



Title of report: Better Care Fund (BCF) Quarter 1 report 2025-2026

Meeting: Health and Wellbeing Board

Meeting date: Monday 15 September 2025

Report by: Head of Service, Ageing Well

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) quarter 1 performance template 2025-26 and seek formal Health and Wellbeing Board approval.

Recommendation(s)

That:

- a) the Better Care Fund (BCF) 2025/26 quarter one report at Appendix 1 submitted to NHS England, be reviewed and retrospectively approved 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 are 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 on achieving 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 Partnerships and BCF Manager has drafted and submitted a Delivery Plan to the Regional Manager. The Delivery Plan sets out the scope of the 14 services funded via the BCF and 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. It also incorporates performance monitoring mechanisms and outlines governance arrangements to support accountability and continuous improvement across all commissioned services.
8. The deadline for submission for the quarter 1 template is 15 August 2025.
9. Reporting on capacity and demand actuals is no longer required in quarterly reporting.
10. 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**
11. Local data shows that Emergency Admissions for quarter 1 is not on track to meet the goal showing 2,590 admissions against a goal of 2002.
12. Demand remains high, especially among those aged 65 and older. Frailty Same Day Emergency (FSDEC) Bridging Team are supporting patients home on the same day to prevent admission to inpatient beds.
13. The Care Home Practitioners are collaborating with admission avoidance and discharge teams to better support care home patients. Planned improvements in quarter 2, include reviewing care homes and 999 call triggers to identify prevention opportunities.
14. A Neighbourhood Health Programme is underway with plans for a Multidisciplinary Team (MDT) service to support frail older patients most at risk to avoid unnecessary hospital admissions.
15. Admission avoidance schemes are well established and direct referrals from West Midlands Ambulance Service (WMAS) to community services are rising monthly.

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**

16. Local data shows that Emergency Discharges are 2,857 for quarter 1.
17. National data was not available at the time of submission to provide up to date information in the template.
18. Ongoing progress in Pathway 1 discharges, supported by the hospital at home Bridging Team and P1 reablement provider, is narrowing the gap between DRD and actual discharge.
19. Length of Stay (LOS) across all pathways continues to be a concern. Measures are being implemented to ensure therapy resources are available earlier in the care pathway, aiming to prevent overstay. Investment in therapy is anticipated to decrease length of stay (LOS) and the requirement for double-handed care. Approval to begin the process is currently pending.
20. Continued reliance on spot beds due to challenges with the bedded Discharge to Assess D2A pathway provider. A review of provision is planned for quarter 2 to determine next steps for reducing spot bed usage.
21. Community Hospital beds are being used to support patient discharges from Acute while they await D2A. The Neighbourhood Health Programme is in progress.

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

22. Quarter 1 shows levels of long-term admissions to care homes continuing to reduce, showing a rate of 47.98 (per 56,000 population) against a goal of 65.9. (94.7 per 100,000 population). Partners across the health and social care system continue to support individuals to remain independent and living in their own homes and communities as long as possible.

Community impact

23. 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.
24. 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

25. 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.

26. 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

27. Due to the potential impact of this plan being low, a full Equality Impact Assessment (EIA) is not required. However, the following equality considerations have been taken into account regarding the BCF plan.
28. 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.
29. Whilst this paper is not seeking any project specific decisions, the quarter 1 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.
30. 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

31. In 2025/26 the BCF provides Herefordshire with total funding of £30,630.633m.
32. At Q1 the Better Care Fund is underspent by £0.294m, but this is due to underspending of £0.335m of the Disabled Facilities Grant, offset by overspending of £0.041m in other funding streams
33. Experience shows that the year-to-date underspending of the Disabled Facilities Grant will reduce as the year goes on and planned works begin.
34. High levels of demand in other funding streams, particularly in hospital discharge services, represent significant risk to maintaining financial balance in the BCF by the end of the financial year. A number of savings and mitigation plans are in progress and will be prioritised to control expenditure.

35. **Better Care Fund Financial Expenditure 2025/26 – Summary of Funding Stream Q1**

Better Care Fund Financial Plan 2025/26	2025/26 Year to Date Planned Expenditure £	2025/26 Year to Date Expenditure £	2025/26 Year to Date Variance to Plan Overspend/ (Underspend) £
NHS Minimum Contribution (transfer to ASC)	£1,901,579	£1,833,165	(£68,414)
NHS Minimum Contribution (retained by ICB)	£2,985,910	£3,051,357	£65,447
Total NHS Minimum Contribution	£4,887,489	£4,884,522	(£2,967)
Disabled Facilities Grant c/f 24/25	£558,362	£508,846	(£49,516)
Disabled Facilities Grant 25/26	£284,986	£0	(£284, 986)
Disabled Facilities Grant	£843,348	£508,846	(£334,502)
Local Authority Better Care Grant	£2,101,141	£2,144,482	£43,341
TOTAL BETTER CARE FUND	£7,831,978	£7,537,850	(£294,128)

Legal implications

36. 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.
37. 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.
38. 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.
39. 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.
40. 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.
41. The Improved Better Care Fund iBCF 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

42. 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.

43. 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 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 and HWICB work with One Herefordshire Partnership to revise and improve the service model for Discharge to Assess (D2A) to be recurrently sustainable.

44. **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

45. 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 1 Reporting Template

Background papers

None identified.

Glossary of terms, abbreviations and acronyms used in this report

Acronym	Description
BCF	Better Care Fund
iBCF	Improved Better Care Fund
1HP	One Herefordshire Partnership
HWICB	Herefordshire & Worcestershire Integrated Commissioning Board
EIA	Equality Impact Assessment
FSDEC	Frailty Same Day Emergency Care
D2A	Discharge to Assess
DHSC	The Department of Health and Social Care
DFG	Disabled Facilities Grant
ICE	Integrated Care Executive
LOS	Length of Stay
MHCLG	Ministry of Housing, Communities and Local Government