

**LEICESTER CITY HEALTH AND WELLBEING BOARD
DATE**

Subject:	Leicester City BCF 25/26 plan
Presented to the Health and Wellbeing Board by:	Ruth Lake
Author:	Leicester City Council & Leicester, Leicestershire & Rutland ICB

Does the report concern any of the below groups?				
Severe Mental Illness	Learning Disability	Homelessness	Care Experience Children and Young People	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EXECUTIVE SUMMARY:

Briefing paper – BCF Planning 2025-2026

Context

BCF planning requirements and subsequent documents for the financial year 2025-2026 had a submission deadline of: **31st March 2025**.

Leicester City BCF plans need to be approved by the relevant HWB as per the national governance requirements, as well as signed confirmation from local authority and ICB chief executives.

We commenced partnership working with our system partners as outlined in the BCF Framework 2025-2026 to ensure these deadlines were met, with a clear understanding that narrative would be written where system programmes are referenced, with localisation for each section of the plan where required.

Requirement Snapshot

Each year, the BCF plan and template must demonstrate compliance against a set of national conditions. The BCF Policy Framework sets out the four national conditions that all BCF plans must meet to be approved. These are:

- **National Condition 1:** Plans to be jointly agreed
- **National Condition 2:** Implementing the objectives of the BCF
- **National Condition 3:** Complying with the grant conditions and the BCF funding conditions
- **National Condition 4:** Complying with the oversight and support processes

NHS England published allocations from the national ringfenced NHS contribution for each ICB and HWB area for 2025-2026. The allocations of the NHS contribution to the BCF have been increased by **3.93%** on the local authority maintained spend for each HWB area.

Since 2020-2021, the grant determination for the iBCF funding that was previously paid as a separate grant for managing winter pressures has been included as part of the iBCF grant and now forms part of the baseline for LAs and ICBs, but is not ringfenced for use in winter.

Ringfenced DFG funding continues to be allocated through the BCF and will continue to be paid to upper-tier local councils. The statutory duty to provide DFGs to those who qualify for them is placed on local housing authorities. Therefore, each area must ensure that sufficient funding is allocated from the DFG monies to enable housing authorities to continue to meet their statutory duty to provide adaptations to the homes of eligible people of all ages.

As stated in the 25/26 BCF National Guidance, LLR ICB discharge funding of £8.7m will form part of the BCF's contribution to enable local areas to build additional adult social care (ASC) and community-based reablement capacity to reduce delayed discharges and improve outcomes for patients. As in previous years, the ICB will agree with relevant local HWBs how the ICB element of funding will be allocated rather than being set as part of overall BCF allocations, and this should be based on allocations proportionate to local area need.

Spending related conditions: In each HWB area, the NHS minimum contributions for local authorities maintained spend has been uplifted by 3.93% for 25/26. ICB commissioned out of hospital services have not been uplifted but is now to include the discharge funding as part of the minimum contribution.

The 2025-2026 BCF Policy Framework sets national metrics (performance objectives) that must be included in BCF plans. There are 2 overarching objectives:

- Reform to support the shift from sickness to prevention
- Reform to support people living independently and the shift from hospital to home

Key metrics include:

- Emergency admissions to hospital for people aged 65+ per 100,000 population
- Average length of discharge delay for all acute adult patients, derived from a combination of proportion of adult patients discharge from acute hospitals on their discharge ready date (DRD) and for those adult patients not discharged on DRD, average number of days from DRD to discharge
- Long-term admissions to residential care homes and nursing homes for people aged 65+ per 100,000 population

Approach across health and care

Given the strength of our BCF submissions in previous years, our approach remains largely the same – where possible, system level narrative through each programme lead will be provided, with localisation where required.

This year, once again, the system had the opportunity to learn from LLR place based BCF programmes, taking the strength of each to continuously improve.

Governance process to date

6th March 2025: BCF sub-group

17th March 2025: Collaborative meeting to agree schemes and allocations
Leicester Integrated Health and Care Group to sign off plan

RECOMMENDATIONS:

The Health and Wellbeing Board is requested to: Note and approve