



**North East and
North Cumbria**

NHS Planning update

March '25

Contents

1. Summary timeline for planning submissions
2. Better Care Fund expectations
3. NHS Operational Planning priorities
4. Next steps, Joint Forward Plan, ICS Strategy Refresh

Timeline

Key Milestones

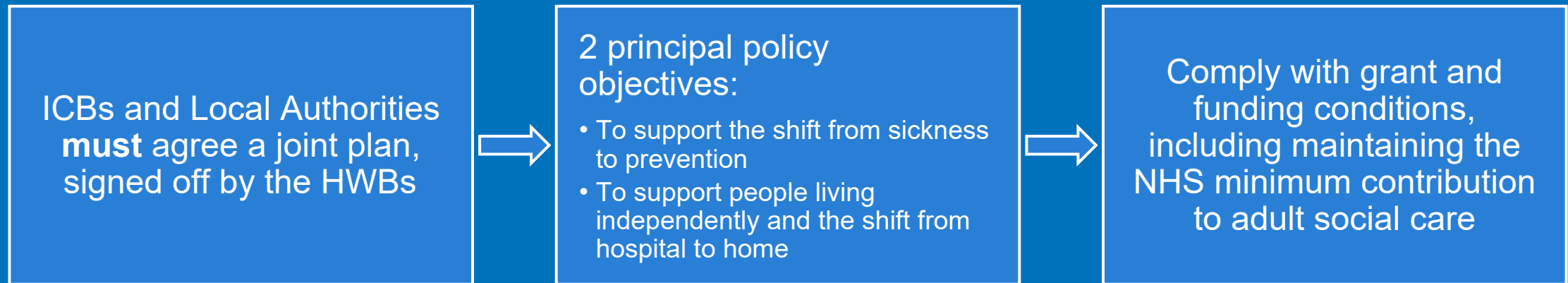
Planning Requirement	Date	Milestone
Planning Guidance	30th January	Planning guidance documents released <ul style="list-style-type: none"> - NHS Operational Planning documentation including priorities, finance and revenue, technical guidance - ICB allocations - Better Care Fund framework and guidance - Neighbourhood health guidelines
NHS Operational Plan	27th February	Headline plan submission to NHS England <ul style="list-style-type: none"> - Headline workforce, performance and finance - Headline checklist - Ambulance Plan
Better Care Fund	3rd March	Draft Better Care Fund submission to NHS England (NEY Regional lead)
NHS Operational Plan	27th March	Full plan submission to NHS England
Better Care Fund	31st March	Final Better Care Fund submission to NHS England
Contracts	30th May	Deadline for contracts between ICB and Providers to be signed
Better Care Fund	May	Better Care Fund Assurance letters to systems
Better Care Fund	30th September	Requirement to have signed Section 75 agreements

Better Care Fund

Plan submission requirements – Better Care Fund

Submission Component	Description
Planning Template	<p>Each HWB should submit a completed planning template which sets out:</p> <p>goals against the BCF headline metrics:</p> <ul style="list-style-type: none"> (1) emergency admissions to hospital (65+) (2) discharge delays – on a month-by-month basis (3) long-term admissions to residential care homes and nursing homes (65+) – on a quarterly basis <p>expenditure from BCF funding sources – using high level categories of spend</p> <p>how ICBs will maintain and meet the NHS’s minimum contribution to adult social care</p>
Narrative Plan	<p>Each HWB should submit a narrative plan that sets out:</p> <p>the approach to delivering on the objectives of the BCF (national condition 2)</p> <p>the approach to joint working and governance, including the joint sign off of plans (national condition 1) and engagement with national oversight and support (national condition 4)</p>
Intermediate Care Capacity and Demand Plan	<p>Building on the work in 2024-25, HWBs must agree and submit a plan showing:</p> <p>the breakdown of (1) projected demand for both step-up and step-down pathways, and (2) planned capacity, for intermediate care and other short-term care</p> <p>a narrative explanation of how these forecasts have been derived and used in wider system planning</p> <p>Plans should cover intermediate care (and other short-term care) which helps people remain independent at home or their usual place of residence (step-up care) and support their recovery following a stay in hospital (step-down care).</p> <p>Plans should cover all intermediate care and other short-term care, whether funded by the BCF or from other sources. As with other BCF plans, it is expected that work with acute trusts, the voluntary, community and social enterprise sector and other providers will help inform the development of these plans.</p>

