



# Title of report: Better Care Fund (BCF) Quarter 3 report 2025-26

**Meeting:** Health and Wellbeing Board

**Meeting date:** Monday 18 May 2026

**Report by:** Transformation and Improvement Lead

## Classification

Open

## Decision type

This is not an executive decision

## Wards affected

(All Wards)

## Purpose

To note the Better Care Fund (BCF) quarter 3 performance template 2025-26, as circulated to board members on 25 February 2026.

## Recommendation(s)

**That:**

- a) **the Better Care Fund (BCF) 2025/26 quarter three report at Appendix 1 submitted to NHS England, be reviewed and approved retrospectively by the board; and**
- b) **the ongoing work to support integrated health and care provision that is funded via the BCF is noted by the board.**

## Alternative options

1. The board could decline to sign off the submission. It is a national requirement that quarterly reports be signed off by the Health and Wellbeing Board (HWB). The content of the returns has already been approved by the council's Corporate Director for Community Wellbeing and Herefordshire & Worcestershire Integrated Care Board (HWICB) accountable officer and submitted prior to the meeting of the board.
2. The HWB does not always align with national deadlines, however, this gives the board an opportunity to review and provide feedback.

## Key considerations

3. The Better Care Fund (BCF) provides a mechanism for joint health, housing and social care planning and commissioning. It brings together ring-fenced budgets from Herefordshire and Worcestershire Integrated Care Board (HWICB) allocations, and funding paid directly to local government.
4. The national BCF team determines national reporting requirements on the overall BCF programme, with quarterly reports being submitted to NHS England (NHSE) and Health and Wellbeing Boards.
5. The BCF Plan 2025/26 was classified as 'approved with local conditions' in June 2025.
6. The local conditions are:  
 "A delivery plan to achieve metric goals be shared with the West Midlands Better Care Manager, by 15 August 2025. We would expect this plan to provide assurance to your place/system in terms of how:
  - 1) The metric goals set in the plan will be delivered within available resources.
  - 2) Impact will be monitored and responded to in terms of risks and further improvements, including in the context of 2025-26 BCF objectives and metrics."
7. The BCF Delivery Plan has been approved by the National Team. The plan aligns the key deliverables to the risks and mitigations in place to ensure effective service delivery, compliance with funding requirements and the achievement of strategic outcomes.
8. The Delivery Plan incorporates a revised Discharge to Assess (D2A) Model, supported by strengthened governance and a unified, legally compliant framework co-owned by all partners. Oversight will be embedded through the D2A Operational Board and BCF governance, with clear accountability, escalation routes, and transparent communication. A revised D2A Pathway Model has been developed, alongside the finalisation of the Operational Framework covering pathway criteria, referral routes, MDT processes, and escalation pathways.
9. Operational delivery will be enhanced through streamlined discharge processes, integrated MDT working and the adoption of standardised tools such as the Pathway Decision Form, MDT templates and review forms. A comprehensive training programme will be rolled out to ensure consistent practice across all teams. A new Digital Hub will be launched to host key documents, implementation materials and governance reporting, enabling real-time visibility and shared learning across the partnership.
10. Commissioning and capacity planning is being coordinated through the development of a Pathway 1 demand and capacity model and the creation of sub pathways under pathway 1. This includes expanding reablement capacity, securing sustainable provision and reducing reliance on high-cost spot purchasing.
11. Digital integration and intelligence will be strengthened through a full data system review, redesign and implementation. This will support the alignment of existing systems to the new pathways, the development of a shared dashboard. A performance framework is under development with national and local KPIs, reporting cycles and audit requirements. These improvements will enable real-time tracking, stronger accountability and continuous improvement across the D2A model. As per national requirements the quarter 3 template was submitted on 30 January 2026.
12. The BCF policy framework sets out 3 national metrics for the BCF 2025-26, as follows:
  - 1) **Emergency admissions to hospital for people aged over 65 per 100,000 population**

