

2025/26 BCF Plan Q2 Performance Template

3. National Conditions

Confirmation of Nation Conditions		
National Condition	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in the quarter and mitigating actions underway to support compliance with the condition:
1) Plans to be jointly agreed	Yes	
2) Implementing the objectives of the BCF	Yes	
3) Complying with grant and funding conditions, including maintaining the NHS minimum contribution to adult social care (ASC) and Section 75 in place	Yes	
4) Complying with oversight and support processes	Yes	

4. Metrics

4.1 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
Plan	Rate	1,869.8	1,940.4	1,740.5	1,834.6	1,787.5	1,834.6	1,963.9	1,693.4	1,928.6	2,034.5	1,799.3	1,893.4
	Number of Admissions 65+	795	825	740	780	760	780	835	720	820	865	765	805
	Population of 65+	42,517.0	42,517.0	42,517.0	42,517.0	42,517.0	42,517.0	42,517.0	42,517.0	42,517.0	42,517.0	42,517.0	42,517.0

Assessment of whether goal has been met in Q2:	Not on track to meet goal
If a goal has not been met please provide a short explanation, including noting any key mitigating actions.	<p>Scale of 65 + population increase not taken into consideration when setting targets, i.e., 1.5% increase applied on 2024/25 when increase estimated at 3% (41,896 to 43,198). Data for September incomplete but projecting total number of 65 + admissions for Apr - Sept to be 4,962 against plan of 4,680.</p> <p>Contributory factor to increased numbers will also have been effects of heatwaves during summer months and particular impact on people living with frailty.</p> <p>Work is in progress via our three Integrate Neighbourhood Teams to embed multidisciplinary enhanced case management for the 10,000 most frail patients that includes regular frailty reviews and rapid support to prevent crises. It is intended that by 31/03/26 every patient with severe frailty will have a care coordinator and a multidisciplinary plan.</p>
You can also use this box to provide a very brief explanation of overall progress if you wish.	<p>In addition to the above, there are a variety of initiatives currently in progress or planned that are integral to the implementation of Hillingdon's new model of care that are intended to reduce emergency admissions and maximise independence of our residents.</p> <p>Three Neighbourhood-based Local Access Care Hubs have been established to offer Same Day Urgent Care, planned care for older people (see above), mobile diagnostics and IV antibiotics and wound care management. Additional capacity for some of these services is funded from the BCF. Equally, BCF funding is supporting additional Urgent Community Response capacity to ensure a 2-hour response target for a crisis response services. A borough-wide Reactive Care Coordination Hub is being established that will deploy crisis support services as required.</p> <p>The ICB has commissioned a frailty virtual ward, which once mobilised will provide targeted interventions in residents' homes. This initiative aims to reduce emergency admissions by offering care within the community. The ICB has also addressed gaps in community and neuro-navigators, which support both discharge and admission avoidance.</p>

Did you use local data to assess against this headline metric?	Yes
If yes, which local data sources are being used?	NWL ICB Whole Systems Integrated Care (WSIC) database.

4.2 Discharge Delays

Original Plan	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 (this calculates the % of patients discharged after their DRD, multiplied by the average number of days)	0.37	0.37	0.37	0.37	0.37	0.29	0.41	0.32	0.36	0.37	0.37	0.37
Proportion of adult patients discharged from acute hospitals on their discharge ready date	93.9%	93.9%	93.9%	93.9%	93.9%	95.2%	94.2%	93.5%	92.8%	93.9%	93.9%	93.9%
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	7.00	5.00	5.00	6.00	6.00	6.00

Assessment of whether goal has been met in Q2:	On track to meet goal
If a goal has not been met please provide a short explanation, including noting any key mitigating actions.	
You can also use this box to provide a very brief explanation of overall progress if you wish.	There is currently an 8-week delivery plan in place that went live on 13/10/25 to reduce the monthly total of patients not meeting the National Criteria to Reside from 45 per month to 34.

Did you use local data to assess against this headline metric?	Yes
If yes, which local data sources are being used?	NWL ICB Whole Systems Integrated Care (WSIC) database.

4.3 Residential Admissions

		2023-24 Full Year Actual	2024-25 Full Year CLD Actual	2025-26 Plan Q1 (April 25- June 25)	2025-26 Plan Q2 (July 25- Sept 25)	2025-26 Plan Q3 (Oct 25- Dec 25)	2025-26 Plan Q4 (Jan 26- Mar 26)
Actuals + Original Plan							
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	907.9	470.4	105.8	94.1	94.1	105.8
	Number of admissions	386.0	200.0	45.0	40.0	40.0	45.0
	Population of 65+*	42517.0	42517.0	42517.0	42517.0	42517.0	42517.0

Assessment of whether goal has been met in Q2:	On track to meet goal
If a goal has not been met please provide a short explanation, including noting any key mitigating actions.	
You can also use this box to provide a very brief explanation of overall progress if you wish.	There were 78 permanent admissions between April and September 2025 and nearly 83% of these were conversions from short-term to long-term provision, thereby emphasising the importance of avoiding short-term placements unless absolutely necessary. The Council has robust processes that include sign-off by an assistant director level panel.

Did you use local data to assess against this headline metric?	Yes
If yes, which local data sources are being used?	System C

5. Expenditure

	2025-26		
Source of Funding	Planned Income	Updated Total Plan Income for 25-26	DFG Q2 Year-to-Date Actual Expenditure
DFG	£6,341,993	£6,341,993	£2,273,434
Minimum NHS Contribution	£27,145,109	£27,145,109	
Local Authority Better Care Grant	£9,212,761	£9,212,761	
Additional LA Contribution	£29,175,125	£29,175,125	
Additional NHS Contribution	£2,285,950	£2,285,950	
Total	£74,160,938	£74,160,938	

	Original	Updated	% variance
Planned Expenditure	£74,160,938	£72,365,815	-2%

		% of Planned Income
Q2 Year-to-Date Actual Expenditure	£35,183,369	47%

If Q2 year to date actual expenditure is exactly 50% of planned expenditure, please confirm this is accurate or if there are limitations with tracking expenditure.	ICB Minimum NHS Contribution and Additional NHS Contributions are to plan, with exception of community-equipment over-performance of £332k year-to-date based on actuals upto M6. Local authority community equipment cost pressure related to change in provider arrangements is being capitalised using DFG funding.
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If planned expenditure by activity has changed since the original plan, please confirm that this has been agreed by local partners. If that change in activity expenditure is greater than 5% of total BCF expenditure, please use this box to provide a brief summary of the change.

N/A