

Better Care Fund 2025-26 Planning Template

2. Cover

Version 1.5

Please Note:

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

Governance and Sign off

Health and Wellbeing Board:	City of London	
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	
If no indicate the reasons for the delay.	Cycle of meetings	
If no please indicate when the HWB is expected to sign off the plan:	Fri 09/05/2025	<< Please enter using the format, DD/MM/YYYY

Complete:

Yes
Yes
Yes
Yes

Submitted by:	Ellie Ward
Role and organisation:	Head of Strategy and Performance, City of London Corporation
E-mail:	ellie.ward@cityoflondon.gov.uk
Contact number:	020 7332 1535
Documents Submitted (please select from drop down) In addition to this template the HWB are submitting the following:	<input type="checkbox"/> Narrative <input checked="" type="checkbox"/> C&D National Template

Yes
Yes
Yes
Yes
Yes
Yes

	Role:	Professional Title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:	Organisation
Health and wellbeing board chair(s) sign off	Health and Wellbeing Board Chair	Member	Helen	Fentiman	Helen.fentiman@Cityoflondon.gov.uk	
	Health and Wellbeing Board Chair					
Named Accountable person	Local Authority Chief Executive	Mr	Ian	Thomas	ian.Thomas@cityoflondon.gov.uk	
	ICB Chief Executive 1	Ms	Zina	Etheridge	nelondonicb.ceo@nhs.net	NHS NEL
	ICB Chief Executive 2 (where required)					

Yes
Yes
Yes

	ICB Chief Executive 3 (where required)					
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Finance sign off	LA Section 151 Officer	Mr	Mark	Jarvis	mark.jarvis@cityoflondon.gov.uk	
	ICB Finance Director 1	Mr	Henry	Black	nelondonicb.cfo@nhs.net	NHS NEL
	ICB Finance Director 2 (where required)					
	ICB Finance Director 3 (where required)					

Yes

Yes

Area assurance contacts	Local Authority Director of Adult Social Services	Ms	Judith	Finlay	judith.finlay@cityoflondon.gov.uk	
	DFG Lead	Mr	Chris	Pelham	chris.pelham@cityoflondon.gov.uk	
	ICB Place Director 1	Ms	Charlotte	Pomery	charlotte.pomery@nhs.net	NHS NEL
	ICB Place Director 2 (where required)	Ms	Amy	Wilkinson	amy.wilkinson@hackney.gov.uk	NHS NEL
	ICB Place Director 3 (where required)					

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

Yes

Yes

Yes

Assurance Statements

National Condition	Assurance Statement	Yes/No	If no please use this section to explain your response
National Condition One: Plans to be jointly agreed	The HWB is fully assured, ahead of signing off that the BCF plan, that local goals for headline metrics and supporting documentation have been robustly created, with input from all system partners, that the ambitions indicated are based upon realistic assumptions and that plans have been signed off by local authority and ICB chief executives as the named accountable people.	Yes	
National Condition Two: Implementing the objectives of the BCF	The HWB is fully assured that the BCF plan sets out a joint system approach to support improved outcomes against the two BCF policy objectives, with locally agreed goals against the three headline metrics, which align with NHS operational plans and local authority adult social care plans, including intermediate care capacity and demand plans and, following the consolidation of the Discharge Fund, that any changes to shift planned expenditure away from discharge and step down care to admissions avoidance or other services are expected to enhance UEC flow and improve outcomes.	Yes	

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	
	The ICB has committed to maintaining the NHS minimum contribution to adult social care in line with the BCF planning requirements.	Yes	
National Condition Four: Complying with oversight and support processes	The HWB is fully assured that there are appropriate mechanisms in place to monitor performance against the local goals for the 3 headline metrics and delivery of the BCF plan and that there is a robust governance to address any variances in a timely and appropriate manner	Yes	

