Better Care Fund 2025-26

Report being considered by:	Health and Wellbeing Board
On:	24th September 2026
Report Sponsor:	Nigel Foot, Chair HWB
Report Author:	Maria Shepherd Health & Social Care Integration Lead

1. Purpose and Executive Summary

1.1 To provide a six-monthly update on West Berkshire's Better Care Fund (BCF), covering Quarter 3 2025-26 and the year-end position to March 2026. The 2025-26 BCF pooled budget was £17,728,789 and the required Q3 and year-end reports were submitted to NHS England with delegated authority from the Chair of HWB following approval of the plan in May 2025.

1.2 Performance has been mixed. Emergency admissions for people aged 65 and over remained broadly positive, with West Berkshire continuing to perform below NHS England and peer group averages. Long-term admissions to residential and nursing care were below plan in Quarter 3, but exceeded plan at year-end, with 61 admissions against a plan of 50. Discharge delays remained above plan throughout both reporting periods and continue to be the principal area requiring improvement.

1.3 The actual expenditure at year-end was £17,595,693, representing 98% of planned income. A small amount of funding will be carried forward into the 2026-27 plan in line with agreed priorities and funding outcomes.

1.4 A notable success during 2025-26 was the additional BCF investment in the dementia care advisory service which reduced waiting times for West Berkshire residents from six months to 8-10 weeks. This has improved earlier access to advice and support, helping residents and families plan, access services sooner and maintain independence longer. This additional investment is due to end in March 2027 but will be reviewed as part of the wider BCF programme review which will take place in 2026.

1.5 The 2026-27 plan will focus on improving discharge flow, particularly pathway 3 discharges, process efficiency, care home responsiveness and arrangements for self-funders. Continued joint working between health and social care partners will be essential to sustain progress, strengthen the home first approach and support delivery of the national BCF Objectives.

2. Recommendation(s)

To note the report, Quarter 3 and year-end reports have already been submitted to NHS England under delegated authority from the Chair of the HWB, in line with national reporting requirements.

Implications

Financial
The 2025-26 plan received sign-off from S151 officer prior to the plan being submitted in May 2025.
Human resources
n/a
Legal
Better Care Fund (BCF) funding is pooled through a Section 75 agreement under the NHS Act 2006, which allows local authorities and NHS bodies to combine resources and deliver integrated services. This legal framework ensures joint accountability, shared decision-making, and coordinated use of health and social care budgets.
Risk management
NHS England's Better Care Fund planning requirements explicitly reference the need for robust risk-sharing and governance arrangements; these are articulated in the S75 agreement under the NHS Act 2006.
Council Strategy
n/a
Other Implications
The Better Care Fund Policy Framework supports integrated health and social care, helping people live independently at home for longer. The 2025-26 framework focuses on prevention, faster hospital discharge and more personalised, community-based care through joint planning and funding.
Equalities Impacts: Choose an item.
The Better Care Fund helps reduce health inequalities by providing more consistent, coordinated, and accessible care—especially for older people, those with complex needs, and underserved communities. The focus on early intervention, personalised support, and care close to home helps address the social determinants of health and reduce the disproportionate burden of illness among disadvantaged groups.
Data Impacts: Choose an item.
n/a
Environmental Impacts: Choose an item.
n/a

Health Impacts: Choose an item.
Addressing these is a key part of the Policy intent. Equality and health inequality duties are built into how BCF plans must be developed and implemented.

Consultation and Engagement:	The BCF quarter 3 and year-end reports referred to in the appendices have been shared with Locality Integration Board, a sub-group of the HWB. Both reports received delegated authority from Chair of HWB before being submitted to NHS England in line with the reporting requirements of the BCF.

3. Background

3.1 The Better Care Fund (BCF) is a pooled budget through a section 75 agreement under the NHS Act 2006, which allows local authorities and NHS bodies to combine resources and deliver integrated services.

2.2 The pooled budget for 2025-26 is £17,728,789.

3.2 This legal framework ensures joint accountability, shared decision-making, and co-ordinated use of health and social care budgets.

3.3 In 2025/26 the BCF objectives were aligned with the Government's 10-year health plan in supporting it to make the three big reform shifts: "hospital to community", "analogue to digital" and "sickness to prevention".

