

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.

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.

Purpose of Data Collection

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.

Type and Scope of Data

Patient-level data, including identifiable information like NHS numbers, is not required.

Data includes finance, activity, workforce, and planning information as specified in the national guidance documents.

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.

Access, Sharing, and Publication

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.

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.

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.

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).

All information is subject to Freedom of Information requests.

Storage and Security

Data will be securely stored on NHS England servers. Shared data will be minimised and handled per confidentiality and security requirements.

The BCF template is password-protected to ensure data integrity and accurate aggregation. Breaches may require resubmission.

Data Analysis and Use

NHS England will analyse data submissions for feedback, reporting, benchmarking, and system improvement.

Triangulation with other data may be conducted to support deeper analysis and insights and inform decision-making.

Concerns

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 indicators in the Metrics tab. The narrative should elaborate on these headline metrics (and may) also take note of the supplementary indicators. The data for headline metrics will be published on a DHSC hosted metrics dashboard but the sources for each are also listed below:

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

- This is a count of non-elective inpatient spells at English hospitals with a length of stay of at least 1 day, for specific acute treatment functions and patients aged 65+
- This requires inputting of both the planned count of emergency admissions as well as the projection 65+ population figure on monthly basis
- This will then auto populate the rate per 100,000 population for each month

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

Supplementary indicators:

Unplanned hospital admissions for chronic ambulatory care sensitive conditions.

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

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

- This requires inputting the % of total spells where the discharge was on the discharge ready date and also the average length of delay in days for spells where there was a delay.
- A composite measure will then auto calculate for each month described as 'Average length of discharge delay for all 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.

All a local board is for the HWB to decide what information it wants 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 (DHSC, NHS England) to inform policy development.

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

Governance and Sign off

Health and Wellbeing Board:	East Sussex
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.	Next HWB meeting is in July
If no please indicate when the HWB is expected to sign off the plan:	Tue 15/07/2025 << Please enter using the format, DD/MM/YYYY

Submitted by:	Sally Reed
Role and organisation:	Joint Commissioning Manager, East Sussex County Council/NHS
E-mail:	sally.reed@eastsussex.gov.uk
Contact number:	7825926603
Documents Submitted (please select from drop down)	
In addition to this template the HWB is submitting the following:	Narrative C&O National Template

	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	Keith	Glazier	cllr.keith.glazier@eastsussex.gov.uk	
	Health and Wellbeing Board Chair					
Named Accountable person	Local Authority Chief Executive	Ms	Becky	Shaw	becky.shaw@eastsussex.gov.uk	
	ICB Chief Executive 1	Mr	Mark	Smith	mark.smith25@nhs.net	NHS Sussex ICB
	ICB Chief Executive 2 (where required)					
	ICB Chief Executive 3 (where required)					
Finance sign off	LA Section 151 Officer	Mr	Ian	Gutsell	ian.gutsell@eastsussex.gov.uk	
	ICB Finance Director 1	Ms	Hannah	Hamilton	hannah.hamilton2@nhs.net	NHS Sussex ICB
	ICB Finance Director 2 (where required)					
	ICB Finance Director 3 (where required)					
Area assurance contacts	Local Authority Director of Adult Social Services	Mr	Mark	Stainton	mark.stainton@eastsussex.gov.uk	
	DFG Lead	Mr	Ian	Gutsell	ian.gutsell@eastsussex.gov.uk	
	ICB Place Director 1	Mr	Ashley	Scarff	ashley.scarff@nhs.net	NHS Sussex ICB
	ICB Place Director 2 (where required)					
	ICB Place Director 3 (where required)					
Please add any additional key contacts who have been responsible for completing the plan						

Assurance Statements

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

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

Figures included in the capacity and demand plan contain a range of sources with a range of data quality risks. We have sought to minimise this risk through triangulation of all available data sources.

