ICB	£15,032,442
Total NHS Minimum Contribution	**£15,032,442**

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

Yes

Additional NHS Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
Total Additional NHS Contribution	**£0**	
Total NHS Contribution	**£15,032,442**	

Yes

	2025-26
Total BCF Pooled Budget	**£26,121,078**

Funding Contributions Comments
Optional for any useful detail
N/A

Yes

Better Care Fund 2025-26 Planning Template

5. Expenditure

Selected Health and Wellbeing Board: Halton

<< Link to summary sheet

Running Balances	2025-26 Income	Expenditure	Balance
DFG	£2,475,102	£2,475,102	£0
NHS Minimum Contribution	£15,032,442	£15,032,442	£0
Local Authority Better Care Grant	£8,613,534	£8,613,534	£0
Additional LA contribution	£0	£0	£0
Additional NHS contribution	£0	£0	£0
Total	**£26,121,078**	**£26,121,078**	**£0**

Required 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	£7,043,087	£7,614,212	£0

Checklist

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 (£)	Comments (optional)
1	Assistive technologies and equipment	Halton Integrated Community Equipment Service	2. Home adaptations and tech	Community Health	NHS Community Provider	Local Authority Better Care Grant	£ 646,167	
1	Assistive technologies and equipment	Halton Integrated Community Equipment Service	2. Home adaptations and tech	Community Health	NHS Community Provider	NHS Minimum Contribution	£ 233,912	
3	Disabled Facilities Grant related schemes	DFG & Adaptations	2. Home adaptations and tech	Social Care	Private Sector	DFG	£ 2,475,102	
4	Wider local support to promote prevention and independence	Warrington Therapy Staff	4. Preventing unnecessary hospital admissions	Community Health	NHS Acute Provider	NHS Minimum Contribution	£ 199,751	
4	Wider local support to promote prevention and independence	Bridgewater Community Therapies	4. Preventing unnecessary hospital admissions	Community Health	NHS Community Provider	NHS Minimum Contribution	£ 163,899	
4	Wider local support to promote prevention and independence	High Intensity Users	4. Preventing unnecessary hospital admissions	Primary Care	NHS	NHS Minimum Contribution	£ 61,805	
4	Wider local support to promote prevention and independence	Mental Health Outreach Team	1. Proactive care to those with complex needs	Mental Health	Local Authority	NHS Minimum Contribution	£ 150,960	
5	Home-based intermediate care (short-term home-based rehabilitation, reablement and	Reablement Service	5. Timely discharge from hospital	Social Care	Local Authority	NHS Minimum Contribution	£ 978,492	

5	Home-based intermediate care (short-term home-based rehabilitation, reablement and	Reablement Service	5. Timely discharge from hospital	Social Care	Local Authority	Local Authority Better Care Grant	£ 800,930	
5	Home-based intermediate care (short-term home-based rehabilitation, reablement and	Home First Support	5. Timely discharge from hospital	Social Care	Private Sector	NHS Minimum Contribution	£ 1,940,916	
7	Long-term home-based social care services	Maintaining Domicilary Care Packages	6. Reducing the need for long term residential care	Social Care	Private Sector	NHS Minimum Contribution	£ 3,153,380	
7	Long-term home-based social care services	Maintaining Domicilary Care Packages	6. Reducing the need for long term residential care	Social Care	Private Sector	Local Authority Better Care Grant	£ 912,518	
8	Long-term home-based community health services	Community Respiratory Team (WHHFT)	4. Preventing unnecessary hospital admissions	Community Health	NHS Acute Provider	NHS Minimum Contribution	£ 153,940	
8	Long-term home-based community health services	Out of Hospital Respiratory Team (WHHFT)	4. Preventing unnecessary hospital admissions	Community Health	NHS Acute Provider	NHS Minimum Contribution	£ 357,286	
9	Bed-based intermediate care (short-term bed-based rehabilitation, reablement and recovery services)	Oakmeadow Intermediate Care Beds	5. Timely discharge from hospital	Community Health	Local Authority	NHS Minimum Contribution	£ 450,134	
9	Bed-based intermediate care (short-term bed-based rehabilitation, reablement and recovery services)	Oakmeadow Intermediate Care Beds	5. Timely discharge from hospital	Community Health	Local Authority	Local Authority Better Care Grant	£ 544,586	
10	Long-term residential/nursing home care	Maintaining Residential Care Home Placements	1. Proactive care to those with complex needs	Social Care	Private Sector	NHS Minimum Contribution	£ 1,511,424	
10	Long-term residential/nursing home care	Maintaining Residential Care Home Placements	1. Proactive care to those with complex needs	Social Care	Private Sector	Local Authority Better Care Grant	£ 5,709,333	
10	Long-term residential/nursing home care	Improving Residential & Nursing Care	1. Proactive care to those with complex needs	Social Care	Private Sector	NHS Minimum Contribution	£ 30,000	
11	Discharge support and infrastructure	Hospital Discharge Team	5. Timely discharge from hospital	Other	Local Authority	NHS Minimum Contribution	£ 749,435	
11	Discharge support and infrastructure	Early Supported Discharge - Stroke	5. Timely discharge from hospital	Community Health	NHS Acute Provider	NHS Minimum Contribution	£ 194,585	