13. Data shows that Emergency Admissions for quarter 3 was on track to meet the target of 1850.
  14. Data shows emergency admissions in October 2025 was 671 (648) and in November 2025 579 (599). Data sets are not available at the time of submission for December 2025; however, it is anticipated admissions will be in line with the plan of 603.
  15. In Q2 the September 2025 data was unavailable at the time of submission and writing the HWB report.; Up to date information has now been provided and in September 2025 were the data shows emergency admissions were 624 (574); slightly higher than anticipated.
  16. A community geriatrician working as part of the Single Point of Access (SpoA) as part of the Community Response Hub (CRH) is working with community teams supporting reduced admissions, with the link with Frailty Same Day Emergency Care (FSDEC) being strengthened.
  17. Step-up Virtual Ward beds are actively managed to optimise occupancy and ensure continued support.
  18. Calls from the West Midlands Ambulance Service (WMAS) to the Community Response Hub (CRH) continue to see sustained improvement, reducing the need for conveyance into the Emergency Department (ED).
  19. Q4 will see focus on readiness for Neighbourhood Health Multi-Disciplinary Teams (MDT) implementation to support further reductions for 26/27
- 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 their DRD, average number of days from the DRD to discharge**
20. For Q3 it is reported that the average length of discharge delay was not on track to meet the target. National data was not available at the time of submission for December to provide up to date information in the template.
  21. The September data which was not reported on in Q2 is now available; showing in September 2025 the average length of discharge was 0.8 (0.52); the proportion of adults discharged was 86.1% (91.1%) and 5.6 (5.88) adult patients that were not discharged on their DRD.
  22. Q3 data shows in October 2025 the average length of discharge was 0.9 (0.45); the proportion of adults discharged was 86.4% (92.5%) and 6.9 (5.96) adult patients that were not discharged on their DRD.
  23. In November 2025, the average length of discharge was 1.0 (0.37); the proportion of adults discharged was 84.8% (92.8%) and 6.3 (5.12) adult patients that were not discharged on their DRD.
  24. December 2025 data was not available at the time of submission and will be reported on in Q4.
  25. In December 2025 there was a month long enhanced discharge team supporting patients to be discharged on DRD; final data is awaited but occupancy levels at the Acute were significantly lower towards the end of December. The findings from this enhanced review are currently under consideration to identify potential areas for improvement.
  26. Work continues with system partners to improve access to Pathway 1-3.

### **3) Long-term admissions to residential care homes and nursing homes for people aged 65 and over per 100,000 population**

27. The Q3 target for number of admissions is 66, data shows actual admissions for Q3 is 39.
28. Q3 data illustrates that residential admissions have remained broadly consistent, showing little movement from the position reported in earlier quarters. The number of individuals requiring higher levels of support, including 2:1 care, continues to drive demand for residential pathways and contributes to sustained admission levels.
29. As part of the Delivery Plan, a series of mitigations aimed at reducing residential admissions has continued to progress through Q3. These actions are focused on strengthening earlier intervention through therapy and technology enabled care to prevent avoidable escalation into bed based care. In Q2, the reported data was 58 due to the availability of current data intelligence; however, the actual figure was 78 against a target of 66.

### **Community impact**

30. The BCF plan is set within the context of the national programme of transformation and integration of health and social care. The council and HWICB will continue to work together to deliver on the key priorities within the plan to achieve savings and improve the delivery of services in order to achieve the priorities of the Health and Wellbeing Strategy in the most cost-effective way.
31. Talk Community brings together community, third sector and statutory services to connect with peers and share ideas and experiences within the local Primary Care Network (PCN) areas; working with communities to identify and address issues that affect them, increase sustainability of communities by facilitating the development of partnerships and collaborative approaches and helping identify any gaps in provision.

### **Environmental impact**

32. Herefordshire Council provides and purchases a wide range of services for the people of Herefordshire. Together with partner organisations in the private, public and voluntary sectors we share a strong commitment to improving our environmental sustainability, achieving carbon neutrality and to protect and enhance Herefordshire's outstanding natural environment.
33. Whilst this is a report on programme delivery and will have minimal environmental impacts, consideration has been made to minimise waste and resource use in line with the council's Environmental Policy.

### **Equality duty**

34. Due to the potential impact of this plan being low, a full Equality Impact Assessment (EIA) is not required.
35. The council and HWICB are committed to equality and compliance with the public sector equality duty. The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services.
36. Whilst this paper is not seeking any project specific decisions, the quarter three report provides an overview of performance in relation to services funded by the BCF. The BCF programme aims to deliver better outcomes for older and disabled people and supports the council in proactively delivering its equality duty under the Equality Act. This is through improving the

health and wellbeing of people in Herefordshire by enabling them to take greater control over their own homes and communities.

37. Commissioned services funded by the BCF take into account the arrangements to assess and consult on how functions impact on protected characteristics. Services are undertaken in a manner which respects individuality of service users, patients etc. Where appropriate, an EIA is undertaken for separate schemes and services that are within the BCF.

## Resource implications

38. In 2025/26 the BCF provides Herefordshire with total funding of £30.631m.
39. At quarter three the Better Care Fund is overspent by £2.170.901m, this is due to overspending of £1.942m on services facilitating hospital discharge and £0.285m on services for Deprivation of Liberty standards and Approved Mental Health Professionals and Safeguarding offset by small amounts of underspending in other services.
40. High levels of spending, particularly in hospital discharge services, represents a significant risk to maintaining financial balance in the BCF by the end of the financial year. Several savings and mitigation plans are in progress and will be prioritised to control expenditure and minimise overspending by the end of the financial year.
41. After the estimated benefit of mitigating actions there is residual forecast overspending of £1.070m to be borne by Herefordshire partners.
42. **Better Care Fund Financial Expenditure 2025/26 – High Level Summary by Funding Stream**

Better Care Fund Financial Plan 2025/26	2025-26 Total Allocation	Planned Expenditure	Forecast Outturn	Forecast variance to Plan	Planned Mitigation of Overspending	Forecast Variance to Plan after Mitigation
NHS Minimum Contribution (transfer to ASC)	£7,548,385	£7,548,385	£8,137,081	(£588,696)	£519,319	(£69,377)
NHS Minimum Contribution (retained by ICB)	£11,899,470	£11,899,470	£12,919,536	(£1,020,066)	£425,671	(£594,394)
<b>Total NHS Minimum Contribution (DHSC)</b>	<b>£19,447,855</b>	<b>£19,447,855</b>	<b>£21,056,617</b>	<b>(£1,608,762)</b>	<b>£944,990</b>	<b>(£663,772)</b>
Disabled Facilities Grant c/f 24/25	£558,362	£558,362	£558,362	£0	£0	£0
Disabled Facilities Grant 25/26	£2,815,031	£2,815,031	£2,813,924	£1,107	£0	£1,107
<b>Disabled Facilities Grant (MHCLG)</b>	<b>£3,373,393</b>	<b>£3,373,393</b>	<b>£3,372,286</b>	<b>£1,107</b>	<b>£0</b>	<b>£1,107</b>
Local Authority Better Care Grant (MHCLG)	£8,367,747	£8,367,747	£8,930,354	(£562,607)	£155,097	(£407,510)
<b>BCF Underspend B/fwd</b>		<b>£0</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>
<b>TOTAL BETTER CARE FUND</b>	<b>£31,188,995</b>	<b>£31,188,995</b>	<b>£33,359,257</b>	<b>(£2,170,261)</b>	<b>£1,100,087</b>	<b>(£1,070,174)</b>

All values are in exact £

(Red brackets) = overspending

## Legal implications

43. The Care Act 2014 amended the NHS Act 2006 to provide the legislative basis for the BCF. It allows for the Mandate to NHS England to include specific requirements to instruct NHS England over the BCF, and NHS England to direct Integrated Care Boards to pool the necessary funding. The council is legally obliged to comply with grant conditions, which have been complied with.
44. Health and Wellbeing Boards are responsible for encouraging integrated working between health and social care commissioners, including partnership arrangements such as pooled budgets, lead commissioning, and integrated provision.
45. Their purpose is to establish collaborative decision making, planning and commissioning across councils and the NHS, informed by the views of patients, people who use services and other partners.
46. Overseeing the deployment of BCF resources locally is a key part of their remit. BCF plans have to be signed off by the Health and Wellbeing Board as well as the HWICB, which represents the NHS side of the equation.
47. Section 75 of the National Health Service Act 2006 contains powers enabling NHS bodies (as defined in section 275 and 276 of the NHS Act 2006) to exercise certain local authority functions and for local authorities to exercise various NHS functions. The parties entered into a Section 75 agreement in exercise of those powers under and pursuant of the NHS Regulations 2000.
48. The Local Authority Better Care Grant is paid directly to the council via a Section 31 grant from the Ministry of Housing, Communities and Local Government (MHCLG). The government has attached a set of conditions to the Section 31 grant to ensure it is included in the BCF at local level and will be spent on adult social care. The council are legally obliged to comply with the grant conditions set.