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:

East Sussex

Income & Expenditure

[Income >>](#)

Funding Sources	Income	Expenditure	Difference
DFG	£10,080,084	£10,080,084	£0
NHS Minimum Contribution	£58,475,129	£58,475,129	£0
Local Authority Better Care Grant	£26,865,023	£26,865,023	£0
Additional LA Contribution	£10,694,000	£10,694,000	£0
Additional ICB Contribution	£0	£0	£0
Total	£106,114,236	£106,114,236	£0

[Expenditure >>](#)

Adult Social Care services spend from the NHS minimum contribution

	2025-26
Minimum required spend	£27,116,853
Planned spend	£27,370,178

[Metrics >>](#)

Emergency admissions

	Apr 25 Plan	May 25 Plan	Jun 25 Plan	Jul 25 Plan	Aug 25 Plan
Emergency admissions to hospital for people aged 65+ per 100,000 population	1,407	1,448	1,343	1,438	1,357

Delayed Discharge

	Apr 25 Plan	May 25 Plan	Jun 25 Plan	Jul 25 Plan	Aug 25 Plan
Average length of discharge delay for all acute adult patients	1.91	1.91	1.91	1.91	1.91

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	546.2	136.0	136.7	136.7	136.7

4. Income

East Sussex

Local Authority Better Care Grant	Contribution
East Sussex	£26,865,023
Total Local Authority Better Care Grant	£26,865,023

Yes

NHS Minimum Contribution	Contribution
NHS Sussex ICB	£58,475,129
Total NHS Minimum Contribution	£58,475,129

No

	2025-26
Total BCF Pooled Budget	£106,114,236

DFG prior year underspend is an estimate based on figures from both ESCC and responses received to date from the 5 District and Borough Councils who receive the DFG

Better Care Fund 2025-26 Planning Template

5. Expenditure

Selected Health and Wellbeing Board:

East Sussex

<< Link to summary sheet

2025-26				
Running Balances	Income	Expenditure	Balance	
DFG	£10,080,084	£10,080,084	£0	
NHS Minimum Contribution	£58,475,129	£58,475,129	£0	
Local Authority Better Care Grant	£26,865,023	£26,865,023	£0	
Additional LA contribution	£10,694,000	£10,694,000	£0	
Additional NHS contribution	£0	£0	£0	
Total	£106,114,236	£106,114,236	£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	£27,116,853	£27,370,178	£0

Checklist

Column complete:

