# BCF Capacity & Demand Template 2025-26

**1. Guidance**

## Overview

**This template has been unlocked to allow editing as required. It is optional to submit capacity & demand figures as per this template format and a customised format of this will be accepted.**

**Note on entering information into this template**

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 can be input into the cell |
| Pre-populated cells |

**2. Cover**

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. You should select your HWB from the top of the sheet which will also reveal pre-populated trusts for your area.

2. Once you are satisfied with the information entered the template should be sent to the Better Care Fund Team: england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).

3. Sign off - HWB sign off will be subject to your own governance arrangements which may include delegated authority. If your plan has been signed off by the full HWB, or has been signed off through a formal delegation route, select YES. If your plan has not yet been signed off by the HWB, select NO.

**3. Capacity and Demand**

A full capacity and demand planning document has been shared on the Better Care Exchange, please check this document before submitting any questions on capacity and demand planning to your BCM. Below is the basic guidance for completing this section of the template.

This template follows the same format as last year and so contains all the previously asked for data points including demand (referrals), block and spot capacity, average duration of treatment and time from referral to treat all split by pathway. It is however only required that some form of data points are submitted to show projected demand (disaggregated by step-up and step-down) and capacity for intermediate care and other short term care. The additional data points on average treatment time, time to treat and spot/block capacity split are optional but have remained in case you may find these data points useful.

As with the last capacity and demand update, summary tables have been included at the top of both capacity and demand sheets that will auto-fill as you complete the template, providing and at-a-glance summary of the detail below.

List of data points in template:

3.1 C&D Step-down

Estimates of available capacity for each month of the year for each pathway.
Estimated average time between referral and commencement of service.
Expected discharges per pathway for each month, broken down by referral source.
Estimates of the average length of stay/number of contact hours for individuals on each of the discharge pathways.

3.2 C&D Step-up

Estimated capacity and demand per month for each service type.
Estimated average length of stay/number of contact hours for individuals in each service type for the whole year.

# Better Care Fund 2025-26 Capacity & Demand Template

**2. Cover**

**Version 1.1**

| | |
|---|---|
| **Health and Wellbeing Board:** | North East Lincolnshire |
| **Completed by:** | Nicola McVeigh |
| **E-mail:** | nicola.mcveigh1@nhs.net |
| **Contact number:** | o7535652568 |
| **Has this report been signed off by (or on behalf of) the HWB at the time of submission?** | Yes |

Once complete please send this template to the Better Care Fund Team england.bettercarefundteam@nhs.net saving the file as 'C&D - Name HWB' for example 'C&D - County Durham HWB'. Please also copy in your Better Care Manager.

<< Link to the Guidance sheet

## Better Care Fund 2025-26 Capacity & Demand Template

**S1. C&D Step-down**

Selected Health and Wellbeing Board: North East Lincolnshire

Step-down

| Capacity - Demand (positive is Surplus) | Capacity surplus (not including spot purchasing) | | | | | | | | | | | | Capacity surplus (including spot purchasing) | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Apr-25 | May-25 | Jun-25 | Jul-25 | Aug-25 | Sep-25 | Oct-25 | Nov-25 | Dec-25 | Jan-26 | Feb-26 | Mar-26 | Apr-25 | May-25 | Jun-25 | Jul-25 | Aug-25 | Sep-25 | Oct-25 | Nov-25 | Dec-25 | Jan-26 | Feb-26 | Mar-26 |
| Reablement & Rehabilitation at home (pathway 1) | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| Short term domiciliary care (pathway 1) | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| Reablement & Rehabilitation in a bedded setting (pathway 2) | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 18 | 18 | 18 | 18 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 |
| Other short term bedded care (pathway 2) | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| Short term residential/nursing care for someone likely to require a longer term care home placement (pathway 3) | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |

Average Salt/Contact Hours per episode of care

| Pathway | Units |
|---|---|
| 1 | Contact Hours per Episode |
| 2a | Contact Hours per Episode |
| 2b | Average Salt (days) |
| 3 | Average Salt (days) |
| 3a | Average Salt (days) |

