Better Care Fund 2025-26 EOY Reporting Template

2. Cover

Version 1.0 [unlocked]

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:	West Berkshire
Completed by:	Maria Shepherd
E-mail:	Maria.shepherd@westberks.gov.uk
Contact number:	01635 519782
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: West Berkshire

Confirmation of Nation Conditions			Checklist Complete:
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		Yes
2) Implementing the objectives of the BCF	Yes		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		Yes
4) Complying with oversight and support processes	Yes		Yes

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4. Metrics for 2025-26

Selected Health and Wellbeing Board: West Berkshire

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	1,325.9	1,311.0	1,087.6	1,296.1	1,102.5	1,162.1	1,281.2	1,245.5	1,263.4	1,266.4	1,266.4	1,269.3
	Number of Admissions 65+	445	440	365	435	370	390	430	418	424	425	425	426
	Population of 65+	33,561.0	33,561.0	33,561.0	33,561.0	33,561.0	33,561.0	33,561.0	33,561.0	33,561.0	33,561.0	33,561.0	33,561.0

Assessment of whether goal has been met in Q4:	Data not available
You may use this box to provide a very brief explanation of overall progress if you wish.	We have a strong and consistent track record of performance, remaining below NHS England and peer group averages and frequently ranking 1st within our peer group since mid-2023. In January we had rate of 1296 against a target of 1266. This was lower than SE (1512) and lower than England as a whole (1679), lower than peer group average (1612). In February we had a rate of 1088 against a target of 1266. This was lower than SE (1336), lower than for England as a whole (1480) and lower than peer group average (1425). Data for March was not available.

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)	0.37	0.44	0.40	0.54	0.46	0.56	0.57	0.47	0.69	0.57	0.43	0.35
Proportion of adult patients discharged from acute hospitals on their discharge ready date	89.2%	86.8%	87.4%	86.6%	87.8%	85.9%	85.0%	84.9%	85.6%	85.3%	89.0%	90.0%

For those adult patients not discharged on DRD, average number of days from DRD to discharge	3.40	3.30	3.20	4.00	3.80	4.00	3.80	3.10	4.80	3.90	3.90	3.50

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.	We have seen increasing month to month variability - particularly May, July, January, February and March - coinciding with periods of higher demand. In January 77% of patients were discharged on their discharge ready date compared to SE (82%), England (84%) and peer group (84%). In February 78% were discharged on their discharge ready date compared to SE (82%), England (85%) and peer group (85%). In March 79% were discharged on their discharge ready date compared to SE (83%), England (85%) and peer group (85%). We have identified a number of actions to review the efficiency of Pathway 3 discharges, which is where we are seeing the longest delays.

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	648.3	566.1	0.0	0.0	0.0	0.0
	Number of admissions	213.0	190.0	0.0	0.0	0.0	0.0
	Population of 65+*	33561.0	33561.0	33561.0	33561.0	33561.0	33561.0

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5. Income & Expenditure

Selected Health and Wellbeing Board: West Berkshire

Source of Funding	2025-26 Planned Income	2025-26 Updated Total Income for 25-26	2025-26 DFG EOY Actual Expenditure	Checklist Complete:
DFG (including top-up)	£2,742,795	£2,742,795	£2,742,795	Yes
Minimum NHS Contribution	£14,064,255	£14,064,255		Yes
Local Authority Better Care Grant	£994,949	£994,949		Yes
Additional LA Contribution	£0	£157,250		Yes
Additional NHS Contribution	£0	£0		Yes
Total	**£17,801,999**	**£17,959,249**		

		% of Planned Income	
End of Year Actual Expenditure	£17,597,693	**98%**	Yes

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	Yes

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6. Year End Impact Summary

Selected Health and Wellbeing Board: West Berkshire

Checklist Complete:

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		Yes
Our BCF schemes were implemented as planned in 2025-26	Yes		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		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	1. Non Elective admissions - We continue to to remain below the NHS England and peer group averages and have frequently ranked 1st within our peer group since mid 2023. In 2025/26 we ranked 2nd out of six Local Authorities within the Thames Valley ICB. 2.Dementia Care Advisory Service - Additional resource providing earlier diagnosis and improved post diagnostic support has	Yes
2 key challenges observed towards driving the enablers for integration	1. Improving flow with hospital discharge remains a key priority for 26/27. We have seen some persistent delays within Pathway 3 discharges : efficiency, care home market responsiveness and self funders. This is an area we will be targetting in 2026/27 in order to improve flow. 2. We are still seeing 60% of permanent admissions to Care Homes coming from the Hospital Discharge route -	Yes