3.4 The BCF policy framework sets out four national conditions:

1. Plans are jointly agreed between partners and signed off by HWB.
2. Health and Social Care will work together in implementing the objectives of the BCF: to support the shift from sickness to prevention and to support people living independently and the shift from hospital to home.
3. Health & Social Care will comply with grant and funding conditions, including maintaining the NHS minimum contribution to adult social care and a Section 75 agreement is in place
4. Health and Social Care will comply with oversight and support processes

3.5 In 2025/26 new metrics were introduced to signal a shift towards a more outcome driven approach for BCF delivery, reduce complexity and bureaucracy (reduction in the number of national metrics), align with metrics already in use within ICB;s to support urgent and emergency care and align with ADASS policy priorities included in their care closer to home call to action and carers call to action.

3.6 For 2025/26 there are three headline metrics:

1. Emergency admissions to hospital for people aged 65+ per 100,000 population
2. Average length of discharge delay for all acute adult patients, derived from a combination of:
    a. Percentage of adult patients discharged from acute hospitals on their discharge ready date (DRD)
    b. For those adult patients not discharged on DRD, average number of days from DRD to discharge
3. Long-term admissions to residential care homes and nursing homes for people aged 65+ per 100,000 population.

3.7 Progress against metrics one and two are available from the national BCF dashboard and the Thames Valley ICB, progress against metric three is available from Adult Social Care's Client level dataset.

3.8 The three metrics are reported to the Locality Integration Board via a highlight report and quarterly BCF reports.

3.9 The three metrics are reported to the Health and Wellbeing Board through quarterly reports, which are signed off by the Chair with delegated authority as necessary before being submitted to NHS England.

3.10 The HWB submitted West Berkshire's BCF 2025-26 Plan with delegated authority from the Chair of HWB at the end of March 2025. West Berkshire's plan was approved by NHS England in May 2025.

3.11 The HWB submitted Q3 and Year-end reports for 2025-26 to NHS England as required.

3.12 For Quarter 3 (October 2025 – December 2025):

(a) The number of emergency admissions 65+ per 100,000 population in October 2025 was 432 against a plan of 430, November 2025 was 427 against a plan of 410 and December 2025 was 432 against a plan of 424.

(b) For adult patients not discharged on their discharge ready date, the average number of days from discharge ready date to discharged exceeded the plan throughout the quarter: October 2025 was 4.0 days against a plan of 3.8 days; November 2025 was 4.4 days against a plan of 3.1 days; and December 2025 was 5.0 days against a plan of 4.8 days.

(c) We met our plan for long-term admissions into residential/nursing homes. We had 41 admissions against a plan of 50.

(d) Actual expenditure was reported as £13,335,003 – 75% of planned income.

3.13 For Quarter 4 (January 2026 – March 2026)

(a) The number of emergency admissions 65+ per 100,000 of population in January 2026 was 408 against a plan of 425, February 2026 was 362 against a plan 425 and March 2026 was 378 against a plan 426.

(b) For adult patients not discharged on their Discharge Ready Date, the average number of days from Discharge Ready Date to Discharge exceeded the plan throughout the quarter: January 2026 was 4.9 days against a plan of 3.9 days, February 2026 was 5.3 days against a plan 3.9 days and March 2026 was 4.9 days against a plan 3.5 days.

(c) We did not meet our plan for long-term admissions into residential/nursing homes. We had 61 admissions against a plan of 50.

(d) Actual expenditure was reported as £17,597,693 – 98% of planned income. A small amount of funding will be carried forward into the 2026/27 plan.

4. Appendices

Appendix A – BCF 2025-26 Quarter 3 reporting template

Appendix B – BCF 2025-26 Year-end reporting template

Background Information

Better Care Fund Plan 2025-26

Joint Health and Wellbeing Strategy Priorities Supported

The proposals will support the following priorities:

☐ Reduce the differences in health between different groups of people
☒ Support individuals at high risk of bad health outcomes to live healthy lives
☐ Help families and young children in early years
☐ Promote good mental health and wellbeing for all children and young people
☒ Promote good mental health and wellbeing for all adults

The proposals contained in this report will support the above Health and Wellbeing Strategy priorities by helping reduce health inequalities by providing more consistent, coordinated, and accessible care—especially for older people, those with complex needs, and underserved communities. The focus on early intervention, personalised support, and care close to home helps address the social determinants of health and reduce the disproportionate burden of illness among disadvantaged groups

Governance Pathway

Committee/Body	**Date**
Corporate Board	4**/8/26**
Executive Briefing	3**/9/26**

Health and Wellbeing Board	2**4/9/26**
Health and Adult Social Care Scrutiny Committee	2**9/9/26**
Choose an item.	
Other: (please state)	