## Capacity - Step-down

| Service Area | Metric | Refreshed planned capacity (not including spot purchased capacity) | | | | | | | | | | | | Capacity that you expect to ensure through spot purchasing | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Apr-25 | May-25 | Jun-25 | Jul-25 | Aug-25 | Sep-25 | Oct-25 | Nov-25 | Dec-25 | Jan-26 | Feb-26 | Mar-26 | Apr-25 | May-25 | Jun-25 | Jul-25 | Aug-25 | Sep-25 | Oct-25 | Nov-25 | Dec-25 | Jan-26 | Feb-26 | Mar-26 |
| Reablement & Rehabilitation at home (pathway 1) | Monthly capacity. Number of new packages commenced. | 65 | 65 | 65 | 65 | 65 | 65 | 65 | 65 | 65 | 65 | 65 | 65 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Reablement & Rehabilitation at home (pathway 1) | Estimated average time from referral to commencement of service (days). All packages (planned and spot purchased) | 2.6 | 2.6 | 2.6 | 2.6 | 2.6 | 2.6 | 2.6 | 2.6 | 2.6 | 2.6 | 2.6 | 2.6 | | | | | | | | | | | | |
| Short term domiciliary care (pathway 1) | Monthly capacity. Number of new packages commenced. | 47 | 47 | 47 | 47 | 47 | 47 | 47 | 47 | 47 | 47 | 47 | 47 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| Short term domiciliary care (pathway 1) | Estimated average time from referral to commencement of service (days). All packages (planned and spot purchased) | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | | | | | | | | | | | | |
| Reablement & Rehabilitation in a bedded setting (pathway 2) | Monthly capacity. Number of new packages commenced. | 65 | 65 | 65 | 65 | 65 | 65 | 65 | 65 | 65 | 65 | 65 | 65 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| Reablement & Rehabilitation in a bedded setting (pathway 2) | Estimated average time from referral to commencement of service (days). All packages (planned and spot purchased) | 2.1 | 2.1 | 2.1 | 2.1 | 2.1 | 2.1 | 2.1 | 2.1 | 2.1 | 2.1 | 2.1 | 2.1 | | | | | | | | | | | | |
| Other short term bedded care (pathway 2) | Monthly capacity. Number of new packages commenced. | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other short term bedded care (pathway 2) | Estimated average time from referral to commencement of service (days). All packages (planned and spot purchased) | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | | | | | | | | | | | | |
| Short term residential/nursing care for someone likely to require a longer term care home placement (pathway 3) | Monthly capacity. Number of new packages commenced. | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| Short term residential/nursing care for someone likely to require a longer term care home placement (pathway 3) | Estimated average time from referral to commencement of service (days). All packages (planned and spot purchased) | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | | | | | | | | | | | | |

## Demand - Step-down

Please enter reflected expected no. of referrals

| Pathway | Trust Referral Source | Apr-25 | May-25 | Jun-25 | Jul-25 | Aug-25 | Sep-25 | Oct-25 | Nov-25 | Dec-25 | Jan-26 | Feb-26 | Mar-26 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Total Expected Step-down:** | Total Step-down | 193 | 193 | 193 | 193 | 193 | 193 | 193 | 194 | 194 | 193 | 194 | 193 |
| Reablement & Rehabilitation at home (pathway 1) | Total | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 95 | 95 | 95 | 95 | 97 |
| | NORTHERN LINCOLNSHIRE AND GOOLE NHS FOUNDATION TRUST | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 95 | 95 | 95 | 95 | 97 |
| | OTHER | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (blank) | | | | | | | | | | | | |
| Short term domiciliary care (pathway 1) | Total | 65 | 65 | 65 | 65 | 65 | 65 | 65 | 65 | 65 | 65 | 65 | 65 |
| | NORTHERN LINCOLNSHIRE AND GOOLE NHS FOUNDATION TRUST | 65 | 65 | 65 | 65 | 65 | 65 | 65 | 65 | 65 | 65 | 65 | 65 |
| | OTHER | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (blank) | | | | | | | | | | | | |
| Reablement & Rehabilitation in a bedded setting (pathway 2) | Total | 85 | 85 | 85 | 85 | 85 | 85 | 85 | 87 | 87 | 87 | 85 | 85 |
| | NORTHERN LINCOLNSHIRE AND GOOLE NHS FOUNDATION TRUST | 85 | 85 | 85 | 85 | 85 | 85 | 85 | 87 | 87 | 87 | 85 | 85 |
| | OTHER | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (blank) | | | | | | | | | | | | |
| Other short term bedded care (pathway 2) | Total | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| | NORTHERN LINCOLNSHIRE AND GOOLE NHS FOUNDATION TRUST | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| | OTHER | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (blank) | | | | | | | | | | | | |
| Short term residential/nursing care for someone likely to require a longer term care home placement (pathway 3) | Total | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 10 | 10 | 10 | 10 | 9 |
| | NORTHERN LINCOLNSHIRE AND GOOLE NHS FOUNDATION TRUST | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 10 | 10 | 10 | 10 | 9 |
| | OTHER | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (blank) | | | | | | | | | | | | |

