Better Care Fund 2025-26 EOY 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

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 sigificant 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 fuller insight from narrative feedback on local progress, challenges and highlights on the implementation of BCF plans and progress on wid 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 B 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, lc 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 ambi 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 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 backgrou 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 9 100%. 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 aggreg 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 sen 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' contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain t
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 Comple
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 s 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 worksh
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 l 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 templa order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templa 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 planni 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. Sh '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 n that where a National Condition is not being met, an outline of the challenge and mitigating actions to support recovery should be outlinec 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 ca (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 2024 mid year estimates, please note this has been updated from the Q2 template to match the DHSC metrics dashboard.
Within each section, you should set out how the ambition has been reached, including analysis of historic data, impact of planned efforts a 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 metri The metrics worksheet seeks a short explanation if a goal has not been met - in which case please provide a short explanation, including nc 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. Income & 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 Q3. If expenditure by activity has changed since the original plan, please confirm that this has been agreed by local partners. If that change in act 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 Income for 25-26' this should include the total funding from DFG allocati that is available for you to spend on DFG in this financial year 2025-26. 'EOY Actual Expenditure' should include total amount that has been spent at year-end, 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 ent the update amount of income even if it is the same as in the submitted plan. Note that the extra £50m DFG top-up that had been introduce the start of the year is now included in the total DFG amount therefore please include this in your total actuals expenditure.

Please also use this section to provide the aggregate End of Year Spend. This tab will also display what percentage of planned income this constitutes.

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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:	South Tyneside
Completed by:	Ashleigh Gordon
E-mail:	ashleigh.gordon@southtyneside.gov.uk
Contact number:	7539468735
Has this report been signed off by (or on behalf of) the HWB Chair at the time of submission?	Yes
If no, please indicate when the report is expected to be signed off:	

Checklist

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

For further guidance on requirements please refer back to guidance sheet - tab 1.

<< Link to the Guidance sheet

^^ Link back to top

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3. National Conditions

Selected Health and Wellbeing Board: South Tyneside

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	

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4. Metrics for 2025-26

Selected Health and Wellbeing Board: South Tyneside

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	2,159.0	2,127.6	1,985.9	2,286.4	1,816.5	1,930.5	2,216.2	1,986.0	2,029.6	2,118.4	1,861.7	1,973.6
	Number of Admissions 65+	703	692	646	744	591	628	721	646	660	689	606	642
	Population of 65+	32,539.0	32,539.0	32,539.0	32,539.0	32,539.0	32,539.0	32,539.0	32,539.0	32,539.0	32,539.0	32,539.0	32,539.0

Assessment of whether goal has been met in Q4:	Not on track to meet goal
You may use this box to provide a very brief explanation of overall progress if you wish.	Performance has varied through the year with some months being below plan (desired) and some months being above plan (not desired). For Q4, January was 1972 actual against a plan of 2118, a -7% variance. February was 1970 actual against a plan of 1862, a +6% variance. March was 1986 actual against a plan of 1974, a +1% variance, based on local provisional data. Negative variances are desired for this metric. Performance reflects system challenges, and we hope that we will see an improvement in 26/27 as a result of the full rollout of our Guiding You Home programme which is improving numerous system flow processes.

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)	0.84	0.87	0.90	0.99	0.94	1.17	0.96	0.93	0.89	0.84	1.05	0.89
Proportion of adult patients discharged from acute hospitals on their discharge ready date	82.9%	80.8%	84.9%	79.9%	82.7%	79.7%	82.2%	80.2%	83.3%	82.5%	81.8%	81.6%

For those adult patients not discharged on DRD, average number of days from DRD to discharge	4.89	4.50	5.94	4.94	5.43	5.74	5.35	4.69	5.37	4.82	5.77	4.85