Better Care Fund Planning expectations



- **Better Care Fund plans should:**

- 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
- 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, which should take a therapy-led approach.
- demonstrate a **‘Home First’ approach** and a shift away from avoidable use of long-term residential and nursing home care
- 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**)

Better Care Fund - metrics

- **Three headline metrics**

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

2. Average length of discharge delay for all acute adult patients, derived from a combination of:

- proportion of adult patients discharged from acute hospitals on their discharge ready date (DRD)
- for those adult patients not discharged on DRD, average number of days from DRD to discharge.

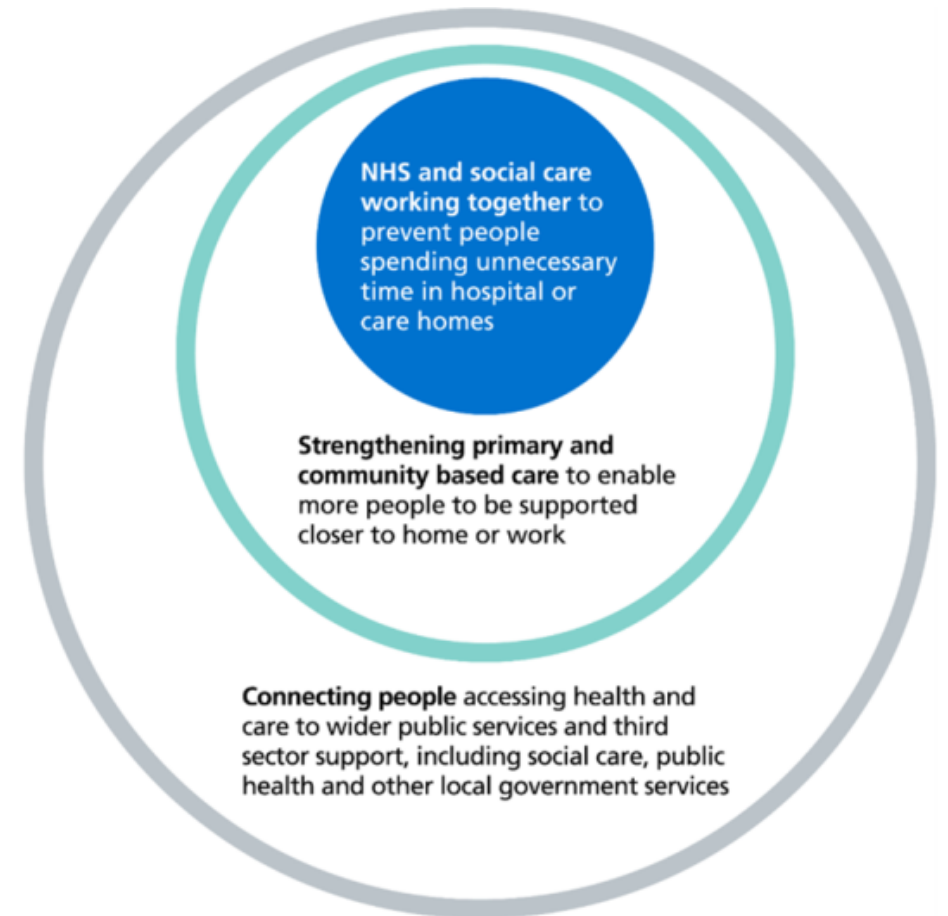
3. Long-term admissions to residential care homes and nursing homes for people aged 65+ per 100,000 population.

- Six further supporting metrics covering DRD, emergency admissions for falls, reablement and discharge to usual place of residence

Neighbourhood Health

Neighbourhood Health Guidelines

- To set the foundations for scaling and expanding the neighbourhood approach over the coming years, systems are asked to:
 - Standardise 6 core components of existing practice, to achieve greater consistency of approach
 - Bring together different components into an integrated service offer, to improve coordination and quality of care, with a focus on people with the most complex needs
 - Scale up, to enable more widespread adoption
 - Rigorously evaluate the impact of these actions, ways of working and enablers both in terms of outcomes for local people and effective use of public money
- The Specific Focus in 2025/26 should be:
 - Supporting people **with complex health and social care needs** who **require support from multiple services and organisations**.



Six Core Components

Population health management

- Person Level Data
- A single system-wide PHM segmentation and risk stratification method

Modern general practice

- streamline care
- improve access and continuity
- provision of more proactive care

Standardising community health services

- Data standards for community services to support commissioning
- Connect mental and physical health

Neighbourhood multidisciplinary teams (MDTs)

- Multidisciplinary coordination of care
- A core team assigned for complex case management, with links to an extended specialist team
- A care coordinator assigned

Integrated intermediate care

- Short-term rehab, reablement and recovery services delivered under a therapy-led approach
- Home First approach, underpinned by step-up referrals and step-down planning

Urgent neighbourhood services

- Standardise and scale services such as urgent community
- Involve senior clinical decision
- enable healthcare staff and care home workers to access clinical advice without needing to call 999

Operational Plan

NHS Operational Planning

- **Five** key objectives
 1. Reform to cut waiting times
 2. Reform to improve primary care access
 3. Reform to improve urgent and emergency care
 4. Reform to the operating model
 5. Reform to drive efficiency and productivity

- **Four** key priorities for 2025/26
 1. Reduce the time people wait for elective care
 2. Improve A&E waiting times and Ambulance response times
 3. Improve access to general practice and urgent dental care
 4. Improve patient flow through mental health crisis and acute pathways and Improve access to C&YP mental health

Summary and Next steps

Summary and Next steps

- The government's health mission:
 - from hospital to community
 - from treatment to prevention
 - from analogue to digital
- NHS 10-year plan expected to launch Spring 2025
 - Engagement is ongoing nationally and regionally via change.nhs.uk
- Next Steps:
 - NENC Joint Forward Plan will receive a full refresh; engagement with all relevant stakeholders in line with national guidance
 - ICP Strategy: Better health and wellbeing for all will also receive a refresh again with engagement from relevant stakeholders



Neighbourhood health guidelines 2025/26

Appendix: Key 25/26 planning publication Summary

NHS Operational Planning Guidance

4 key priorities:

- Reduce the time people wait for elective care
- Improve A&E waiting times and Ambulance response times
- Improve access to general practice and urgent dental care
- Improve patient flow through mental health crisis and acute pathways and Improve access to C&YP mental health

Alongside:

- Addressing inequalities and shift towards prevention
- Living within means, reducing waste and maximising productivity
- Making the shift from analogue to digital

Neighbourhood Health Guidelines

6 initial core components:

- Population Health Management
- Modern General Practice
- Standardise Community Health Services
- Neighbourhood MDTs
- Integrated Intermediate Care 'Home First' Approach
- Urgent Neighbourhood Services

With a specific focus for 25/26 on supporting adults, children and young people with complex health and social care needs who require support from multiple services and organisations

BCF Policy Framework

4 national conditions:

- Jointly agreed a plan (between ICB and Local Authority)
- Implementing the 2 BCF policy objectives*
- Complying with grant conditions and BCF funding conditions
- Complying with oversight and support processes

* 2 Policy Objectives:

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

Community Health Services Guidance

Describes the core components of NHS ICB-funded community health services for C&YP and Adults across England, that should be considered in every neighbourhood including:

- 9 categories of Community Health Services for Adults
- 5 categories of Community Health Services for C&YP

With a view to codifying community health services as a mechanism to supporting demand and capacity assessment and planning with providers & ensure the best use of funding to meet local needs and priorities.