## Better Care Fund 2025-26 Capacity & Demand Template

**3.2. C&D Step-up**

Selected Health and Wellbeing Board: North East Lincolnshire

**Step-up** — **Refreshed capacity surplus:**

| Capacity - Demand (positive is Surplus) | Apr-25 | May-25 | Jun-25 | Jul-25 | Aug-25 | Sep-25 | Oct-25 | Nov-25 | Dec-25 | Jan-26 | Feb-26 | Mar-26 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Social support (including VCS) | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 0 | 0 | 0 | 0 | 3 |
| Reablement & Rehabilitation at home | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 10 | 10 | 10 | 10 | 12 |
| Reablement & Rehabilitation in a bedded setting | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 1 | 1 | 1 | 1 | 3 |
| Other short-term social care | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

**Average LoS/Contact Hours**

| Full Year | Units |
|---|---|
| 6048 | Contact Hours |
| 5479 | Contact Hours |
| 26 | Average LoS |
| 0 | Contact Hours |

## Capacity - Step-up

Please enter refreshed expected capacity:

| Service Area | Metric | Apr-25 | May-25 | Jun-25 | Jul-25 | Aug-25 | Sep-25 | Oct-25 | Nov-25 | Dec-25 | Jan-26 | Feb-26 | Mar-26 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Social support (including VCS) | Monthly capacity. Number of new clients. | 58 | 58 | 58 | 58 | 58 | 58 | 58 | 58 | 58 | 58 | 58 | 58 |
| Reablement & Rehabilitation at home | Monthly capacity. Number of new clients. | 31 | 31 | 31 | 31 | 31 | 31 | 31 | 31 | 31 | 31 | 31 | 31 |
| Reablement & Rehabilitation in a bedded setting | Monthly capacity. Number of new clients. | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 |
| Other short-term social care | Monthly capacity. Number of new clients. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

## Demand - Step-up

Please enter refreshed expected no. of referrals:

| Service Type | Apr-25 | May-25 | Jun-25 | Jul-25 | Aug-25 | Sep-25 | Oct-25 | Nov-25 | Dec-25 | Jan-26 | Feb-26 | Mar-26 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Social support (including VCS) | 55 | 55 | 55 | 55 | 55 | 55 | 55 | 58 | 58 | 58 | 58 | 55 |
| Reablement & Rehabilitation at home | 19 | 19 | 19 | 19 | 19 | 19 | 19 | 21 | 21 | 21 | 21 | 19 |
| Reablement & Rehabilitation in a bedded setting | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 9 | 9 | 9 | 9 | 7 |
| Other short-term social care | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

## Better Care Fund 2025-26 Update Template

**Data Sharing Statement**

| Data sharing Statement |
| --- |
| Please see below 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.<br><br>Advice on local information governance which may be of interest to ICSs can be seen at:<br><br>https://data.england.nhs.uk/sudgt/<br><br>Please provide your submission using the relevant platform as advised in submission and supporting technical guidance.<br><br>**Purpose of Data Collection**<br><br>NHS England is collecting data on behalf of Better Care Fund (BCF) partners to fulfil statutory duties, including improving healthcare quality, efficiency, and transparency. The data supports operational and strategic planning, financial management, workforce planning, and system feedback, as mandated by the NHS Act 2006 and relevant regulations.<br><br>**Type and Scope of Data**<br><br>Patient-level data, including identifiable information like NHS numbers, is not required.<br>Data includes finance, activity, workforce, and planning information as specified in the national guidance documents.<br>The BCF planning template is categorized as "Management Information," and aggregated data, including narrative sections, will be published on the NHS England website and gov.uk.<br><br>**Access, Sharing, and Publication**<br><br>The BCF planning template is categorised as 'Management Information' and data submitted will be published in an aggregated form on the NHS England website and gov.uk. This will include a narrative section. Please also note that all BCF information collected here is subject to Freedom of Information requests.<br>Internal Access: Data will be accessed by NHS England national and regional teams on a "need-to-know" basis and may be shared internally to support statutory responsibilities.<br>External Sharing: Data will be shared with partner organisations and Arms' Length Bodies (ALBs) including BCF partners (i.e. Ministry of Housing, Communities and Local Government (MHCLG), Department of Health and Social Care (DHSC) and NHS England) for joint working and policy development.<br>Publication: Local Health and Wellbeing Boards (HWBs) are encouraged to publish local plans. Until publication, recipients of BCF reporting data (including those accessing the Better Care Exchange) cannot share it publicly or use it for journalism or research without prior consent from the HWB (for single HWB data) or BCF national partners (for aggregated data).<br>All information is subject to Freedom of Information requests.<br><br>**Storage and Security**<br><br>Data will be securely stored on NHS England servers. Shared data will be minimised and handled per confidentiality and security requirements.<br>The BCF template is password-protected to ensure data integrity and accurate aggregation. Breaches may require resubmission.<br><br>**Data Analysis and Use**<br><br>NHS England will analyse data submissions for feedback, reporting, benchmarking, and system improvement.<br>Triangulation with other data may be conducted to support deeper analysis and insights and inform decision-making.<br><br>**Concerns**<br><br>For any questions about data sharing, please contact your regional Better Care Managers or the national Better Care Fund team england.bettercarefundteam@nhs.net |

