

Better Care Fund 2025-26 Q2 Reporting Template

1. Guidance

Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements for 2025-26 (refer to link below), which supports the aims of the BCF Policy Framework and the BCF programme; jointly led and developed by the national partners Department of Health and Social Care (DHSC), Ministry for Housing, Communities and Local Government (MHCLG), NHS England (NHSE).

<https://www.england.nhs.uk/long-read/better-care-fund-planning-requirements-2025-26/#introduction>

<https://www.gov.uk/government/publications/better-care-fund-policy-framework-2025-to-2026/better-care-fund-policy-framework-2025-to-2026>

As outlined within the planning requirements, quarterly BCF reporting will continue in 2025-26, with areas required to set out progress on delivering their plans by reviewing metrics performance against goals, spend to date as well as any significant changes to planned spend.

The primary purpose of BCF reporting is to ensure a clear and accurate account of continued compliance with the key requirements and conditions of the fund. The secondary purpose is to inform policy making, the national support offer and local practice sharing by providing a fuller insight from narrative feedback on local progress, challenges and highlights on the implementation of BCF plans and progress on wider integration.

BCF reporting is likely to be used by local areas, alongside any other information to help inform HWBs on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including ICBs, local authorities and service providers) for the purposes noted above.

In addition to reporting, BCMs and the wider BCF team will monitor continued compliance against the national conditions and metric ambitions through their wider interactions with local areas.

BCF reports submitted by local areas are required to be signed off HWB chairs ahead of submission. Aggregated data reporting information will be available on the DHSC BCF Metrics Dashboard and published on the NHS England website.

Note on entering information into this template

Please do not copy and paste into the template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background, as below:

Data needs inputting in the cell

Pre-populated cells/Not required

Note on viewing the sheets optimally

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.

The row heights and column widths can be adjusted to fit and view text more comfortably for the cells that require narrative information.

Please DO NOT directly copy/cut and paste to populate the fields when completing the template as this can cause issues during the aggregation process. If you must 'copy and paste', please use the 'Paste Special' operation and paste Values only.

The details of each sheet within the template are outlined below.

Checklist (2. Cover)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF Team.

2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'

3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.

4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.

5. Please ensure that all boxes on the checklist are green before submission.

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. Once you select your HWB from the drop down list, relevant data on metric goals from your BCF plans for 2025-26 will pre-populate in the relevant worksheets.

2. HWB Chair sign off will be subject to your own governance arrangements which may include a delegated authority.

3. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to:

england.bettercarefundteam@nhs.net

(please also copy in your respective Better Care Manager)

4. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

3. National Conditions

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2025-26 (link below) continue to be met through the delivery of your plan. Please confirm as at the time of completion.

<https://www.england.nhs.uk/long-read/better-care-fund-planning-requirements-2025-26/>

This sheet sets out the four conditions and requires the Health & Wellbeing Board to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met for the year and how this is being addressed. Please note that where a National Condition is not being met, an outline of the challenge and mitigating actions to support recovery should be outlined. It is recommended that the HWB also discussed this with their Regional Better Care Manager.

In summary, the four National conditions are as below:

National condition 1: Plans to be jointly agreed

National condition 2: Implementing the objectives of the BCF

National condition 3: Complying with grant and funding conditions, including maintaining the NHS minimum contribution to adult social care (ASC) (and section 75 in place)

National condition 4: Complying with oversight and support processes

4. Metrics

The BCF plan includes the following metrics (these are not cumulate/YTD):

1. Emergency admissions to hospital for people aged 65+ per 100,000 population. (monthly)
2. Average number of days from Discharge Ready Date to discharge (all adult acute patients). (monthly)
3. Admissions to long term residential and nursing care for people aged 65+ per 100,000 population. (quarterly)

Plans for these metrics were agreed as part of the BCF planning process outlined within 25/26 planning submissions.

Populations are based on 2023 mid year estimates

Within each section, you should set out how the ambition has been reached, including analysis of historic data, impact of planned efforts and how the target aligns for locally agreed plans such as Acute trusts and social care.



The bottom section for each metric also captures a confidence assessment on achieving the locally set ambitions for each of the BCF metrics.

The metrics worksheet seeks a short explanation if a goal has not been met - in which case please provide a short explanation, including noting any key mitigating actions.

You can also use this section to provide a very brief explanation of overall progress if you wish.

In making the confidence assessment on progress, please utilise the available metric data via the published sources or the DHSC metric dashboard along with any available proxy data.

https://dhexchange.kahootz.com/Discharge_Dashboard/groupHome

5. Expenditure

This section requires confirmation of an update to actual income received in 2025-26 across each fund, as well as spend to date at Q2. If planned expenditure by activity has changed since the original plan, please confirm that this has been agreed by local partners. If that change in activity expenditure is greater than 5% of total BCF expenditure, please use this box to provide a brief summary of the change.