## Risk management

49. Monitoring the delivery of the Herefordshire BCF Plan is undertaken by the council and HWICB. The Transformation and Improvement Lead monitors any risks, which are managed through the Community and Wellbeing directorate risk register where necessary.
50. The One Herefordshire Integrated Care Executive (ICE) undertakes scrutiny of performance monitoring of BCF by:
  - Building consensus between partners and setting objectives beyond the nationally determined outcomes as part of the annual planning of the Better Care Fund, including the BCF Plan.
  - Development and implementation of new and/or revised services or care pathways.
  - Monitoring, delivery and reporting of performance and outcomes.
  - Budget management and ensuring spending lives within the resources allocated, identifying remedial actions where spending is off trajectory.

Risk / Opportunity	Mitigation
Failure to achieve national metrics ambitions.	A robust process for monitoring activity on a monthly basis is in place and will be monitored through the Integrated Care Executive (ICE).
Increasing demand due to the	A number of the schemes include both

<b>Risk / Opportunity</b>	<b>Mitigation</b>
demography of expected older age population.	areas that support prevention and the urgent care parts of the system to spread the risk. In addition, the council continues to lead on development with communities.
Overspend, particularly on discharge capacity.	The council and HWICB work with One Herefordshire Partnership to revise and improve the service model for D2A to be recurrently sustainable.

#### 51. **Assurance Statement:**

The strategic and operational risks associated with the delivery of the Better Care Fund have been reviewed and are being managed in accordance with the Council's Risk Management Strategy. Oversight of risk mitigation will continue through the council's and partners' established governance frameworks to ensure that risks are effectively monitored, escalated, and addressed in support of integrated health and social care outcomes.

#### **Consultees**

52. The content of the quarterly report has been provided by partners within One Herefordshire Partnership, HWICB, Wye Valley Trust (WVT), Hoople Ltd. and appropriate internal Herefordshire Council staff.

#### **Appendices**

Appendix 1 – Better Care Fund 2025-26 Quarter 3 Reporting Template

#### **Background papers**

None

#### **Glossary of terms, abbreviations and acronyms used in this report**

<b>Acronym</b>	<b>Description</b>
<b>BCF</b>	Better Care Fund
<b>iBCF</b>	Improved Better Care Fund
<b>1HP</b>	One Herefordshire Partnership
<b>CRH</b>	Community Response Hub
<b>DRD</b>	Discharge Ready Date
<b>FSDEC</b>	Frailty Same Day Emergency Care
<b>HWB</b>	Health and Wellbeing Board
<b>HWICB</b>	Herefordshire & Worcestershire Integrated Commissioning Board
<b>EIA</b>	Equality Impact Assessment
<b>FSDEC</b>	Frailty Same Day Emergency Care
<b>D2A</b>	Discharge to Assess
<b>DHSC</b>	The Department of Health and Social Care
<b>DFG</b>	Disabled Facilities Grant
<b>ICE</b>	Integrated Care Executive
<b>LoS</b>	Length of Stay
<b>MDT</b>	Multi-Disciplinary Team
<b>MHCLG</b>	Ministry of Housing, Communities and Local Government
<b>NHSE</b>	NHS England
<b>PCN</b>	Primary Care Network
<b>SpaA</b>	Single Point of Access

<b>Acronym</b>	<b>Description</b>
<b>WMAS</b>	West Midlands Ambulance Service
<b>WVT</b>	Wye Valley NHS Trust