## 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:** | North East Lincolnshire | 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.** | Yes | Yes |
| **If no indicate the reasons for the delay.** | | Yes |
| **If no please indicate when the HWB is expected to sign off the plan:** | | Yes |

| | | |
|---|---|---|
| **Submitted by:** | Nicola McVeigh | Yes |
| **Role and organisation:** | Assistant Director - HNY ICB | Yes |
| **E-mail:** | nicola.mcveigh1@nhs.net | Yes |
| **Contact number:** | 7535652568 | Yes |
| **Documents Submitted (please select from drop down)**<br>**In addition to this template the HWB are submitting the following:** | Narrative<br>C&D National Template | Yes<br>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 | Stan | Shreeve | stanley.shreeve@nelincs.gov.uk | | Yes |
| | Health and Wellbeing Board Chair | | | | | | |
| **Named Accountable person** | Local Authority Chief Executive | Mr | Rob | Walsh | rob.walsh@nelincs.gov.uk | | Yes |
| | ICB Chief Executive 1 | Mr | Stephen | Eames | stephen.eames3@nhs.net | HNY ICB | Yes |
| | ICB Chief Executive 2 (where required) | | | | | | |
| | ICB Chief Executive 3 (where required) | | | | | | |
| **Finance sign off** | LA Section 151 Officer | Mrs | Sharon | Wroot | sharon.wroot@nelincs.gov.uk | | Yes |
| | ICB Finance Director 1 | Ms | Laura | Whitton | laura.whitton@nhs.net | HNY-ICB | Yes |
| | ICB Finance Director 2 (where required) | | | | | | |
| | ICB Finance Director 3 (where required) | | | | | | |
| **Area assurance contacts** | Local Authority Director of Adult Social Services | Mrs | Katie | Brown | katie.brown76@nhs.net | | Yes |
| | DFG Lead | Mrs | Katie | Brown | katie.brown76@nhs.net | | Yes |
| | ICB Place Director 1 | Ms | Helen | Kenyon | helen.kenyon@nhs.net | HNY ICB | 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**

As described in the metrics section, we have had some difficulties with acute data to inofrm the metrics. However our system intelligence has ensured we have been able to set targets and trajectories. We are working to overcome the data issues.

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: North East Lincolnshire

### Income & Expenditure

Income >>

| Funding Sources | Income | Expenditure | Difference |
|---|---|---|---|
| DFG | £3,996,530 | £3,996,530 | £0 |
| NHS Minimum Contribution | £17,268,655 | £17,268,655 | £0 |
| Local Authority Better Care Grant | £9,941,576 | £9,941,576 | £0 |
| Additional LA Contribution | £0 | £0 | £0 |
| Additional ICB Contribution | £0 | £0 | £0 |
| **Total** | **£31,206,761** | **£31,206,761** | **£0** |

Expenditure >>

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

| | 2025-26 |
|---|---|
| Minimum required spend | £2,381,580 |
| Planned spend | £5,871,054 |

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 | 1,594 | 1,485 | 1,521 | 1,606 | 1,677 | 1,420 | 1,553 | 1,582 | 1,471 | 1,585 | 1,574 | 1,603 |

### 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 | 1.55 | 1.54 | 1.54 | 1.53 | 1.53 | 1.53 | 1.52 | 1.52 | 1.52 | 1.51 | 1.51 | 1.50 |

### 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 | 848.7 | 252.0 | 218.4 | 201.6 | 168.0 |

## Better Care Fund 2025-26 Planning Template

**4. Income**

Selected Health and Wellbeing Board: North East Lincolnshire

| Local Authority Contribution | |
|---|---|
| Disabled Facilities Grant (DFG) | Gross Contribution |
| North East Lincolnshire | £3,996,530 |
| | |
| DFG breakdown for two-tier areas only (where applicable) | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| **Total Minimum LA Contribution (exc Local Authority BCF Grant)** | **£3,996,530** |

**Complete:**

| Local Authority Better Care Grant | Contribution |
|---|---|
| North East Lincolnshire | £9,941,576 |
| | |
| **Total Local Authority Better Care Grant** | **£9,941,576** |

| | | |
|---|---|---|
| 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☑ | |
|---|---|---|---|
| | | | |
| | | | Yes |
| | | | |
| **Total Additional Local Authority Contribution** | **£0** | | |

| NHS Minimum Contribution | Contribution |
|---|---|
| NHS Humber and North Yorkshire ICB | £17,268,655 |
| | |
| | |
| | |
| | |
| | |
| | |
| **Total NHS Minimum Contribution** | **£17,268,655** |

| | | |
|---|---|---|
| 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 | |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | Yes |
| | | | |
| | | | |
| **Total Additional NHS Contribution** | **£0** | | |
| **Total NHS Contribution** | **£17,268,655** | | |

| | 2025-26 |
|---|---|
| **Total BCF Pooled Budget** | **£31,206,761** |

| Funding Contributions Comments<br>Optional for any useful detail | |
|---|---|
| N/A | Yes |