Yes

Yes

Yes

Data Quality Issues - Please outline any data quality issues that have impacted on planning and on the completion of the plan			
<p>We don't have full confidence in the discharge ready date figures yet. The records kept by adult social care track all City residents across P0-P3 in detail but national figures do not match this. The City has no local district hospital but the care navigator works closely with the main hospitals that they get referrals from and would be unusual if they are not alerted to a City resident being in hospital.</p> <p>We are developing the TOCH and want to have greater links with ASC staff to ensure collective visibility of data to better manage flow.</p>			

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

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3. Summary

Selected Health and Wellbeing Board:

City of London

Income & Expenditure

[Income >>](#)

Funding Sources	Income	Expenditure	Difference
DFG	£46,024	£46,024	£0
NHS Minimum Contribution	£960,444	£960,444	£0
Local Authority Better Care Grant	£399,287	£399,287	£0
Additional LA Contribution	£100,000	£100,000	£0
Additional ICB Contribution	£0	£0	£0
Total	£1,505,755	£1,505,755	£0

[Expenditure >>](#)

Adult Social Care services spend from the NHS minimum contribution

	2025-26
Minimum required spend	£179,544
Planned spend	£374,076

[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	1,076	1,076	1,435	1,076	717	1,793	1,435	1,435	1,076	1,076	717	1,076

Delayed Discharge

	Apr 25 Plan	May 25 Plan	Jun 25 Plan	Jul 25 Plan	Aug 25 Plan	Sep 25 Plan	Oct 25 Plan	Nov 25 Plan	Dec 25 Plan	Jan 26 Plan	Feb 26 Plan	Mar 26 Plan
Average length of discharge delay for all acute adult patients	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84

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	1,076.0	143.5	143.5	286.9	286.9

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4. Income

Selected Health and Wellbeing Board:

City of London

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
City of London	£46,024
DFG breakdown for two-tier areas only (where applicable)	
Total Minimum LA Contribution (exc Local Authority BCF Grant)	£46,024

Complete:

Local Authority Better Care Grant	Contribution
City of London	£399,287
Total Local Authority Better Care Grant	£399,287

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

Local Authority Additional Contribution	Contribution	Comments - Please use this box to clarify any specific uses or sources of funding
City of London	£100,000	Carry forward iBCF as agreed with DHSC
Total Additional Local Authority Contribution	£100,000	

Yes

NHS Minimum Contribution	Contribution
NHS North East London ICB	£960,444
Total NHS Minimum Contribution	£960,444

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	£960,444	

Yes

	2025-26
Total BCF Pooled Budget	£1,505,755

Funding Contributions Comments
Optional for any useful detail

Nothing additional to add

Yes

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5. Expenditure

Selected Health and Wellbeing Board:

City of London

[<< Link to summary sheet](#)

				2025-26		
Running Balances	Income	Expenditure	Balance			
DFG	£46,024	£46,024	£0			
NHS Minimum Contribution	£960,444	£960,444	£0			
Local Authority Better Care Grant	£399,287	£399,287	£0			
Additional LA contribution	£100,000	£100,000	£0			
Additional NHS contribution	£0	£0	£0			
Total	£1,505,755	£1,505,755	£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		£179,544	£374,076	£0		

Checklist

Column complete:

Scheme ID	Activity	Description of Scheme	Primary Objective	Area of Spend	Provider	Source of Funding	Expenditure for 2025-26 (£)	Comments (optional)
1	Discharge support and infrastructure	Care Navigator Service. Supports safe hospital discharge and link up of services for City residents who attend	5. Timely discharge from hospital	Social Care	Charity / Voluntary Sector	NHS Minimum Contribution	£ 60,000	
2	Support to carers, including unpaid carers	Carer's Support. Contributes to wider commissioned carers support service	3. Supporting unpaid carers	Social Care	Charity / Voluntary Sector	NHS Minimum Contribution	£ 60,000	
3	Discharge support and infrastructure	Brokerage Support. Resources to provide capacity to secure placements	5. Timely discharge from hospital	Social Care	Local Authority	NHS Minimum Contribution	£ 65,000	
4	Discharge support and infrastructure	Comprehensive Discharge Scheme	5. Timely discharge from hospital	Social Care	Private Sector	NHS Minimum Contribution	£ 189,076	This combines a few schemes that were previously funded via different pots of money. <ul style="list-style-type: none"> LA part of minimum contribution - £163,000 NHS minimum contribution (previously described as system pressures - £9283) ICB discharge allocation (£8881) Social care uplift in minimum contribution (£7912)
5	Long-term home-based community health services	Adult Cardiorespiratory Enhanced and Responsive Service (ACERS)	1. Proactive care to those with complex needs	Other	NHS Acute Provider	NHS Minimum Contribution	£ 23,033	Service is part of Homerton acute contract but works across primary and secondary care.
6	Wider local support to promote prevention and independence	Bryning Day Unit/Falls Prevention	1. Proactive care to those with complex needs	Acute	NHS Acute Provider	NHS Minimum Contribution	£ 14,356	

7	Long-term home-based community health services	Asthma Service - This service will lead asthma management in primary care working closely with the lead asthma respiratory consultant at the Homerton Hospital.	1. Proactive care to those with complex needs	Acute	NHS Acute Provider	NHS Minimum Contribution	£ 1,422	
8	End of life care	St Joseph's Hospice - includes a community-based palliative care team and residential hospice care.	4. Preventing unnecessary hospital admissions	Community Health	Charity / Voluntary Sector	NHS Minimum Contribution	£ 86,111	
9	Urgent community response	Paradoc - The service aims to prevent unnecessary hospital admission and ED attendance by providing urgent assessment and provision of intermediate community care by a GP and related community services.	4. Preventing unnecessary hospital admissions	Community Health	NHS Acute Provider	NHS Minimum Contribution	£ 21,213	
10	Long-term home-based community health services	Adult Community Rehabilitation Team	1. Proactive care to those with complex needs	Community Health	NHS Community Provider	NHS Minimum Contribution	£ 163,823	
11	Long-term home-based community health services	Adult Community Nursing	1. Proactive care to those with complex needs	Community Health	NHS Community Provider	NHS Minimum Contribution	£ 218,759	
12	Long-term home-based community health services	GP out of hours home visiting service	4. Preventing unnecessary hospital admissions	Primary Care	Charity / Voluntary Sector	NHS Minimum Contribution	£ 10,744	Social enterprise
13	End of life care	Out of hours rapid response end of life care service	4. Preventing unnecessary hospital admissions	Community Health	Charity / Voluntary Sector	NHS Minimum Contribution	£ 3,998	
14	Evaluation and enabling integration	Neighbourhood Programme - A fundamental part of our system at place - providing the essential building blocks for hyper local community engagement and service delivery. Plans include further development of integrated neighbourhood teams.	1. Proactive care to those with complex needs	Community Health	NHS Community Provider	NHS Minimum Contribution	£ 19,792	
15	Discharge support and infrastructure	Transfer of Care Hub	5. Timely discharge from hospital	Community Health	NHS Acute Provider	NHS Minimum Contribution	£ 17,642	
16	Disabled Facilities Grant related schemes	Disabled Facilities Grant	2. Home adaptations and tech	Other	Local Authority	DFG	£ 46,024	Held within Adult Social Care and recently appointed new Home Improvement Agency from private sector
17	Wider local support to promote prevention and independence	Variety of social care schemes to promote prevention and independence - supporting reduction in hospital admissions and need for long term residential care	6. Reducing the need for long term residential care	Social Care	Local Authority	Local Authority Better Care Grant	£ 323,660	
18	Discharge support and infrastructure	Part of our overall discharge scheme	5. Timely discharge from hospital	Social Care	Local Authority	Local Authority Better Care Grant	£ 75,627	
19	Wider local support to promote prevention and independence	Carry forward iBCF. This funding is used to support the three priorities of the iBCF. It is used flexibly and includes funding for additional placements and staff capacity in areas such as OT.	6. Reducing the need for long term residential care	Social Care	Local Authority	Additional LA Contribution	£ 100,000	This funding is used to support the three priorities of the iBCF. It is used flexibly and includes funding for additional placements and staff capacity in areas such as OT.