11	Discharge support and infrastructure	Trusted Assessor - Care Home	5. Timely discharge from hospital	Community Health	Local Authority	NHS Minimum Contribution	£ 60,728	
11	Discharge support and infrastructure	Trusted Assessor - Mental Health	5. Timely discharge from hospital	Mental Health	NHS Acute Provider	NHS Minimum Contribution	£ 20,000	
11	Discharge support and infrastructure	Pathway 3 - Discharge to Assess	5. Timely discharge from hospital	Community Health	NHS	NHS Minimum Contribution	£ 426,272	
11	Discharge support and infrastructure	Healthy at Home (VCA)	5. Timely discharge from hospital	Other	Charity / Voluntary Sector	NHS Minimum Contribution	£ 28,000	
11	Discharge support and infrastructure	Support at Home Service (BRC)	5. Timely discharge from hospital	Other	Charity / Voluntary Sector	NHS Minimum Contribution	£ 9,521	
13	Support to carers, including unpaid carers	Carers Centre	3. Supporting unpaid carers	Other	Charity / Voluntary Sector	NHS Minimum Contribution	£ 352,359	
13	Support to carers, including unpaid carers	Home Based Carers Respite Service	3. Supporting unpaid carers	Other	Private Sector	NHS Minimum Contribution	£ 124,740	
14	Evaluation and enabling integration	Mental Health Joint Commissioning Role	1. Proactive care to those with complex needs	Mental Health	Local Authority	NHS Minimum Contribution	£ 71,408	
15	Urgent community response	Halton Intermediate Care & Frailty Service (HICAFS) - Nursing	4. Preventing unnecessary hospital admissions	Community Health	NHS Community Provider	NHS Minimum Contribution	£ 1,532,956	
15	Home-based intermediate care (short-term home-based rehabilitation, reablement and	Halton Intermediate Care & Frailty Service (HICAFS) - Therapy	5. Timely discharge from hospital	Community Health	NHS Acute Provider	NHS Minimum Contribution	£ 1,480,227	
15	Home-based intermediate care (short-term home-based rehabilitation, reablement and	Halton Intermediate Care & Frailty Service (HICAFS) - Adult Social Care	5. Timely discharge from hospital	Community Health	Local Authority	NHS Minimum Contribution	£ 596,312	

5a. Expenditure Guidance

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:
1. 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.
2. 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.
3. 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.
4. 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.
5. 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.
6. 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.
7. 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.
8. Expenditure (£)2025-26:
- Please enter the planned spend for the scheme (or the scheme line, if the scheme is expressed across multiple lines)
9. 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: Halton

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.	Complete:
Emergency admissions to hospital for people aged 65+ per 100,000 population	Rate	1,853	1,732	1,913	1,994	1,913	1,712	1,994	1,712	n/a	n/a	n/a	n/a	To correct the SDEC coding at NEL at Whiston, the actual 65+ SDEC activity has been deducted from the reported NEL activity. The same activity profile has been used for the plan and may differ next year. The UEC improvement programs have admission avoidance plans which will continue to show overall reductions in A&E attendances and admissions. In 2024/25 there has been a 3% reduction in A&E attendances, reductions in overall admissions but 65+ admissions have risen, and this is being reviewed to determine the change in admission rates and cohorts presenting. An ambition has been set for a 5% reduction in 65+ activity by the end of 2025/26.	Yes
	Number of Admissions 65+	460	430	475	495	475	425	495	425	n/a	n/a	n/a	n/a		
	Population of 65+*	24,827	24,827	24,827	24,827	24,827	24,827	24,827	24,827	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		
	Rate	1,921	1,861	1,849	1,825	1,792	1,623	1,817	1,571	1,635	1,611	1,430	1,700		
	Number of Admissions 65+	477	462	459	453	445	403	451	390	406	400	355	422		Yes
	Population of 65+	24,827	24,827	24,827	24,827	24,827	24,827	24,827	24,827	24,827	24,827	24,827	24,827		

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	Yes
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Rate	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	1.28	0.85	1.07	n/a	n/a	n/a	n/a	The DRD and delay data available to forecast from is limited and the quality of data reported by Whiston is poor. Warrington Hospital has the highest proportion of patients entering a P1-3 pathway in the region and longer right to reside lengths of stay, resulting in more complex discharges. There is an expectation that 90% of all discharges should be P0 and be discharged on the date ready, which is 6% higher than the current C&M position. The reported position of the catchment of Mersey and West Lanc is skewed due to their sit-rep data. The Newton Europe UEC improvement program at Warrington identified the need to reduce average discharge delays by 3 days overall, with improvement targets for the different pathways, recognising P3 discharges to care homes are the most complex and can cause significant variations in the average for long stay patients. The current average time to discharge is 12 days and the aim will be to reduce that to 9 for the winter period.	Yes
Proportion of adult patients discharged from acute hospitals on their discharge ready date	n/a	n/a	n/a	n/a	n/a	91.8%	93.0%	90.3%	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	15.6	12.1	11.1	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	1.20	1.20	1.10	1.10	1.00	1.00	1.00	1.00	0.90	0.90	0.90	0.90		
Proportion of adult patients discharged from acute hospitals on their discharge ready date	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%		Yes
For those adult patients not discharged on DRD, average number of days from DRD to discharge	12.00	12.00	11.00	11.00	10.00	10.00	10.00	10.00	9.00	9.00	9.00	9.00		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	Yes
Local data on average length of delay by discharge pathway.	Number of days	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	616.3	636.4	866.0	217.5	217.5	217.5	217.5		Increase in 65+ population and demand driven through hospital discharge. Due to the changes from SALT to CLD, local data has been used to estimate the 24-25 numbers and contribute to the 25-26 plan	Yes
	Number of admissions	153	158	215	54	54	54	54			Yes
	Population of 65+*	24,827	24,827	24,827	24,827	24,827	24,827	24,827			

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

Better Care Fund 2025-26 Update Template

7: National Condition Planning Requirements

Health and wellbeing board: Halton

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