Better Care Fund 2025-26 Quarter 2 Submission

6th November 2025

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Purpose

The Better Care Fund (BCF) requires areas to jointly agree to deliver health and social care services supporting improvement in outcomes against the following BCF policy objectives:

- Enable people to stay well, safe and independent for longer
- Provide the right care in the right place at the right time.

The Hospital Discharge Fund, Disabled Facilities Grant and the Improved Better Care Fund (iBCF) are elements of the Better Care Fund 2025-26

Oldham's allocation 2025-26

Funding Sources	Income
DFG	£2,907,639
NHS Minimum Contribution	£26,081,512
Local Authority Better Care Grant	£13,801,769
Total	**£42,790,920**

Reporting and timelines

- The BCF plan for 2025-26 was signed off at the April Health and Wellbeing Board, and agreed to delegate the decision to submit quarterly reporting templates to the Place-Based Lead and Oldham Council's Chief Executive, in consultation with the Director of Adult Social Care (DASS).
- The reporting schedule for the current year is:

Report	Submission Deadline	Health and Wellbeing Board sign off
~~Quarter 1~~	~~15th August 2025~~	~~11th September 2025~~
Quarter 2	11th November	15th January 2026
Quarter 3	31st January 2025	5th March 2026
End of Year Report	29th May 2026	TBC

Quarter 2 Report Requirements

- Confirmation of meeting national conditions
- Metrics
- High level spend to date
- Same template as Quarter 1, which is usually a lighter touch. Unclear if this template will remain in place for Quarter 3.

Metrics – ICB Led

Emergency Admissions

- Emergency admissions to hospital for people aged 65+ per 100,000 population
  - On track to meet goal
  - GM data suggests that 65+ admissions are generally falling and have been below the 682 target in in month of Q2

Discharge delays

- Average length of discharge delay for all acute adult patients
  - On track to meet goal (this is an improved position from Q1)
  - Average delay of 8.61 days in Quarter. Local data shows a spike in August, with recovery in September which is attributed to staff holidays. The general trend is downwards compared to 2024/25

Metrics – Council Led

Residential Admissions

- Long term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population
  - On track meet goal
  - Year to date 122 admissions tracks as below the annual target of 272. Based upon the first two quarters, we are below target by 14 admissions, however we anticipate a slight increase in admissions over the winter period.

Expenditure

- Quarter 2 Year to date DFG expenditure spend £1,294,152
- Quarter 2 Total expenditure to date £21,235,793
- Actual expenditure is 50% of planned income as the majority of contracts are block arrangements with either Northern Care Alliance or Pennine Care Foundation Trust. This creates a consistent monthly expenditure profile with no material seasonal variation, meaning quarter 1 spend aligns closely with one quarter of the annual plan

Case Study – Falls Prevention

Mrs A aged 89 attends a weekly falls prevention classes at Tandle View Court in Royton.

- In the 12 months prior to attending the classes Mrs A had 3 falls.
- She had a stroke prior to her referral, has LVF (left ventricular failure), Heart Disease, Stage 3 Kidney Disease, Osteoporosis, Diverticulitis, Hiatus Hernia and Anxiety. She was on multiple medications.
- The left side of her body was affected by the stroke and she was unable to lift her arm up above shoulder level. She had stopped going out due to anxiety and a fear of falling due to being unsteady.
- Following an assessment by the CRAFT (Community Rehab and Falls Team) she received several home visits and a home exercise programme. She follows the home exercise programme 3 times a week and attends the weekly falls prevention class.
- Her confidence and balance have improved since joining the class. After struggling with some of the upper body exercises she is now able to lift her left arm fully up.
- She also enjoys the social time after the class, saying that this is almost as important as the exercises. She has made friends and has started going out again, joining in with some of the activities at Tandle View Court on other days of the week.
- ***"I really enjoy the classes and I always make sure I do my exercises at home. I know that's really important. I was surprised when I managed to lift my arm up, I hadn't realised how much I had improved. All of a sudden I could just do it. I had fallen a few times before I was sent to the falls classes but I haven't fallen while I've been coming here."***

Case Study – Reablement Occupational Therapy (OT)

- The Reablement OT Assessed a resident in Extra Care Housing and identified the need for riser/recliner chair.
- The bariatric bed had no mattress retainers and mattress was slipping off the bed becoming a high falls risk. The OT exchanged the bed for one with mattress retainers and ordered a riser/recliner chair.
- Patient outcomes were increased independence moving from bed and around home, reduced risk to skin integrity, patient educated about falls risk and no need for increased carers due to independence maintained/improved.
- ***"I would have slipped off that bed and injured myself, this chair is better, and I can move about more now."***
- Patient is now able to stand from the chair independently and can mobilise into the extra care housing social lounge improving their quality of life.

Recommendations

- That DMT approves the draft submission and it is taken to Deputy Chief Exec for sign off prior to submission.
- It will follow to Health and Wellbeing Board and ICB Committee for information