Assessment of whether goal has been met in Q4:	Not on track to meet goal
You may use this box to provide a very brief explanation of overall progress if you wish.	For average length of discharge delay, performance has been above plan (not desired) all year with the gap widening during Q3 and Q4. For Q4, January was 2.37 actual against a plan of 0.84, a variance of 1.53. February was 2.43 actual against a plan of 1.05, a variance of 1.38. March was 2.51 actual against a plan of 0.89, a variance of 1.62, based on local provisional data. For discharge on DRD, performance has been below plan (not desired) for most of the year. For Q4, January was 79.0% actual against a plan of 82.5%. February was 80.0% actual against a plan of 81.8%. March was 78.7% actual against a plan of 81.6%, based on local provisional data. For days from DRD to discharge, performance has been above plan (not desired) for most of the year. For Q4, January was 11.33 actual against a plan of 4.82. February was 12.16 actual against a plan of 5.77. March was 11.76 actual against a plan of 4.85, based on local provisional data. Performance reflects system challenges, and we hope that we will see an improvement in 26/27 as a result of the full rollout of our Guiding You Home programme which is improving numerous system flow processes.

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	788.3	835.9	264.3	184.4	187.5	199.8
	Number of admissions	251.0	272.0	86.0	60.0	61.0	65.0
	Population of 65+*	32539.0	32539.0	32539.0	32539.0	32539.0	32539.0

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5. Income & Expenditure

Selected Health and Wellbeing Board: South Tyneside

	2025-26		
Source of Funding	Planned Income	Updated Total Income for 25-26	DFG EOY Actual Expenditure
DFG (including top-up)	£2,547,899	£2,547,899	£2,547,899
Minimum NHS Contribution	£19,648,458	£19,648,458	
Local Authority Better Care Grant	£12,935,004	£12,935,004	
Additional LA Contribution	£15,788,612	£15,788,612	
Additional NHS Contribution	£0	£0	
Total	**£50,919,973**	**£50,919,973**	

		% of Planned Income
End of Year Actual Expenditure	£50,919,973	**100%**

If 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.	N/A

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6. Year End Impact Summary

Selected Health and Wellbeing Board: South Tyneside

Confirmation of Statements		
Question statements	**Confirmation**	**If the answer is "No" please provide an explanation:**
Overall delivery of BCF has improved joint working between health and social care	Yes	
Our BCF schemes were implemented as planned in 2025-26	Yes	
The delivery of our BCF plan 2025-26 has had a positive impact on the integration of health and social care in our locality.	Yes	

Highlight success and challenges within reference to the most relevant enablers from SCIE logic model:	
Logic model for integrated care - SCIE	
Success and Challenges	**Narrative**
2 key successes observed towards driving the enablers for integration	Strengthened multidisciplinary working and consistent Home First decision making (SCIE Enablers: Workforce • Processes • Leadership) During 2025/26, integrated MDT working strengthened significantly across South Tyneside through the Guiding You Home workstreams and the transition towards the Neighbourhood Model. MDT huddles became more reliable, shared caseloads improved visibility of need, and clear leadership structures helped embed Home First as the default decision making approach. This has contributed to measurable benefits, including reduced onward residential admissions from Return to Independence beds (up to 40% decreases) and more consistent early discharge planning, enabling more people to return home or access short term reablement rather than long term care. These improvements reflect stronger system culture, clearer accountability across organisations and improved capability within the integrated workforce to deliver timely, person centred discharge decisions. Success 2: Improved digital capability and shared information flows supporting proactive,
2 key challenges observed towards driving the enablers for integration	Challenge 1: Capacity constraints in reablement and home care affecting flow and discharge performance (SCIE Enablers: Workforce • Resources • Processes) Throughout 2025/26, capacity pressures in home based reablement and domiciliary care continued to limit the system's ability to achieve timely discharge and optimal pathway decisions. Limited availability at peak times resulted in delayed discharge preparation, greater reliance on social workers to manage bottlenecks, and increased length of stay for people who could have otherwise benefitted from home based support. These constraints consistently affected performance against discharge related metrics and contributed to variation across the year. Although significant progress has been made through Guiding You Home, ongoing workforce stabilisation, provider development, and system wide capacity planning are still required for future resilience. Challenge 2: Variation in discharge culture and inconsistent application of Home First across wards (SCIE Enablers: Leadership • Processes • Workforce • Shared Vision & Values)