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 Long-term home-based social care services	Protecting ASC Services - Independent Sector home based care (BCG)	6. Reducing the need for long term residential care	Social Care	Private Sector	Local Authority Better Care Grant	£ 8,710,644	Accounts for around 9% of ESCC net spend on non-residential Independent Sector at 24/25 levels			
	2 Long-term residential/nursing home care	Protecting ASC Services - Independent Sector residential based care (BCG)	4. Preventing unnecessary hospital admissions	Social Care	Private Sector	Local Authority Better Care Grant	£ 13,065,967	Accounts for around 9% of ESCC net spend on residential Independent Sector at 24/25 levels			
	3 Discharge support and infrastructure	Hospital Discharges - Domiciliary Home care capacity - Spot Contracts	5. Timely discharge from hospital	Social Care	Private Sector	Local Authority Better Care Grant	£ 1,309,491	Scheme 3 to fund around 2,000 homecare spot contract hours per week			
	3 Discharge support and infrastructure	Hospital Discharges - Domiciliary Home care capacity - Spot Contracts	5. Timely discharge from hospital	Community Health	Private Sector	Local Authority Better Care Grant	£ 1,309,492	Scheme 3 to fund around 2,000 homecare spot contract hours per week			
	3 Discharge support and infrastructure	Hospital Discharges - Domiciliary Home care capacity - Block Hours	5. Timely discharge from hospital	Social Care	Private Sector	Local Authority Better Care Grant	£ 468,000	Scheme 3 to fund 980 block hours per week			
	3 Discharge support and infrastructure	Hospital Discharges - Domiciliary Home care capacity - Block Hours	5. Timely discharge from hospital	Community Health	Private Sector	Local Authority Better Care Grant	£ 468,000	Scheme 3 to fund 980 block hours per week			
	4 Discharge support and infrastructure	Hospital Discharges - D2A Block Beds (BCG)	5. Timely discharge from hospital	Community Health	Private Sector	Local Authority Better Care Grant	£ 703,929	To fund 9 D2A block beds @ £1,500 per bed per week			
	5 Discharge support and infrastructure	Hospital Discharges - Additional ASC Assessment	5. Timely discharge from hospital	Social Care	Private Sector	Local Authority Better Care Grant	£ 480,000	Additional social workers via agencies to support discharge assessments			
	6 Discharge support and infrastructure	Hospital Discharges - OT in-reach to D2A beds	5. Timely discharge from hospital	Social Care	Local Authority	Local Authority Better Care Grant	£ 187,500				
	7 Discharge support and infrastructure	Hospital Discharges - JCR in-reach	5. Timely discharge from hospital	Social Care	Local Authority	Local Authority Better Care Grant	£ 162,000				
	8 Disabled Facilities Grant related schemes	Disabled Facilities Grant - 2025/26 Grant	2. Home adaptations and tech	Other	Local Authority	DFG	£ 10,080,084	To be passported in full to District and Borough Councils			
	8 Disabled Facilities Grant related schemes	Disabled Facilities Grant - Prior Year Carry Forwards	2. Home adaptations and tech	Other	Local Authority	Additional LA Contribution	£ 10,000,000	Estimate based on the responses received to date			
	9 Support to carers, including unpaid carers	Carers - ESCC funded VCSE contracts	3. Supporting unpaid carers	Social Care	Charity / Voluntary Sector	Additional LA Contribution	£ 589,900	All of Carers expenditure is included within the BCF across various scheme ID's			
	9 Support to carers, including unpaid carers	Carers - ESCC funded VCSE contracts	3. Supporting unpaid carers	Community Health	Charity / Voluntary Sector	Additional LA Contribution	£ 104,100	All of Carers expenditure is included within the BCF across various scheme ID's			
	10 Long-term home-based social care services	Protecting ASC Services - Independent Sector home based care	6. Reducing the need for long term residential care	Social Care	Private Sector	NHS Minimum Contribution	£ 6,514,589	Accounts for around 7% of ESCC net spend on non-residential Independent Sector at 24/25 levels			
	11 Long-term residential/nursing home care	Protecting ASC Services - Independent Sector residential based care	4. Preventing unnecessary hospital admissions	Social Care	Private Sector	NHS Minimum Contribution	£ 9,771,885	Accounts for around 7% of ESCC net spend on residential Independent Sector at 24/25 levels			
	12 Bed-based intermediate care (short-term bed-based rehabilitation, reablement and recovery services)	Bed Based Intermediate Care at Milton Grange	5. Timely discharge from hospital	Social Care	Local Authority	NHS Minimum Contribution	£ 1,938,721	Scheme 12 funds the direct costs of 27 generic intermediate care beds for short term intensive support			