On the 'DFG' row in the 'Source of Funding' table, 'Updated Total Planned Income for 25-26' this should include the total funding from DFG allocations that is available for you to spend on DFG in this financial year 2025-26. 'Q2 Year-to-Date Actual Expenditure' should include total amount that has been spent in Q2, even if the application or approval for the DFG started in a previous quarter or there has been slippage.

The template will automatically pre-populate the planned income in 2025-26 from BCF plans, including additional contributions. Please enter the update amount of income even if it is the same as in the submitted plan.

Please also use this section to provide the aggregate year-to-date spend at Q2. This tab will also display what percentage of planned income this constitutes; [if this is 50% exactly then please provide some context around how accurate this figure is or whether there are limitations.]

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2. Cover

Version 1.0

Please Note:

- The BCF quarterly reports are categorised as 'Management Information' and data from them will be published in an aggregated form on the NHSE website. This will include any narrative section. 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.

- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.

- All information will be supplied to BCF partners 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.

Health and Wellbeing Board:	Herefordshire, County of	
Completed by:	Marie Gallagher/Adrian Griffiths	
E-mail:	Marie.Gallagher1@herefordshire.gov.uk	
Contact number:	01432 260435	
Has this report been signed off by (or on behalf of) the HWB Chair at the time of submission?	No	
If no, please indicate when the report is expected to be signed off:	Mon 15/12/2025	<< Please enter using the format, DD/MM/YYYY

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'.

Complete		
	Complete:	For further guidance on requirements please refer back to guidance sheet - tab 1.
2. Cover	Yes	
3. National Conditions	Yes	
4. Metrics	Yes	
5. Expenditure	Yes	
<< Link to the Guidance sheet		

^^ Link back to top

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3. National Conditions

Selected Health and Wellbeing Board: Herefordshire, County of

Confirmation of Nation Conditions		
National Condition	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in the quarter and mitigating actions underway to support compliance with the condition:
1) Plans to be jointly agreed	Yes	
2) Implementing the objectives of the BCF	Yes	
3) Complying with grant and funding conditions, including maintaining the NHS minimum contribution to adult social care (ASC) and Section 75 in place	Yes	
4) Complying with oversight and support processes	Yes	

Checklist

Complete:

Yes

Yes

Yes

Yes

Better Care Fund 2025-26 Q2 Reporting Template
4. Metrics for 2025-26

Selected Health and Wellbeing Board:

Herefordshire, County of

For metrics time series and more details:

[BCF dashboard link](#)

For metrics handbook and reporting schedule:

[BCF 25/26 Metrics Handbook](#)

4.1 Emergency admissions

Plan		Apr 25 Plan	May 25 Plan	Jun 25 Plan	Jul 25 Plan	Aug 25 Plan	Sep 25 Plan	Oct 25 Plan	Nov 25 Plan	Dec 25 Plan	Jan 26 Plan	Feb 26 Plan	Mar 26 Plan
Emergency admissions to hospital for people aged 65+ per 100,000 population	Rate	1,300.9	1,348.3	1,300.9	1,195.4	1,231.9	1,131.5	1,278.3	1,182.0	1,189.6	1,139.4	1,139.4	1,139.4
	Number of Admissions 65+	659	683	659	606	624	574	648	599	603	577	577	577
	Population of 65+	50,683.0	50,683.0	50,683.0	50,683.0	50,683.0	50,683.0	50,683.0	50,683.0	50,683.0	50,683.0	50,683.0	50,683.0

Assessment of whether goal has been met in Q2:	On track to meet goal
If a goal has not been met please provide a short explanation, including noting any key mitigating actions.	
You can also use this box to provide a very brief explanation of overall progress if you wish.	<p>July - 600 Aug - 623 September data not available</p> <p>We continue to see increased demand particularly around 65+ cohort. Frailty Same Day Emergency Care (FSDEC) Bridging Team are supporting patients home on the same day to prevent admission to inpatient bed. Care Home Practitioners are now working more closely with admission avoidance and discharge team to support care home patients in particular- further improvement planned for Q2 which will see a review of care homes and the triggers for 999 call to look for opportunities to prevent. Neighbourhood Health Programme underway with plans for an MDT service to support those frail older patients most at risk of avoidable admissions. Admission avoidance schemes are well established and direct referrals from WMAS to community services are increasing month on month.</p>

Did you use local data to assess against this headline metric?	No
If yes, which local data sources are being used?	

