



Better Care Fund 2026-27 Numerical Template

2. Cover

Version 1.0

Please Note:

The BCF numerical template is categorised as 'Management Information' and data from them will be published in an aggregated form on the NHS England website and gov.uk. This will include any narrative section. Some data may also be published in non-aggregated form on gov.uk. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.
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 All information will be supplied to BCF partners (MHCLG, DHSC, NHS England) to inform policy development.
 This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Governance and Sign off

Health and Wellbeing Board:	Herefordshire, County of	
Confirmation that the plan has been signed off by Health and Wellbeing Board ahead of submission - Plans should be signed off ahead of submission.	No	
If no indicate the reasons for the delay.	Governance timelines do not align	
If no please indicate when the HWB is expected to sign off the plan:	Mon 13/07/2026	<< Please enter using the format, DD/MM/YYYY

Complete:

Yes
Yes
Yes
Yes

Submitted by:	Marie Gallagher
Role and organisation:	Delivery & Improvement Lead, Herefordshire Council
E-mail:	Marie.Gallagher1@herefordshire.gov.uk
Contact number:	01432 260435
Documents submitted (please select from drop down) In addition to this template the HWB are submitting the following:	Narrative

Yes
Yes
Yes
Yes
Yes

	Role:	Professional title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:	Organisation
Health and wellbeing board chair(s) sign off	Health and wellbeing board chair	Cllr	Carole	Gandy	carole.gandy@herefordshire.gov.uk	
	Health and wellbeing board chair					

Yes

Named accountable person	Local authority chief executive	Mr	Paul	Walker	paul.walker@herefordshire.gov.uk	
	ICB chief executive 1	Mr	Simon	Trickett	simon.trickett@nhs.net	HWICB
	ICB chief executive 2 (where required)					
	ICB chief executive 3 (where required)					

Yes
Yes

Finance sign off	LA section 151 officer	Mrs	Rachael	Sanders	rachael.sanders@herefordshire.gov.uk	
	ICB finance director 1	Mr	Mark	Dutton	Mark.Dutton@nhs.net	HWICB
	ICB finance director 2 (where required)					
	ICB finance director 3 (where required)					

Yes
Yes

Area assurance contacts	Local authority director of adult social services	Mrs	Hilary	Hall	hilary.hall@herefordshire.gov.uk	
	DFG lead	Mrs	Hayley	Crane	hayley.crane@herefordshire.gov.uk	
	ICB place lead 1	Mr	Jon	Barnes	jon.barnes2@nhs.net	One Herefordshire Partnership
	ICB place lead 2 (where required)	Ms	Sarah	Shingler	sarah.shingler2@nhs.net	Wye Valley Trust
	ICB place lead 3 (where required)					

Yes
Yes
Yes

Please add any additional key contacts who have been responsible for completing the plan

Question Completion - When all questions have been answered and the validation boxes below have turned green, please send the template to the Better Care Fund Team england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your better care manager(s).

	Complete:
2. Cover	Yes
3. Income	Yes
4. Expenditure	Yes
5. Metrics	Yes
6. National Conditions	Yes

[^^ Link back to top](#)

Better Care Fund 2026-27 Numerical Template

3. Income

Selected HWB: Herefordshire, County of

Local authority contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Herefordshire, County of	£2,815,031
DFG breakdown for two-tier areas only (where applicable)	
Total Minimum local authority contribution (exc local authority BCF grant)	£2,815,031

Complete:

Local authority better care grant (LABCG)	
Herefordshire, County of	£8,367,748
Total Local authority better care grant	£8,367,748

Are any additional local authority contributions being made in 2026-27? If yes, please detail below Yes

Yes

Local authority additional contribution	Contribution	Comments - Please use this box to clarify any specific uses or sources of funding
Herefordshire, County of	£251,345	2025/26 DFG underspend
Total additional local authority contribution	£251,345	

Yes

NHS minimum contribution	
NHS Herefordshire and Worcestershire ICB	£20,031,994
Total NHS minimum contribution	£20,031,994

Are any additional NHS contributions being made in 2026-27? If yes, please detail below No

Yes

Additional NHS contribution	Contribution	Comments - Please use this box to clarify any specific uses or sources of funding
Total additional NHS contribution	£0	
Total NHS contribution	£20,031,994	

Yes

	2026-27
Total BCF pooled budget	£31,466,118

Funding contributions comments
For any useful details please use the text box below (for no additional comments, insert 'NA')

NA

Yes

4a. Expenditure Guidance

Guidance for completing expenditure sheet

1. Please enter spend information in the bottom table starting cell B30 including the category of spend which is a dropdown containing the categories listed in the table below. You must also enter scheme-level detail for the line of spend in 'Description of Scheme' with the appropriate level of information keeping this relatively succinct, for example 'Community Health Rehabilitation' or 'MSK services' or 'Integrated Crisis and Rapid Response' would be sufficient. Please also enter source of funding which determines the total spend appearing in the source of funding table at the top. Ensure a 'Number' is entered in the 'Expenditure for 2026-27 (£)' so that the validation boxes can be marked as complete.
2. Please ensure 'Adult Social Care Spend' is marked 'Yes' when the money is spent on Adult Social Care across any funding source.

Scheme Types

Number	Category of scheme	Description
1	Assistive technologies and equipment	Using technology in care processes to support self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Community based equipment, Digital participation services).
2	Housing related schemes	This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.
3	DFG related schemes	The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes. The grant can also be used to fund discretionary, capital spend to support people to remain independent in their own homes under a Regulatory Reform Order, if a published policy on doing so is in place.
4	Wider support to promote prevention and independence	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and wellbeing.
5	Short-term home-based intermediate care (rehabilitation, reablement and recovery services)	Short-term (up to 6 weeks), therapy-led services in the person's usual residence (home or care home), following the 'Home First' principle. For adults 18+ to regain independence post-illness/injury/discharge (step-down) or prevent admissions/long-term care (step-up). Person-centred, with initial assessment and regular reviews; led by registered therapists (physiotherapists, occupational therapists, speech/language therapists) plus support from unregistered workers and other professionals (nurses, doctors, social workers). Outcomes: better function, confidence, wellbeing; less carer reliance and long-term care demand. Domiciliary social care (personal care, domestic help) included only within a rehab/reablement-focused package.
6	Short-term home-based social care (excluding rehabilitation, reablement and recovery services)	Short-term domiciliary social care (e.g. personal care, help with domestic tasks, voluntary sector support), except where it is provided as part of a package that also includes rehabilitation, reablement and/or recovery services.
7	Long-term home-based social care services	Ongoing social care services (e.g. personal care, help with domestic tasks), helping people continue to live at home and maintain independence.
8	Long-term home-based community health services	Ongoing health services provided in people's own homes or in other non-residential community-based settings.
9	Bed-based intermediate care (short-term bed-based rehabilitation, reablement or recovery)	Short-term (up to 6 weeks), therapy-led services in a community bed-based setting (e.g. community hospital, care home bed or designated facility). For adults 18+ to regain independence post-hospital stay (step-down) or prevent avoidable admission/long-term residential care (step-up from community). Person-centred, with initial assessment and regular reviews; led by registered therapists (physiotherapists, occupational therapists, speech/language therapists) plus multi-disciplinary support (unregistered workers, nurses, doctors, others as needed). Where safe and appropriate, transition to home-based intermediate care is required to continue recovery at usual residence. Outcomes: improved function, confidence, wellbeing; reduced acute admissions, readmissions and long-term social care demand. May include mixed health and social care interventions.
10	Long-term residential or nursing home care	Ongoing care provided in a residential care home or nursing home for people who need more intensive or specialised support than can be provided at home.
11	Discharge support and infrastructure	Services and activity to enable discharge. Examples include multi-disciplinary/multi-agency discharge functions or Home First/Discharge to Assess process support/ core costs.
12	End of life care	Schemes specifically designed to provide care and support for people nearing the end of life.
13	Support to carers, including unpaid carers	Supporting people to sustain their role as carers and reduce the likelihood of crisis. This might include respite care/carers breaks, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence.
14	Evaluation and enabling integration	Schemes that monitor or evaluate the impact of integrated care schemes. Schemes or services that enable integrated care, such as (but not necessarily limited to): - Joint commissioning arrangements - Integrated care planning - Helping people navigate services - Workforce development or recruitment and retention
15	Urgent Community Response	Urgent community response teams provide urgent care to people in their homes which helps to avoid hospital admissions and enable people to live independently for longer. Through these teams, older people and adults with complex health needs who urgently need care, can get fast access to a range of health and social care professionals within two hours.
16	Personalised budgeting and commissioning	Various person centred approaches to commissioning and budgeting, including direct payments.
17	Other	This should only be selected where the scheme is not adequately represented by the above scheme types.

Better Care Fund 2026-27 Numerical Template

5. Metrics for 2026-27

Selected Health and Wellbeing Board:

Herefordshire, County of

5.1 Non-Elective admissions

		Apr 25 Actual	May 25 Actual	Jun 25 Actual	Jul 25 Actual	Aug 25 Actual	Sep 25 Actual	Oct 25 Actual	Nov 25 Actual	Dec 25 Actual	Jan 26 Actual	Feb 26 Actual	Mar 26 Actual
Non elective admissions to hospital for people aged 65 and over per 100,000 population	Rate	1,301	1,369	1,301	1,359	1,242	1,378	1,359					
	Number of admissions 65+	670	705	670	700	640	710	700					
	Population of 65+*	51,516	51,516	51,516	51,516	51,516	51,516	51,516	51,516				
	Apr 26 Plan	1,339	1,419	1,374	1,285	1,384	1,151	1,468	1,330	1,510	1,351	1,122	1,324
	Rate	690	731	708	662	713	593	756	685	778	696	578	682
	Population of 65+	51,516	51,516	51,516	51,516	51,516	51,516	51,516	51,516	51,516	51,516	51,516	51,516

Complete:

Yes

Source: <https://digital.nhs.uk/supplementary-information/2025/non-elective-inpatient-spells-at-english-hospitals-occurring-between-01-04-2020-and-30-11-2024-for-patients-aged-18-and-65>

5.2 Discharge delays

*Dec Actual onwards are not available at time of publication

		Apr 25 Actual	May 25 Actual	Jun 25 Actual	Jul 25 Actual	Aug 25 Actual	Sep 25 Actual	Oct 25 Actual	Nov 25 Actual	Dec 25 Actual	Jan 26 Actual	Feb 26 Actual	Mar 26 Actual
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)		0.88	0.98	0.93	0.93	0.82	0.80	0.94	0.96				
Proportion of adult patients discharged from acute hospitals on their discharge ready date		87.1%	84.1%	85.5%	84.8%	87.0%	86.4%	86.4%	84.7%				
For those adult patients not discharged on DRD, average number of days from DRD to discharge		6.8	6.1	6.4	6.2	6.3	5.9	6.9	6.3				
		Apr 26 Plan	May 26 Plan	Jun 26 Plan	Jul 26 Plan	Aug 26 Plan	Sep 26 Plan	Oct 26 Plan	Nov 26 Plan	Dec 26 Plan	Jan 27 Plan	Feb 27 Plan	Mar 27 Plan
Average length of discharge delay for all acute adult patients		0.82	0.92	0.90	0.92	0.75	0.77	0.90	0.88	0.92	0.98	0.87	0.86
Proportion of adult patients discharged from acute hospitals on their discharge ready date		88.0%	85.0%	86.0%	85.0%	88.0%	87.0%	87.0%	86.0%	87.0%	86.0%	87.0%	89.0%
For those adult patients not discharged on DRD, average number of days from DRD to discharge		6.81	6.15	6.43	6.16	6.27	5.90	6.90	6.27	7.04	6.98	6.71	7.83

Yes

Yes

Source: <https://www.england.nhs.uk/statistics/statistical-work-areas/discharge-delays/discharge-ready-date/>

5.3 Admissions to residential and nursing care homes

		Rolling 12 month total until end of quarter date indicated							
		Actual Ending 31 12-2024	Actual Ending 31 03-2025	Actual Ending 30 06-2025	Actual Ending 30-09-2025	2026-27 Plan Ending 30-06-2026	2026-27 Plan Ending 30-09-2026	2026-27 Plan Ending 31-12-2026	2026-27 Plan Ending 31-03-2027
Long-term admissions to residential and nursing care homes for people aged 65 and over per 100,000 population	Rate	524.1	485.3	438.7	450.3	446.5	436.8	436.8	427.1
	Number of admissions	270	250	226	232	230	225	225	220
	Population of 65+*	51,516	51,516	51,516	51,516	51,516	51,516	51,516	51,516

Yes

*Population of people aged 65 and above are based on the latest available mid-year estimates from the ONS

Better Care Fund 2026-27 Numerical Template
6: National Condition Planning Requirements
 Health and wellbeing board

National Condition	Planning requirement	Assurance statement	Yes/No to assurance statement	Where the planning requirement or assurance statement is not met, please note the actions in place towards meeting the requirement	Timeframe for resolution
National Condition 1: effectively support the delivery of integrated and preventative care ICBs and local authorities must develop joint plans, agreed by health and wellbeing boards, outlining how ICBs and local authorities intend to use BCF funding to deliver more integrated and preventative care, linked to the relevant areas of neighbourhood health and social care services.	ICBs and local authorities must have considered how to use the BCF most effectively to support the delivery of more integrated and preventative services, particularly supporting those with more complex health and social care needs. This must include setting out how the funding will be used to develop the quality, efficiency and outcomes from intermediate care.	Named ICB and local authority chief executives and named HNB chair must confirm that BCF expenditure is agreed and aligned with wider strategic objectives for neighbourhood health and social care.	Yes		
	ICBs and local authorities must set out plans that: - show reasonable progress in the metrics of non-elective admissions (for people aged 65 and over) and delayed discharges - show how they will monitor and drive progress in preventing avoidable long-term care home admissions and improving outcomes from reablement - include the specific contribution of BCF-funded services.				
	ICBs and local authorities must demonstrate that their plans for the use of the BCF represent value for money and improve overall productivity				
National Condition 2: comply with expenditure and grant conditions ICBs and local authorities must comply with all national grant and funding conditions and deliver in accordance with their approved return. ICBs must maintain the NHS minimum contribution to adult social care and pool NHS BCF contributions into a section 75 (of the NHS Act 2006) pooled fund.	ICBs and local authorities must pool their designated minimum contribution (in the case of ICB partners) and the Local Authority Better Care Grant and DFG (in the case of local authority partners). ICBs and local authorities are able to voluntarily pool additional funding through the BCF where they consider this is likely to lead to an improvement in the services being funded.				
	The NHS minimum contribution to adult social care must be met and maintained by the ICB in line with the published BCF allocations. This represents an increase of 4.4% in each health and wellbeing board area.	ICBs and local authorities confirm compliance with BCF national grant and funding conditions, and that they will deliver in accordance with approved spend and BCF numerical return, including maintaining the NHS minimum contribution to adult social care.	Yes		
	Local authorities must comply with the grant conditions of the Local Authority Better Care Grant and the DFG, including the pooling of funding.	ICBs and local authorities confirm they will pool funds through Section 75 agreements by 30th September 2026.	Yes		
National Condition 3: - effective governance, reporting and engagement ICBs and local authorities must comply and engage with BCF planning, governance and reporting requirements including adherence to any assurance and oversight processes.	ICBs and local authorities must have effective joint governance in place to ensure local accountability for delivery of outcomes, including reviewing performance against plan objectives and local goals, and taking action if necessary to bring delivery back on track.				
	ICBs, local authorities and health and wellbeing boards are required to engage with BCF reporting, oversight and support processes	ICBs and local authorities confirm full compliance with BCF planning and reporting requirements and will adhere to the BCF oversight and support processes.	Yes		

Complete:

Yes

Yes
Yes

Yes