	12 Bed-based intermediate care (short-term bed-based rehabilitation, reablement and recovery services)	Bed Based Intermediate Care at Milton Grange	5. Timely discharge from hospital	Community Health	Local Authority	NHS Minimum Contribution	£ 1,938,722	Scheme 12 funds the direct costs of 27 generic intermediate care beds for short term intensive support			
	13 Home-based intermediate care (short-term home-based rehabilitation, reablement and recovery services)	Joint Community Rehabilitation (JCR)	5. Timely discharge from hospital	Social Care	Local Authority	NHS Minimum Contribution	£ 434,467				
	13 Home-based intermediate care (short-term home-based rehabilitation, reablement and recovery services)	Joint Community Rehabilitation (JCR)	5. Timely discharge from hospital	Community Health	Local Authority	NHS Minimum Contribution	£ 434,467				
	14 Support to carers, including unpaid carers	Carers - Independent Sector Respite	3. Supporting unpaid carers	Social Care	Private Sector	NHS Minimum Contribution	£ 1,655,732	All of Carers expenditure is included within the BCF across various scheme ID's			
	14 Support to carers, including unpaid carers	Carers - Independent Sector Respite	3. Supporting unpaid carers	Community Health	Private Sector	NHS Minimum Contribution	£ 292,188	All of Carers expenditure is included within the BCF across various scheme ID's			
	15 Support to carers, including unpaid carers	Carers - Carers Personal Budgets	3. Supporting unpaid carers	Social Care	Local Authority	NHS Minimum Contribution	£ 673,200	All of Carers expenditure is included within the BCF across various scheme ID's			
	15 Support to carers, including unpaid carers	Carers - Carers Personal Budgets	3. Supporting unpaid carers	Community Health	Local Authority	NHS Minimum Contribution	£ 118,800	All of Carers expenditure is included within the BCF across various scheme ID's			
	16 Support to carers, including unpaid carers	Carers - BCF Funded VCSE Contracts	3. Supporting unpaid carers	Social Care	Charity / Voluntary Sector	NHS Minimum Contribution	£ 569,031	All of Carers expenditure is included within the BCF across various scheme ID's			
	16 Support to carers, including unpaid carers	Carers - BCF Funded VCSE Contracts	3. Supporting unpaid carers	Community Health	Charity / Voluntary Sector	NHS Minimum Contribution	£ 100,417	All of Carers expenditure is included within the BCF across various scheme ID's			
	17 Support to carers, including unpaid carers	Carers - Staff	3. Supporting unpaid carers	Social Care	Local Authority	NHS Minimum Contribution	£ 196,480	All of Carers expenditure is included within the BCF across various scheme ID's			
	17 Support to carers, including unpaid carers	Carers - Staff	3. Supporting unpaid carers	Community Health	Local Authority	NHS Minimum Contribution	£ 34,673	All of Carers expenditure is included within the BCF across various scheme ID's			
	18 Support to carers, including unpaid carers	Carers - MH Carers Breaks	3. Supporting unpaid carers	Social Care	Local Authority	NHS Minimum Contribution	£ 270,035	All of Carers expenditure is included within the BCF across various scheme ID's			
	18 Support to carers, including unpaid carers	Carers - MH Carers Breaks	3. Supporting unpaid carers	Community Health	Local Authority	NHS Minimum Contribution	£ 47,653	All of Carers expenditure is included within the BCF across various scheme ID's			
	18 Wider local support to promote prevention and independence	Dementia Post Diagnostic Support Services	1. Proactive care to those with complex needs	Mental Health	Local Authority	NHS Minimum Contribution	£ 912,731				
	19 Evaluation and enabling integration	Business Development - Project & Systems	2. Home adaptations and tech	Social Care	Local Authority	NHS Minimum Contribution	£ 313,208				
	19 Evaluation and enabling integration	Pan Sussex IMCA Advocacy	1. Proactive care to those with complex needs	Social Care	Charity / Voluntary Sector	NHS Minimum Contribution	£ 41,200				
	19 Evaluation and enabling integration	Care Act Duties - Organisation Development Team	1. Proactive care to those with complex needs	Social Care	Local Authority	NHS Minimum Contribution	£ 113,826				
	19 Evaluation and enabling integration	Care Act Duties - County Wide Review Team	6. Reducing the need for long term residential care	Social Care	Local Authority	NHS Minimum Contribution	£ 489,438				
	19 Evaluation and enabling integration	Care Act Duties - Performance Team	3. Supporting unpaid carers	Social Care	Local Authority	NHS Minimum Contribution	£ 58,167				
	19 Evaluation and enabling integration	Care Act Duties - Safeguarding Adults	1. Proactive care to those with complex needs	Social Care	Local Authority	NHS Minimum Contribution	£ 80,963				