4.2 Discharge Delays

Original Plan	Apr 25 Plan	May 25 Plan	Jun 25 Plan	Jul 25 Plan	Aug 25 Plan	Sep 25 Plan	Oct 25 Plan	Nov 25 Plan	Dec 25 Plan	Jan 26 Plan	Feb 26 Plan	Mar 26 Plan
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)	0.81	0.61	0.62	0.47	0.70	0.52	0.45	0.37	0.41	0.41	0.53	0.27
Proportion of adult patients discharged from acute hospitals on their discharge ready date	88.0%	88.4%	88.1%	90.7%	89.9%	91.1%	92.5%	92.8%	93.3%	93.4%	93.0%	95.4%
For those adult patients not discharged on DRD, average number of days from DRD to discharge	6.77	5.28	5.19	5.01	6.88	5.88	5.96	5.12	6.12	6.21	7.59	5.72

Assessment of whether goal has been met in Q2:	Not on track to meet goal
If a goal has not been met please provide a short explanation, including noting any key mitigating actions.	<p>Slightly off track but near to target Average length of discharge delay July 1.0 Aug 0.9 Percentage discharged July - 84.6% August - 86.4% July - DRD 6.2 Aug - DRD 6.7 Sept data not available</p>
You can also use this box to provide a very brief explanation of overall progress if you wish.	<p>Continued sustained improvement around discharges via Pathway 1 supported by 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. However LOS in all pathways remains a concern - action underway to ensure therapy resource available earlier in pathway to prevent overstay. Investment in therapy should see reduction in LOS and double handed care provision, this is currently awaiting authorisation from One Herefordshire and D2A Board. This forms part of the mitigations set out in newly created D2A Action Plan, laying out a series of mitigations to help deliver a person centered 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.</p> <p>The Action Plan also supports work enabled to reduce continued reliance on spot beds due to issues with bedded D2A pathway provider. Q2 planned for review of provision to agree next steps to reduce spot provision use.</p> <p>Community Hospital beds continue to be utilised to support discharges from Acute for patients awaiting D2A.</p> <p>Neighbourhood Health programme underway.</p>

Did you use local data to assess against this headline metric?	No
If yes, which local data sources are being used?	

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

4.3 Residential Admissions

Actuals + Original Plan		2023-24 Full Year Actual	2024-25 Full Year CLD Actual	2025-26 Plan Q1 (April 25- June 25)	2025-26 Plan Q2 (July 25- Sept 25)	2025-26 Plan Q3 (Oct 25-Dec 25)	2025-26 Plan Q4 (Jan 26-Mar 26)
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Rate	355.1	469.6	130.0	130.2	130.2	130.2
	Number of admissions	180.0	238.0	65.9	66.0	66.0	66.0
	Population of 65+*	50683.0	50683.0	50683.0	50683.0	50683.0	50683.0

Assessment of whether goal has been met in Q2:	On track to meet goal
If a goal has not been met please provide a short explanation, including noting any key mitigating actions.	
You can also use this box to provide a very brief explanation of overall progress if you wish.	Actual Q2 - 58. July - 26 Aug - 14 Sept - 18 Q2 data illustrates that LoS within residential discharge pathways has remained broadly static compared to Q1. Improvements over discharge timelines are improving. Therpay input and ongoing provider capacity still provide challenges. The proportion of discharges requiring 2:1 remains elevated, reinforcing the need for earlier therapy intervention. As part of the Delivery Plan a series of mitigations were developed to improve patient flow and reduce spend, The DZA Board approved investment in therapy to pilot ealierier engagement, implementation is now underway, this is expected to reduce LoS within short term bedded care. 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.

Did you use local data to assess against this headline metric?	Yes
If yes, which local data sources are being used?	47.98 per 56,000 population (94.7 per 100,000 population)

Yes

Yes

Yes

Yes

Yes

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5. Income & Expenditure

Selected Health and Wellbeing Board:

Herefordshire, County of

Source of Funding	2025-26		DFG Q2 Year-to-Date Actual Expenditure
	Planned Income	Updated Total Plan Income for 25-26	
DFG	£2,815,031	£2,815,031	£1,679,743
Minimum NHS Contribution	£19,447,855	£19,447,855	
Local Authority Better Care Grant	£8,367,748	£8,367,748	
Additional LA Contribution	£0	£0	
Additional NHS Contribution	£0	£0	
Total	£30,630,634	£30,630,634	

Planned Expenditure	Original	Updated	% variance
	£30,630,635	£30,630,635	0%

Q2 Year-to-Date Actual Expenditure	% of Planned Income	
	£16,506,657	54%

If Q2 year to date actual expenditure is exactly 50% of planned expenditure, please confirm this is accurate or if there are limitations with tracking expenditure.

If planned expenditure by activity has changed since the original plan, please confirm that this has been agreed by local partners. If that change in activity expenditure is greater than 5% of total BCF expenditure, please use this box to provide a brief summary of the change.

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes