



# **Title of report: Better Care Fund (BCF) Quarter 2 report 2025-26**

**Meeting: Health and Wellbeing Board**

**Meeting date: Monday 15 December 2025**

**Report by: Transformation 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) quarter 2 performance template 2025-26 and seek formal Health and Wellbeing Board approval.

## **Recommendation(s)**

**That:**

- a) the Better Care Fund (BCF) 2025/26 quarter two 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 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 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. Part of the Delivery Plan incorporates a revised Discharge to Assess (D2A) Model. Work is underway to:
  - Strengthen Governance & Leadership: Establish a unified, legally compliant framework co-owned by all partners, with clear accountability, escalation routes, and transparent communication.
  - Enhance Operational Delivery & Coordination: Streamline discharge processes through integrated working, timely assessments, and shared tools, ensuring person-centred planning from day one.
  - Coordinate Commissioning & Capacity Building: Secure sustainable, high-quality care capacity across pathways by expanding reablement services, commissioning block contracts, and reducing reliance on high-cost spot purchases.
  - Improve Digital Integration & Intelligence: Build robust IT infrastructure with real-time tracking, shared dashboards, and reflective learning loops to strengthen visibility, accountability, and continuous improvement.
  - Embed Financial Planning: Integrate financial discipline into every stage of the discharge process, tracking costs of delays, applying revised cost-of-care models, and ensuring decisions are both clinically appropriate and financially sustainable.
9. As per national requirements the quarter 2 template was submitted on 11 November 2025.
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. Data shows that Emergency Admissions for quarter 2 is on track to meet the goal of 1804.

12. Data shows emergency admissions in July was 600 (606) and August 623 (624). Data sets are not available at the time of submission for September however it is anticipated admissions will be in line with the plan of 574.
  13. Increased demand continues particularly around the 65+ cohort, however, the Frailty Same Day Emergency Care (FSDEC) Bridging Team are supporting patients home on the same day to prevent admission to inpatient beds.
  14. Care Home Practitioners are now working more closely with the Admission Avoidance and Discharge team to support care home patients in particular. Further improvement is planned, including a review of care homes and the triggers for 999 calls, which will identify opportunities to prevent unnecessary admissions.'
  15. The Neighbourhood Health Programme is underway with plans for a Multi-Disciplinary Team (MDT) service to support those frail older patients most at risk of avoidable admissions.
  16. Admission avoidance schemes are well established and direct referrals from West Midlands Ambulance Service (WMAS) to community services are increasing month on month.
- 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**
17. For Q2 it is reported that we are not on track to meet the goal for this metric. National data was not available at the time of submission for September to provide up to date information in the template.
  18. July's data for discharge was 1.0 (target: 0.47), August was 0.9 (target: 0.70). September data was unavailable. DRD for July was 6.2 (target: 5.01) and August was 6.7 (target: 6.88).
  19. There is continued sustained improvement around discharges via Pathway 1 (P1), supported by the Hospital at Home Bridging Team. The integrated work from all teams, including P1 reablement provider is helping to reduce the gap between DRD and actual discharge.
  20. Length of Stay (LoS) in all pathways remains a concern; action is underway to ensure therapy resource is available earlier in the pathway to prevent overstay.
  21. Investment in therapy has been approved and is one element of the D2A (Revised Model). Work commenced in October with the aim to help reduce LoS and double handed care provision, through providing therapy at the start of the patient's journey. This forms part of the mitigations set out in the newly created D2A Action Plan, laying out a series of mitigations to help deliver a person-centred discharge model that enables timely discharge from hospital to home or care settings. The multi-agency framework will improve communication between teams and enable higher levels of reablement.
  22. The Action Plan also supports work enabled to reduce continued reliance on spot beds. A planned review of provision to agree next steps to reduce spot provision use is under way.

23. Community Hospital beds continue to be utilised to support discharges from the Acute for patients awaiting D2A.

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

24. The Q2 target for number of admissions is 66, data shows actual admissions for Q2 is 58 (July 26, August 14, September 18).
25. Q2 data illustrates that Length of Stay (LoS) within residential discharge pathways has remained broadly static compared to Q1. Improvements over discharge timelines are improving.
26. Therapy input and ongoing provider capacity still provide challenges. The proportion of discharges requiring 2:1 remains elevated, reinforcing the need for earlier therapy intervention.
27. As part of the Delivery Plan a series of mitigations were developed to improve patient flow and reduce spend, The Discharge to Assess (D2A) Board approved investment in therapy to pilot earlier engagement and implementation is now underway; this is expected to reduce LoS within short term bedded care.
28. Spot bed usage has increased, reflecting challenges with care provider availability for higher need patients. This is now under review with mitigations being implemented to resolve.

### **Community impact**

29. 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.
30. 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**

31. 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.
32. 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**

33. Due to the potential impact of this plan being low, a full Equality Impact Assessment (EIA) is not required.
34. 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.

35. Whilst this paper is not seeking any project specific decisions, the quarter 2 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.
36. 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**

37. In 2025/26 the BCF provides Herefordshire with total funding of £30,630.633m.
38. At Q2 the Better Care Fund is overspent by £0.901m, this is due to overspending of £0.714m on services facilitating hospital discharge and £0.206m on services for Deprivation of Liberty standards and Approved Mental Health Professionals offset by small amounts of underspending in other services.
39. 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.
40. Any residual unmitigated overspend at the end of the year will be a cost pressure to be borne by Herefordshire partners.

41. **Better Care Fund Financial Expenditure 2025/26 – Summary of Funding Stream Q2**

<b>Better Care Fund Financial Plan 2025/26</b>	<b>2025/26 Year to Date Planned Expenditure</b> <b>£</b>	<b>2025/26 Year to Date Expenditure</b> <b>£</b>	<b>2025/26 Year to Date Variance to Plan</b> <b>Overspend/ (Underspend)</b> <b>£</b>
NHS Minimum Contribution (transfer to ASC)	£3,773,955	£4,025,110	£251,155
NHS Minimum Contribution (retained by ICB)	£6,011,670	£6,488,873	<b>£477,203</b>
<b>Total NHS Minimum Contribution</b>	<b>£9,785,625</b>	<b>£10,513,982</b>	<b>£728,358</b>
Disabled Facilities Grant c/f 24/25	£558,362	£558,362	£0
Disabled Facilities Grant 25/26	£1,128,334	£562,018	<b>(£566,316)</b>
<b>Disabled Facilities Grant</b>	<b>£1,686,697</b>	<b>£1,020,380</b>	<b>(£666,317)</b>
<b>Local Authority Better Care Grant</b>	<b>£4,169,688</b>	<b>£4,349,279</b>	<b>£179,591</b>
<b>BCF Underspend B/fwd</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>
<b>TOTAL BETTER CARE FUND</b>	<b>£15,642,009</b>	<b>£15,883,641</b>	<b>£241,632</b>

**Legal implications**

42. 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.
43. 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.
44. 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.
45. 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.
46. 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.
47. 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

48. 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.
49. 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 D2A to be recurrently sustainable.

50. **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

51. 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 2 Reporting Template

## Background papers

None identified.

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

Acronym	Description
<b>BCF</b>	Better Care Fund
<b>iBCF</b>	Improved Better Care Fund
<b>1HP</b>	One Herefordshire Partnership
<b>DRD</b>	Discharge Ready Date
<b>FSDEC</b>	Frailty Same Day Emergency Care
<b>HWB</b>	Health and Wellbeing BoardF
<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>WMAS</b>	West Midlands Ambulance Service
<b>WVT</b>	Wye Valley NHS Trust