19	Evaluation and enabling integration	Care Act Duties - Community Relations	1. Proactive care to those with complex needs	Social Care	Local Authority	NHS Minimum Contribution	£ 105,300	
19	Evaluation and enabling integration	Care Act Duties - Occupational Therapists	1. Proactive care to those with complex needs	Social Care	Local Authority	NHS Minimum Contribution	£ 196,823	
20	Discharge support and infrastructure	Enhanced HIT	4. Preventing unnecessary hospital admissions	Social Care	Local Authority	NHS Minimum Contribution	£ 184,452	
65	Discharge support and infrastructure	Weekend working at ESH	4. Preventing unnecessary hospital admissions	Social Care	Local Authority	NHS Minimum Contribution	£ 46,113	
65	Discharge support and infrastructure	Weekend working at ESH	4. Preventing unnecessary hospital admissions	Community Health	Local Authority	NHS Minimum Contribution	£ 46,112	
21	Evaluation and enabling integration	Health and Social Care Connect (HSCC)	4. Preventing unnecessary hospital admissions	Community Health	Local Authority	NHS Minimum Contribution	£ 883,821	HSCC (schemes 21 and 22) is a joint LA and NHS service. ESCC provide an additional £2m of funding.
22	Evaluation and enabling integration	Health and Social Care Connect (HSCC) - Overnight Service	4. Preventing unnecessary hospital admissions	Social Care	Local Authority	NHS Minimum Contribution	£ 146,785	HSCC (schemes 21 and 22) is a joint LA and NHS service. ESCC provide an additional £2m of funding.
22	Evaluation and enabling integration	Health and Social Care Connect (HSCC) - Overnight Service	4. Preventing unnecessary hospital admissions	Community Health	Local Authority	NHS Minimum Contribution	£ 146,784	HSCC (schemes 21 and 22) is a joint LA and NHS service. ESCC provide an additional £2m of funding.
23	Evaluation and enabling integration	Staffing - Transformation, Mental Health and Joint Commissioning	1. Proactive care to those with complex needs	Social Care	Local Authority	NHS Minimum Contribution	£ 300,317	Schme 23 covers 9.5 FTE in total
23	Evaluation and enabling integration	Staffing - Transformation, Mental Health and Joint Commissioning	1. Proactive care to those with complex needs	Community Health	Local Authority	NHS Minimum Contribution	£ 300,318	Schme 23 covers 9.5 FTE in total
24	Assistive technologies and equipment	Integrated Community Equipment Services (ICES)	2. Home adaptations and tech	Community Health	Private Sector	NHS Minimum Contribution	£ 3,136,350	This represents 50% of the ICES budget - the remainder is held by the LA and is underpinned by a 575
25	Wider local support to promote prevention and independence	VCSE Contracts	1. Proactive care to those with complex needs	Social Care	Charity / Voluntary Sector	NHS Minimum Contribution	£ 373,594	Covers 6 different services. Some of the contracts also have non-BCF funded elements
25	Wider local support to promote prevention and independence	VCSE Contracts	1. Proactive care to those with complex needs	Community Health	Charity / Voluntary Sector	NHS Minimum Contribution	£ 373,594	Covers 6 different services. Some of the contracts also have non-BCF funded elements
26	Wider local support to promote prevention and independence	Mental Health VCSE Contracts	1. Proactive care to those with complex needs	Social Care	Charity / Voluntary Sector	NHS Minimum Contribution	£ 958,551	Scheme 26 also has non-BCF funded elements. Total contract value is around £3.5m
26	Wider local support to promote prevention and independence	Mental Health VCSE Contracts	1. Proactive care to those with complex needs	Mental Health	Charity / Voluntary Sector	NHS Minimum Contribution	£ 1,437,827	Scheme 26 also has non-BCF funded elements. Total contract value is around £3.5m
27	Wider local support to promote prevention and independence	HHR - Promote maternal and infant wellbeing	4. Preventing unnecessary hospital admissions	Community Health	NHS Community Provider	NHS Minimum Contribution	£ 75,338	
28	Wider local support to promote prevention and independence	HHR - Parenting Programme	4. Preventing unnecessary hospital admissions	Community Health	Local Authority	NHS Minimum Contribution	£ 133,784	
29	Wider local support to promote prevention and independence	HHR - Independent Domestic Violence Advisor	1. Proactive care to those with complex needs	Social Care	Charity / Voluntary Sector	NHS Minimum Contribution	£ 50,900	
30	Wider local support to promote prevention and independence	HHR - Welfare Benefits Advice	1. Proactive care to those with complex needs	Social Care	Charity / Voluntary Sector	NHS Minimum Contribution	£ 386,840	
31	Discharge support and infrastructure	Hospital Discharges + - D2A Spot Beds	5. Timely discharge from hospital	Social Care	Private Sector	NHS Minimum Contribution	£ 408,683	Scheme 31 funds up to 10 beds at any one time at around £1,500 per bed per week
31	Discharge support and infrastructure	Hospital Discharges + - D2A Spot Beds	5. Timely discharge from hospital	Community Health	Private Sector	NHS Minimum Contribution	£ 408,683	Scheme 31 funds up to 10 beds at any one time at around £1,500 per bed per week
32	Discharge support and infrastructure	Hospital Discharges - D2A Block Beds	5. Timely discharge from hospital	Community Health	Private Sector	NHS Minimum Contribution	£ 3,678,901	Funding 47 beds at around £1,500 per bed per week
33	Discharge support and infrastructure	Hospital Discharges - Tail costs for D2A beds	5. Timely discharge from hospital	Community Health	Private Sector	NHS Minimum Contribution	£ 200,000	
34	Discharge support and infrastructure	Hospital Discharges - Assisted Discharge Home - BRC	5. Timely discharge from hospital	Community Health	Charity / Voluntary Sector	NHS Minimum Contribution	£ 125,256	
35	Home-based intermediate care (short-term home-based rehabilitation, reablement and recovery services)	ESHT Community Programme	4. Preventing unnecessary hospital admissions	Community Health	NHS Community Provider	NHS Minimum Contribution	£ 8,219,419	
36	Wider local support to promote prevention and independence	Diabetes Support in HWLH area	1. Proactive care to those with complex needs	Community Health	NHS Community Provider	NHS Minimum Contribution	£ 1,236,064	
37	Wider local support to promote prevention and independence	Enhanced Health in Care Homes	1. Proactive care to those with complex needs	Community Health	NHS Community Provider	NHS Minimum Contribution	£ 1,207,602	
38	Home-based intermediate care (short-term home-based rehabilitation, reablement and recovery services)	Intermediate Care Services (ICR in HWLH)	4. Preventing unnecessary hospital admissions	Community Health	NHS Community Provider	NHS Minimum Contribution	£ 902,652	
39	Wider local support to promote prevention and independence	Medicines Optimisation in Care Homes (MOCH)	1. Proactive care to those with complex needs	Community Health	NHS Community Provider	NHS Minimum Contribution	£ 743,362	
40	Wider local support to promote prevention and independence	Multi-disciplinary frailty services in HWLH area	1. Proactive care to those with complex needs	Community Health	NHS Community Provider	NHS Minimum Contribution	£ 499,102	
41	Urgent community response	Lewes Community Hospital based UCR	4. Preventing unnecessary hospital admissions	Community Health	NHS Community Provider	NHS Minimum Contribution	£ 481,821	
42	Wider local support to promote prevention and independence	IAPT (Access to Psychological Therapies in HWLH)	1. Proactive care to those with complex needs	Mental Health	NHS Mental Health Provider	NHS Minimum Contribution	£ 357,808	
43	Wider local support to promote prevention and independence	Dieticians in Meds Management team	1. Proactive care to those with complex needs	Community Health	NHS Community Provider	NHS Minimum Contribution	£ 96,568	
44	Wider local support to promote prevention and independence	Consultant pharmacist in diabetes	1. Proactive care to those with complex needs	Community Health	NHS Community Provider	NHS Minimum Contribution	£ 77,254	
46	Wider local support to promote prevention and independence	MH VCSE contracts - Southdown Housing Association	1. Proactive care to those with complex needs	Social Care	Charity / Voluntary Sector	NHS Minimum Contribution	£ 204,220	
46	Wider local support to promote prevention and independence	MH VCSE contracts - Southdown Housing Association	1. Proactive care to those with complex needs	Mental Health	Charity / Voluntary Sector	NHS Minimum Contribution	£ 306,329	
47	Wider local support to promote prevention and independence	High Intensity User Service: Red Cross	4. Preventing unnecessary hospital admissions	Community Health	Charity / Voluntary Sector	NHS Minimum Contribution	£ 181,000	
48	Evaluation and enabling integration	Our Care Connected (OCC) IT Project Staff	2. Home adaptations and tech	Community Health	NHS	NHS Minimum Contribution	£ 274,455	
49	Discharge support and infrastructure	Programme Manager - Hospital Discharge	5. Timely discharge from hospital	Community Health	NHS Community Provider	NHS Minimum Contribution	£ 91,485	
50	Wider local support to promote prevention and independence	HHR - Health and Wellbeing Community Hubs	4. Preventing unnecessary hospital admissions	Community Health	Charity / Voluntary Sector	NHS Minimum Contribution	£ 96,807	
51	Wider local support to promote prevention and independence	HHR - Southern Housing: Co-investment Programme	4. Preventing unnecessary hospital admissions	Community Health	Charity / Voluntary Sector	NHS Minimum Contribution	£ 19,800	
52	Wider local support to promote prevention and independence	HHR - Safe Space - Eastbourne	4. Preventing unnecessary hospital admissions	Community Health	Charity / Voluntary Sector	NHS Minimum Contribution	£ 5,090	
53	Discharge support and infrastructure	Hospital Discharges + - Transfer of Care Hub (TOCH)	5. Timely discharge from hospital	Social Care	NHS Community Provider	NHS Minimum Contribution	£ 508,250	
53	Discharge support and infrastructure	Hospital Discharges + - Transfer of Care Hub (TOCH)	5. Timely discharge from hospital	Community Health	NHS Community Provider	NHS Minimum Contribution	£ 508,250	
54	Discharge support and infrastructure	Hospital Discharges + - Contribution to PMO	5. Timely discharge from hospital	Community Health	NHS	NHS Minimum Contribution	£ 111,600	PMO is run Sussex wide
55	Discharge support and infrastructure	Hospital Discharges - Weekend Discharge Team	5. Timely discharge from hospital	Acute	NHS Acute Provider	NHS Minimum Contribution	£ 342,408	
56	Discharge support and infrastructure	Hospital Discharges - Mental Health MAP9 / HIU Discharge Co-ordinators	5. Timely discharge from hospital	Social Care	NHS Mental Health Provider	NHS Minimum Contribution	£ 148,152	

[illegible]

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 BCF.

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 HMB, 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 (£12025-26):
- 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) Supportive (2026/27)	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/ care 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:

East Sussex

8.1 Emergency admissions

Emergency admissions to hospital for people aged 65+ per 100,000 population	Rate	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.											
	Number of Admissions 65+	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25
		Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual
		1,422	1,462	1,357	1,452	1,371	1,275	1,435	1,269	n/a	n/a	n/a	n/a
		2090	2,150	1,995	2,135	2,015	1,875	2,110	1,865	n/a	n/a	n/a	n/a
		147,024	147,024	147,024	147,024	147,024	147,024	147,024	147,024	n/a	n/a	n/a	n/a
		Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26
		Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan
		1,407	1,448	1,343	1,438	1,357	1,262	1,421	1,337	1,326	1,314	1,303	1,292
		2069	2129	1975	2114	1995	1856	2089	1965	1949	1932	1915	1899
	147,024	147,024	147,024	147,024	147,024	147,024	147,024	147,024	147,024	147,024	147,024	147,024	
	Baseline data has been published at a LA level since September 2024. Our ability to accurately reflect seasonal trends is currently limited and is therefore based off of aligned measures. Sussex system plans have been recast to present plans for 25/26 by each HWB area. This reflects the wider operating plans for the system. Further work will be undertaken in year to agree and sign-off local ambitions to go further with improvements beyond the trajectories shown at the point of submission.												

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

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

8.2 Discharge Delays

*Dec Actual onwards are not available at time of publication

																			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 <small>(this calculates the % of patients discharged after their DRD, multiplied by the average number of days)</small>	n/a	n/a	n/a	n/a	n/a	Aug 24 Actual	Sep 24 Actual	Oct 24 Actual	Nov 24 Actual	Dec 24 Actual	Jan 25 Actual	Feb 25 Actual	Mar 25 Actual						Baseline data has been published at a LA level since September 2024. Our ability to accurately reflect seasonal trends is currently limited and is therefore based off of aligned measures. Sussex system plans have been recast to present plans for 25/26 by each HWB area. This reflects the wider operating plans for the system. Further work will be undertaken in year to agree and sign-off local ambitions to go further with improvements beyond the trajectories shown at the point of submission.
Proportion of adult patients discharged from acute hospitals on their discharge ready date	n/a	n/a	n/a	n/a	n/a	n/a	81.4%	82.1%	81.2%	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	n/a	11.7	9.3	10.1	n/a	n/a	n/a	n/a						
	Apr 25 Plan	May 25 Plan	Jun 25 Plan	Jul 25 Plan	Aug 25 Plan	Sep 25 Plan	Oct 25 Plan	Nov 25 Plan	Dec 25 Plan	Jan 26 Plan	Feb 26 Plan	Mar 26 Plan							
Average length of discharge delay for all acute adult patients	1.91	1.91	1.91	1.91	1.91	1.91	1.91	1.91	1.91	1.91	1.91	1.91	1.91						
Proportion of adult patients discharged from acute hospitals on their discharge ready date	81.6%	81.6%	81.6%	81.6%	81.6%	81.6%	81.6%	81.6%	81.6%	81.6%	81.6%	81.6%	81.6%						
For those adult patients not discharged on DRD, average number of days from DRD to discharge	10.37	10.37	10.37	10.37	10.37	10.37	10.37	10.37	10.37	10.37	10.37	10.37	10.37						

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	No
Local data on average length of delay by discharge pathway.	Number of days	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	
	Rate	462.5	372.0	546.2	136.0	136.7	136.7	136.7	
	Number of admissions	680	547	803	200	201	201	201	
<p>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.</p> <p>Delaying dependence through maximising people's independence (through reablement) remains a priority for East Sussex. We have a strong reablement offer and home care market along with an effective integrated community</p>									

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Population of 65+*	147,024	147,024	147,024	147,024	147,024	147,024	
<p>equipment service. The East Sussex OT clinics and approaches to housing adaptations and have received national recognition for leadership, innovation and person-centred services.</p> <p>However, of the 240,100 households in East Sussex, 17.2% contain an older person living alone (compared to 12.8% in England). (2021 Census). In addition, by 2028, around 20,000 more people in East Sussex will be living with two or more long-term health conditions than was the case a decade earlier. Given the local demographic and increasing complexity of need individuals are presenting, our target will be to maintain the 24/25 level of permanent admissions in 25/26.</p>								

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

Better Care Fund 2025-26 Update Template

7: National Condition Planning Requirements

Health and wellbeing board

East Sussex

National Condition	Planning expectation that BCF plan should:	Where should this be completed	HWB submission meets expectation	Where the Planning requirement is not met, please note the actions in place towards meeting the requirement	Timeframe for resolution
1. Plans to be jointly agreed	Reflect local priorities and service developments that have been developed in partnership across health and care, including local NHS trusts, social care providers, voluntary and community service partners and local housing authorities	Planning Template - Cover sheet Narrative Plan - Overview of Plan			
	Be signed off in accordance with organisational governance processes across the relevant ICB and local authorities	Planning Template - Cover sheet	Yes		
	Must be signed by the HWB chair, alongside the local authority and ICB chief executives – this accountability must not be delegated	Planning Template - Cover sheet	Yes		
2. Implementing the objectives of the BCF	Set out a joint system approach for meeting the objectives of the BCF which reflects local learning and national best practice and delivers value for money	Narrative Plan - Section 2	Yes		
	Set goals for performance against the 3-headline metrics which align with NHS operational plans and local authority adult social care plans, including intermediate care capacity and demand plans	Planning Template - Metrics	Yes		
	Demonstrate a 'home first' approach and a shift away from avoidable use of long-term residential and nursing home care	Narrative Plan - Section 2	Yes		
	Following the consolidation of the previously ring-fenced Discharge Fund, specifically explain why any changes to the use of the funds compared to 2024-25 are expected to enhance urgent and emergency care flow (combined impact of admission avoidance and reducing length of stay and improving discharge)	Narrative Plan - Section 2			
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			
	Set out how expenditure is in line with funding requirements, including the NHS minimum contribution to adult social care		Yes		
4. Complying with oversight and 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			
	Demonstrate effective joint system governance is in place to: submit required quarterly reporting, review performance against plan objectives and performance, and change focus and resourcing if necessary to bring delivery back on track	Narrative Plan - Executive Summary	Yes		
Complete					