20	Long-term home-based community health services	Primary Care	1. Proactive care to those with complex needs	Primary Care	NHS	NHS Minimum Contribution	£ 5,475	
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Guidance for completing Expenditure sheet

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

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

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

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

On the expenditure sheet, please enter the following information:

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:

City of London

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	1,076	1,076	1,435	1,076	717	1,793	1,435	1,435	n/a	n/a	n/a	n/a		
	Number of Admissions 65+	15	15	20	15	10	25	20	20	n/a	n/a	n/a	n/a		
	Population of 65+*	1,394	1,394	1,394	1,394	1,394	1,394	1,394	1,394	1,394	n/a	n/a	n/a		
	Rate	1,076	1,076	1,435	1,076	717	1,793	1,435	1,435	1,076	1,076	717	1,076		
	Number of Admissions 65+	15	15	20	15	10	25	20	20	15	15	10	15		
	Population of 65+	1,394	1,394	1,394	1,394	1,394	1,394	1,394	1,394	1,394	1,394	1,394	1,394		
		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	1,076	1,076	1,435	1,076	717	1,793	1,435	1,435	1,076	1,076	717	1,076		
	Number of Admissions 65+	15	15	20	15	10	25	20	20	15	15	10	15		
	Population of 65+	1,394	1,394	1,394	1,394	1,394	1,394	1,394	1,394	1,394	1,394	1,394	1,394		

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.	Complete:
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	0.89	0.16	2.29	n/a	n/a	n/a	n/a		
	Proportion of adult patients discharged from acute hospitals on their discharge ready date		n/a	n/a	n/a	n/a	n/a	77.1%	94.7%	80.6%	n/a	n/a	n/a	n/a	

For those adult patients not discharged on DRD, average number of days from DRD to discharge	n/a	n/a	n/a	n/a	n/a	3.9	3.0	11.8	n/a	n/a	n/a	n/a	discharge delayed days. In 2024/25, most delays were attributable to health delays / changes and friends and family choice.
	Apr 25 Plan	May 25 Plan	Jun 25 Plan	Jul 25 Plan	Aug 25 Plan	Sep 25 Plan	Oct 25 Plan	Nov 25 Plan	Dec 25 Plan	Jan 26 Plan	Feb 26 Plan	Mar 26 Plan	
Average length of discharge delay for all acute adult patients	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84	We are developing the TOCH and will have greater links with ASC staff to ensure collective visibility of data to better manage flow and help manage health delays.
Proportion of adult patients discharged from acute hospitals on their discharge ready date	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	We used local data for 11 months of 2024-25 to set these targets. These are stretch targets and will be impacted by overall numbers next year. They account for any growth in demand but also based on improving performance through support provided around friends and family
For those adult patients not discharged on DRD, average number of days from DRD to discharge	6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00	

Yes

Yes

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

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

Yes

Yes

8.3 Residential Admissions

		2023-24 Actual	2024-25 Plan	2024-25 Estimated	2025-26 Plan Q1	2025-26 Plan Q2	2025-26 Plan Q3	2025-26 Plan Q4	
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	215.2	717.4	1076.0	143.5	143.5	286.9	286.9	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. Given our small numbers this is based on actual numbers. We have fluctuations between years and between quarters which makes it hard to forecast accurately. Please also note that mid year estimates are not reliable for the City. It is more accurate to use actual 2021 census data.
	Number of admissions	3	10	15	2	2	4	4	
	Population of 65+*	1,394	1,394	1,394	1,394	1,394	1,394	1,394	

Yes

Yes

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

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

Yes

Yes