## Better Care Fund 2025-26 Planning Template

**5. Expenditure**

Selected Health and Wellbeing Board: North East Lincolnshire

<< Link to summary sheet

| | 2025-26 | | |
|---|---|---|---|
| **Running Balances** | Income | Expenditure | Balance |
| DFG | £3,996,530 | £3,996,530 | £0 |
| NHS Minimum Contribution | £17,268,655 | £17,268,655 | £0 |
| Local Authority Better Care Grant | £9,941,576 | £9,941,576 | £0 |
| Additional LA contribution | £0 | £0 | £0 |
| Additional NHS contribution | £0 | £0 | £0 |
| **Total** | **£31,206,761** | **£31,206,761** | **£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 | £2,181,580 | £5,871,054 | £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 | Disabled Facilities Grant related schemes | Adaptations, including statutory DFG grants | 2. Home adaptations and tech | Social Care | Private Sector | DFG | £ 3,996,530 | |
| 2 | Long-term residential/nursing home care | Ensuring the local social care market is supported. | 1. Proactive care to those with complex needs | Social Care | Private Sector | Local Authority Better Care Grant | £ 1,030,293 | |
| 3 | Long-term home-based social care services | Ensuring the local social care market is supported. | 1. Proactive care to those with complex needs | Social Care | Private Sector | Local Authority Better Care Grant | £ 742,842 | |
| 4 | Evaluation and enabling integration | Integrted care planning and navigation | 1. Proactive care to those with complex needs | Social Care | Private Sector | Local Authority Better Care Grant | £ 2,490,219 | |
| 5 | Long-term home-based social care services | Ensuring the local social care market is supported. | 1. Proactive care to those with complex needs | Social Care | Private Sector | Local Authority Better Care Grant | £ 3,795,222 | |
| 6 | Assistive technologies and equipment | Support to Carelink service | 6. Reducing the need for long term residential care | Social Care | Charity / Voluntary Sector | Local Authority Better Care Grant | £ 46,578 | |
| 7 | Support to carers, including unpaid carers | carers support centre support | 3. Supporting unpaid carers | Social Care | Charity / Voluntary Sector | Local Authority Better Care Grant | £ 40,651 | |
| 8 | Support to carers, including unpaid carers | carers support centre support | 3. Supporting unpaid carers | Social Care | Charity / Voluntary Sector | Local Authority Better Care Grant | £ 23,434 | |
| 9 | Discharge support and infrastructure | Workforce capacity | 5. Timely discharge from hospital | Social Care | Private Sector | Local Authority Better Care Grant | £ 62,912 | |
| 10 | Other | Single handed care support | 1. Proactive care to those with complex needs | Social Care | Private Sector | Local Authority Better Care Grant | £ 58,698 | |
| 11 | Other | Single handed care support | 1. Proactive care to those with complex needs | Social Care | Private Sector | Local Authority Better Care Grant | £ 38,579 | |
| 12 | Bed-based intermediate care (short-term bed-based rehabilitation, reablement and recovery services) | Bed based reablement | 5. Timely discharge from hospital | Social Care | Private Sector | Local Authority Better Care Grant | £ 306,450 | |
| 13 | Discharge support and infrastructure | Community ischarge support | 5. Timely discharge from hospital | Social Care | Charity / Voluntary Sector | Local Authority Better Care Grant | £ 123,327 | |
| 14 | Discharge support and infrastructure | Workforce capacity | 5. Timely discharge from hospital | Social Care | Private Sector | Local Authority Better Care Grant | £ 47,271 | |
| 15 | Discharge support and infrastructure | Teams to build capacity | 5. Timely discharge from hospital | Social Care | Private Sector | Local Authority Better Care Grant | £ 314,886 | |
| 16 | Discharge support and infrastructure | Teams to build capacity | 5. Timely discharge from hospital | Social Care | Private Sector | Local Authority Better Care Grant | £ 314,886 | |
| 17 | Wider local support to promote prevention and independence | Sector support | 6. Reducing the need for long term residential care | Social Care | Charity / Voluntary Sector | Local Authority Better Care Grant | £ 70,000 | |
| 18 | Short-term home-based social care (excluding rehabilitation, reablement or recovery services) | Short term support | 5. Timely discharge from hospital | Social Care | Private Sector | Local Authority Better Care Grant | £ 268,804 | |
| 19 | Home-based intermediate care (short-term home-based rehabilitation, reablement and recovery services) | Short term support | 5. Timely discharge from hospital | Social Care | Private Sector | Local Authority Better Care Grant | £ 166,524 | |
| 20 | Urgent community response | Falls response | 4. Preventing unnecessary hospital admissions | Community Health | Private Sector | NHS Minimum Contribution | £ 234,945 | |
| 21 | Discharge support and infrastructure | Workforce capacity | 5. Timely discharge from hospital | Community Health | Private Sector | NHS Minimum Contribution | £ 31,456 | |
| 22 | Bed-based intermediate care (short-term bed-based rehabilitation, reablement and recovery services) | Bed based reablement | 5. Timely discharge from hospital | Community Health | Private Sector | NHS Minimum Contribution | £ 306,450 | |
| 23 | Wider local support to promote prevention and independence | Workforce capacity | 5. Timely discharge from hospital | Community Health | NHS Acute Provider | NHS Minimum Contribution | £ 135,647 | |
| 24 | Discharge support and infrastructure | Workforce capacity | 5. Timely discharge from hospital | Community Health | NHS Acute Provider | NHS Minimum Contribution | £ 84,266 | |
| 25 | Discharge support and infrastructure | Workforce capacity | 5. Timely discharge from hospital | Other | NHS | NHS Minimum Contribution | £ 60,814 | |
| 26 | Bed-based intermediate care (short-term bed-based rehabilitation, reablement and recovery services) | Bed based reablement | 5. Timely discharge from hospital | Community Health | Private Sector | NHS Minimum Contribution | £ 190,927 | |
| 27 | Bed-based intermediate care (short-term bed-based rehabilitation, reablement and recovery services) | Bed based reablement | 5. Timely discharge from hospital | Community Health | Private Sector | NHS Minimum Contribution | £ 190,927 | |
| 28 | Home-based intermediate care (short-term home-based rehabilitation, reablement and recovery services) | 7 day interim | 5. Timely discharge from hospital | Community Health | Private Sector | NHS Minimum Contribution | £ 84,315 | |
| 29 | Discharge support and infrastructure | Get up get dressed | 5. Timely discharge from hospital | Other | Charity / Voluntary Sector | NHS Minimum Contribution | £ 60,946 | |
| 30 | Bed-based intermediate care (short-term bed-based rehabilitation, reablement and recovery services) | Red based reablement | 5. Timely discharge from hospital | Community Health | Private Sector | NHS Minimum Contribution | £ 126,770 | |
| 31 | Wider local support to promote prevention and independence | Docobo | 4. Preventing unnecessary hospital admissions | Other | Private Sector | NHS Minimum Contribution | £ 16,970 | |
| 32 | Bed-based intermediate care (short-term bed-based rehabilitation, reablement and recovery services) | Bed based reablement | 5. Timely discharge from hospital | Community Health | Private Sector | NHS Minimum Contribution | £ 1,354,224 | |
| 33 | Bed-based intermediate care (short-term bed-based rehabilitation, reablement and recovery services) | Bed based reablement | 5. Timely discharge from hospital | Social Care | Private Sector | NHS Minimum Contribution | £ 846,673 | |
| 34 | Home-based intermediate care (short-term home-based rehabilitation, reablement and recovery services) | reablement service accepting community and discharge referrals | 5. Timely discharge from hospital | Community Health | Private Sector | NHS Minimum Contribution | £ 3,341,475 | |
| 35 | Home-based intermediate care (short-term home-based rehabilitation, reablement and recovery services) | reablement service accepting community and discharge referrals | 5. Timely discharge from hospital | Social Care | Private Sector | NHS Minimum Contribution | £ 1,032,059 | |
| 36 | Evaluation and enabling integration | Care navigaiton and planning | 1. Proactive care to those with complex needs | Mental Health | Private Sector | NHS Minimum Contribution | £ 209,744 | |
| 37 | Evaluation and enabling integration | Care navigation and planning | 1. Proactive care to those with complex needs | Social Care | Private Sector | NHS Minimum Contribution | £ 686,828 | |
| 38 | Evaluation and enabling integration | Care Navigation and planning | 1. Proactive care to those with complex needs | Community Health | Private Sector | NHS Minimum Contribution | £ 1,000,031 | |
| 39 | Wider local support to promote prevention and independence | Workforce capacity | 6. Reducing the need for long term residential care | Social Care | NHS | NHS Minimum Contribution | £ 50,465 | |
| 40 | Assistive technologies and equipment | Equipment store | 2. Home adaptations and tech | Community Health | NHS Acute Provider | NHS Minimum Contribution | £ 778,622 | |
| 41 | Wider local support to promote prevention and independence | just checking | 1. Proactive care to those with complex needs | Social Care | Private Sector | NHS Minimum Contribution | £ 262,833 | |
| 42 | Evaluation and enabling integration | Workforce capacity | 1. Proactive care to those with complex needs | Community Health | Private Sector | NHS Minimum Contribution | £ 1,011,414 | |
| 43 | Personalised budgeting and commissioning | Care Act duties | 1. Proactive care to those with complex needs | Social Care | Local Authority | NHS Minimum Contribution | £ 524,394 | |
| 44 | Support to carers, including unpaid carers | carers support centre support | 1. Proactive care to those with complex needs | Social Care | Local Authority | NHS Minimum Contribution | £ 359,482 | |
| 45 | Wider local support to promote prevention and independence | Workforce capacity | 1. Proactive care to those with complex needs | Social Care | Private Sector | NHS Minimum Contribution | £ 270,473 | |
| 46 | Evaluation and enabling integration | Workforce capacity | 1. Proactive care to those with complex needs | Social Care | Private Sector | NHS Minimum Contribution | £ 31,138 | |
| 47 | Evaluation and enabling integration | Workforce capacity | 1. Proactive care to those with complex needs | Other | Private Sector | NHS Minimum Contribution | £ 44,070 | |
| 48 | Wider local support to promote prevention and independence | Workforce capacity | 1. Proactive care to those with complex needs | Social Care | Private Sector | NHS Minimum Contribution | £ 40,297 | |
| 49 | End of life care | Workforce capacity | 1. Proactive care to those with complex needs | Social Care | Private Sector | NHS Minimum Contribution | £ 68,047 | |
| 50 | Evaluation and enabling integration | Workforce capacity | 1. Proactive care to those with complex needs | Community Health | Private Sector | NHS Minimum Contribution | £ 223,657 | |
| 51 | Wider local support to promote prevention and independence | Falls prevention | 4. Preventing unnecessary hospital admissions | Community Health | Private Sector | NHS Minimum Contribution | £ 114,583 | |
| 52 | Evaluation and enabling integration | Workforce capacity | 5. Timely discharge from hospital | Social Care | Private Sector | NHS Minimum Contribution | £ 237,030 | |
| 53 | Wider local support to promote prevention and independence | Dementia support | 1. Proactive care to those with complex needs | Social Care | Charity / Voluntary Sector | NHS Minimum Contribution | £ 224,730 | |
| 54 | Wider local support to promote prevention and independence | Dementia support | 1. Proactive care to those with complex needs | Mental Health | Private Sector | NHS Minimum Contribution | £ 819,286 | |
| 55 | Bed-based intermediate care (short-term bed-based rehabilitation, reablement and recovery services) | Bed based reablement | 5. Timely discharge from hospital | Community Health | Private Sector | NHS Minimum Contribution | £ 976,061 | |
| 56 | Assistive technologies and equipment | Carelink | 6. Reducing the need for long term residential care | Social Care | Charity / Voluntary Sector | NHS Minimum Contribution | £ 406,761 | |
| 57 | Home-based intermediate care (short-term home-based rehabilitation, reablement and recovery services) | Bed based reablement | 5. Timely discharge from hospital | Social Care | Private Sector | NHS Minimum Contribution | £ 40,250 | |
| 58 | Evaluation and enabling integration | Care act duties | 1. Proactive care to those with complex needs | Social Care | Private Sector | NHS Minimum Contribution | £ 789,593 | |
| | | | | | | | | |
| | | | | | | | | |

