



Title of report: The Better Care Fund (BCF) year-end report 2025/26

Meeting: Health and Wellbeing Board

Meeting date: Monday 13 July 2026

Report by Delivery and Improvement Lead

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All Wards)

Purpose

To update the Health and Wellbeing Board (HWB) members on the Herefordshire's Better Care Fund (BCF) End of Year 2025/26 performance template and seek formal Health and Wellbeing Board approval.

Recommendation(s)

That:

- a) **the Better Care Fund (BCF) 2025/26 end of year 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 the BCF Plan is signed off by the Health and Wellbeing Board (HWB). The content of the return has already been approved by Hilary Hall, Corporate Director for Community Wellbeing by way of delegated authority and submitted prior to the meeting of the board, in accordance with national deadlines.
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 year-end template requires confirmation that the BCF national conditions continued to be met throughout the year, confirmation of actual income and expenditure in BCF section 75 agreements for 2025/26 and details of significant successes and challenges during the year.
6. The deadline for the year end 2025/26 performance return has already passed (5 June 2026) and therefore the board is requested to note the completed template (**Appendix 1**), following its submission to NHS England.
7. The Year-End template (**Appendix 1**) consists of several elements:
 - i) Confirmation that National Conditions have been met
 - ii) Metrics and Performance
 - iii) Income and Expenditure Actuals
 - iv) Feedback on the impact of the BCF
8. Herefordshire has reported that all of the national conditions, as listed below, have been met.
 - i) A jointly agreed plan
 - ii) Implementing the objectives of the BCF
 - iii) Complying with grant and funding conditions, including maintaining the NHS minimum contribution to adult social care and Section 75 in place
 - iv) Complying with oversight and support processes
9. The BCF Plan 2025/26 was classified as ‘approved with local conditions’ in June 2025.
10. 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.”

Key achievements for 2025/26 included:
11. A stronger shared vision and purpose have developed across acute, community and social care partners, with a clear system-wide commitment to the new D2A model and intermediate care pathways. This collective focus has supported quicker agreement on pathway criteria, MDT expectations and recovery-focused, time-limited interventions. Consistent messaging and shared ownership have also sped up decision-making and reduced variation in practice.

12. Improved multi-agency coordination and MDT working. Integrated MDT oversight and earlier therapy involvement have improved flow and reduced avoidable delays. Partners report better communication, clearer escalation routes and greater confidence in shared risk management. This demonstrates strong progress against SCIE enablers related to relationships, leadership and collaborative working cultures.
13. Herefordshire also reported two key challenges affecting progress in strengthening the enablers for integration during 2025/26.
14. Workforce capacity and capability constraints — Persistent pressure across therapy, social care and provider markets continues to limit the system's ability to fully realise the benefits of the redesigned pathways. A new model is due to launch in June 2026 to help address these issues. This challenge aligns with SCIE enablers relating to workforce development, resource sufficiency and sustainable staffing models.
15. Data, digital and intelligence limitations — Fragmented data flows, inconsistent recording and limited real-time visibility of pathway performance make it difficult to track outcomes, forecast demand and proactively manage system pressures. This limits the system's ability to embed learning loops and support evidence-based decision-making. It reflects gaps in SCIE enablers relating to shared information systems, interoperable digital tools and integrated performance management. A new D2A Case Tracker and dashboard is being developed to address these issues.
16. The end of year data for Herefordshire metrics are set out below:
 - 1) **Emergency admissions to hospital for people aged over 65 per 100,000 population**
17. At year end, Herefordshire's performance on emergency admissions for 2025/26 was in line with the target, with a reported figure of 615.73 against a target of 616.
 - 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**
18. Year-end performance data indicates that Herefordshire did not achieve the 2025/26 discharge delay metric. The average length of discharge delay was 0.93 days, against a target of 0.51 days. In addition, 85.8% of adults were discharged on their Discharge Ready Date, compared with a target of 91.4%, and for those not discharged on their Discharge Ready Date, the average delay was 6.47 days against a target of 5.98 days.
 - 3) **Long-term admissions to residential care homes and nursing homes for people aged 65 and over per 100,000 population**
19. Herefordshire reported as being on track to meet the target of 263.9 admissions with a year-end figure of 228 admissions per 100,000 population for the rate of permanent admissions to residential care per 100,000 (65+).
20. Performance at year-end 25/26 is demonstrating continued progress towards maintaining admissions below the 2025/26 target, with system partners working collaboratively to manage demand and improve outcomes. The introduction of the enhanced D2A model is strengthening pathway management, with a particular focus on Pathway 3 (P3) episodes to help reduce Length of Stay (LoS).

21. The system has delivered a year of clear, measurable progress in strengthening prevention, improving flow and embedding a more integrated approach to care across Herefordshire. The delivery plan demonstrated that partners have consolidated a more proactive, coordinated model that supports people earlier, helping to reduce avoidable escalation and ensures resources are used efficiently across the whole system.
22. Alongside operational improvements, the programme has delivered stronger governance, integration. Joint oversight through One Herefordshire Partnership has ensured consistent monitoring, risk management and alignment with wider system priorities. Commissioning oversight, improved provider engagement and clearer governance models have strengthened the sustainability of local provision and supported safer step-down from hospital.
23. Overall, the year has seen the BCF programme become more coordinated, data-driven and prevention-focused, with partners working in a more unified way to deliver the national metrics and improve outcomes for residents.

Community impact

24. 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.
25. 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

26. 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.
27. 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

28. Due to the potential impact of this decision being low, a full Equality Impact Assessment (EIA) is not required.
29. 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.
30. 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.

31. 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

32. In 2025/26 the BCF provides Herefordshire with total funding of £30.882mn.
33. The final financial position for the Better Care Fund for 2025/26 is overspending by £2.208mn, 7% of the total funding. This is due to overspending of £2.057m on services facilitating hospital discharge, £0.255m on services for Deprivation of Liberty Safeguards (DoLS) and Approved Mental Health Professionals (AMHP), and £0.173mn on Safeguarding, offset by underspending of £0.251mn on Disabled Facilities Grants (DFG) and net underspending of £0.036mn in other services.
34. Herefordshire Better Care Fund

Service	Final Actual Expenditure at Month 12			
	Planned Expenditure	Actual Expenditure	Variance to Plan	% Variance to Plan
Acorns Children's Hospice Carers Support	£34,942	£34,942	£0	0.00%
Advocacy	£155,084	£155,960	(£876)	(0.57%)
ASC Long-term Placements	£7,552,056	£7,552,056	£0	0.00%
Brokerage	£326,789	£325,813	£976	0.30%
Carers Support	£225,000	£225,000	£0	0.00%
Disabled Facilities Grant	£3,373,393	£3,122,048	£251,345	7.45%
Discharge to Assess	£8,326,105	£10,383,326	(£2,057,220)	(24.71%)
DoLS/AMHPs	£1,015,564	£1,280,708	(£265,144)	(26.11%)
Falls Response and Prevention	£226,197	£221,409	£4,787	2.12%
Partnerships and Integration Staffing	£231,533	£227,905	£3,629	1.57%
Safeguarding	£295,722	£468,472	(£172,750)	(58.42%)
St Michael's Hospice Carers Support	£283,998	£283,998	£0	0.00%
Trusted Assessors	£88,021	£63,041	£24,620	27.97%
Wye Valley Integrated Care Services	£9,054,591	£9,051,769	£2,822	0.03%
TOTAL	£31,188,995	£33,396,808	(2,207,812)	(7.08%)

All values are in £

(Red Brackets = Overspending)

35. The £2.208mn cost pressure of the overspending has been met by additional contributions to the pooled budget by Herefordshire Council and Wye Valley NHS Trust.

Legal implications

36. The relevant legal provisions for this decision can be found in the council's constitution, www.herefordshire.gov.uk/constitution.

37. 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.
38. 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.
39. 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.
40. 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.
41. 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.
42. 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

43. Monitoring the delivery of the Herefordshire BCF Plan is undertaken by the council, WVT and the HWICB. Risks are managed through the community and wellbeing directorate risk register where necessary.
44. Strategic oversight is exercised by the One Herefordshire Partnership Health and Care Board, the BCF Partnership Board, and the Discharge to Assess (D2A) Strategic Board, which are responsible for setting priorities, approving plans, and holding partners collectively accountable for outcomes.
45. A formal Memorandum of Understanding (MoU) outlines shared principles, roles, financial commitments, and decision-making for pooled BCF resources between partner organisations. It clarifies accountability for delivery, supports transparent financial management, and strengthens joint governance, ensuring collective ownership of national performance and collaborative management of risks and pressures.

Risk / Opportunity

Failure to achieve national metrics ambitions.

Mitigation

A robust process for monitoring activity monthly is in place and will be monitored through the BCF Partnership Group

Risk / Opportunity	Mitigation
Increasing demand due to the demography of expected older age population.	A number of the schemes include both 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, WVT and HWICB are working with to revise and improve the service model for Discharge to Assess to be recurrently sustainable.

46. 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

47. The content of the report has been provided by partners within One Herefordshire Partnership Health and Care Board, the BCF Partnership Board, HWICB, WVT, Hoople Ltd and appropriate internal Herefordshire Council staff.

Appendices

Appendix 1 – Better Care Fund 2025/26 End of Year Reporting Template

Background papers

None

Glossary of terms, abbreviations and acronyms used in this report

Acronym	Description
AHMP	Approved Mental Health Professional
BCF	Better Care Fund
1HP	One Herefordshire Partnership
DRD	Discharge Ready Date
HWB	Health and Wellbeing Board
HWICB	Herefordshire and Worcestershire Integrated Commissioning Board
EIA	Equality Impact Assessment
D2A	Discharge to Assess
DFG	Disabled Facilities Grant
DoLS	Deprivation of Liberty Services
LoS	Length of Stay
MDT	Multi-Disciplinary Team
MHCLG	Ministry of Housing, Communities and Local Government
NHSE	NHS England
PCN	Primary Care Network
WVT	Wye Valley NHS Trust