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<br>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<br>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.<br><br>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<br>Home care or domiciliary care<br>Personalised care at home<br>Community based schemes | Includes schemes which provide support in your own home to improve your confidence and ability to live as independently as possible<br>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)<br><br>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.<br><br>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<br>Enablers for integration<br>High Impact Change Model for Managing Transfer of Care<br>Integrated care planning and navigation<br>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.<br><br>Schemes may include:<br>- Care Act implementation and related duties<br>- High Impact Change Model for Managing Transfer of Care - where services are not described as "discharge support and infrastructure"<br>- Enablers for integration, including schemes that build and develop the enabling foundations of health, social care and housing integration, and joint commissioning infrastructure.<br>- 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.<br>- 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: North East Lincolnshire

### 6.1 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 | 1,606 | 1,503 | 1,532 | 133 | 133 | 103 | 1,562 | 1,606 | n/a | n/a | n/a | n/a | We have used local data on this measure due to NLAG coding issue where numbers not being accurately reported within their submission as highlighted in our Q3 2024/25 BCF report. We have then followed the same methodology of the other places agreed within our ICB of a -0.25% improvement on each month equating which will still prove challenging as our numbers have increased over previous year.<br><br>In terms of performance there are a number of programmes of work planned for 25-26 which are anticipated to positively affect this indicator; therefore | Yes |
| | Number of Admissions 65+ | 545 | 510 | 520 | 45 | 45 | 35 | 530 | 545 | n/a | n/a | n/a | n/a | | |
| | Population of 65+* | 33,934 | 33,934 | 33,934 | 33,934 | 33,934 | 33,934 | 33,934 | 33,934 | 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 | 1,594 | 1,485 | 1,521 | 1,606 | 1,677 | 1,420 | 1,553 | 1,582 | 1,471 | 1,585 | 1,574 | 1,603 | | Yes |
| | Number of Admissions 65+ | 541 | 504 | 516 | 545 | 569 | 482 | 527 | 537 | 499 | 538 | 534 | 544 | | |
| | Population of 65+ | 33,934 | 33,934 | 33,934 | 33,934 | 33,934 | 33,934 | 33,934 | 33,934 | 33,934 | 33,934 | 33,934 | 33,934 | | |

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 |

### 6.2 Discharge Delays

*Dec Actual onwards are not available at time of publication

| | Apr 24 Actual | May 24 Actual | Jun 24 Actual | Jul 24 Actual | Aug 24 Actual | Sep 24 Actual | Oct 24 Actual | Nov 24 Actual | Dec 24 Actual | Jan 25 Actual | Feb 25 Actual | Mar 25 Actual | Rationale for how local goal for 2025-26 was set. Include how learning and performance to date in 2024-25 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area. | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Average length of discharge delay for all acute adult patients (this calculates the % of patients discharged after their DRD, multiplied by the average number of days)** | n/a | n/a | n/a | n/a | n/a | 0.14 | 0.18 | 0.32 | n/a | n/a | n/a | n/a | We believe the figures quoted within your template are including 'Null' value dates as 'Discharged on DRD' thus inflating the %. We have re-calculated this measure locally following the same methodology of the other places within our ICB i.e. we have allocated 50% of the 'Null' values to DRD which in turn gives us a revised YTD figure (April - December 2024) of 49.99%. Again, we have then followed the same methodology of the other places agreed within our ICB of uplifting our YTD figure by 3% for March 2026 and applied 0.25% to April 2025 to February 2026. We will monitor this measure locally using the same methodology until such time as the coding issues are resolved.<br><br>In terms of performance on this metric we strive to ensure that all patients are discharged on the same day. We continue to work on our improvement journey to streamline and expedite safe discharges home. We have | Yes |
| Proportion of adult patients discharged from acute hospitals on their discharge ready date | n/a | n/a | n/a | n/a | n/a | 94.0% | 90.7% | 87.5% | 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 | 2.4 | 1.9 | 2.5 | n/a | n/a | n/a | n/a | | |
| | Apr 25 Plan | May 25 Plan | Jun 25 Plan | Jul 25 Plan | Aug 25 Plan | Sep 25 Plan | Oct 25 Plan | Nov 25 Plan | Dec 25 Plan | Jan 26 Plan | Feb 26 Plan | Mar 26 Plan | | |
| **Average length of discharge delay for all acute adult patients** | 1.55 | 1.54 | 1.54 | 1.53 | 1.53 | 1.53 | 1.52 | 1.52 | 1.52 | 1.51 | 1.51 | 1.50 | | |
| Proportion of adult patients discharged from acute hospitals on their discharge ready date | 50.4% | 50.2% | 50.4% | 50.5% | 50.6% | 50.7% | 50.9% | 51.0% | 51.1% | 51.3% | 51.4% | 51.5% | | Yes |
| For those adult patients not discharged on DRD, average number of days from DRD to discharge | 3.10 | 3.10 | 3.10 | 3.10 | 3.10 | 3.10 | 3.10 | 3.10 | 3.10 | 3.10 | 3.10 | 3.10 | | 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 |

### 6.3 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 | 668.9 | 730.8 | 848.7 | 252.0 | 218.4 | 201.6 | 168.0 | | The target for 2025/26 has been set based on the projected outturn for 2024/2025 with a requirement to reduce wherever possible the number of individuals in long term residential/ nursing care. While we have been working to improve our home based reablement offer and the breadth of services available to support individuals at home, we have seen the number of individuals in long term residential and nursing care increase. This is due to increased demand as well as complexity/ acuity of those who require care and support. Individuals are no placed in a bed based setting due to lack of provision in home based support. | Yes |
| | Number of admissions | 227 | 248 | 288 | 86 | 74 | 68 | 57 | | | Yes |
| | Population of 65+* | 33,934 | 33,934 | 33,934 | 33,934 | 33,934 | 33,934 | 33,934 | | | |

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: North East Lincolnshire

| 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<br>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 |
| 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 | | | 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 | Yes | | | 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 | | | 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 | | | Yes |