

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 cumulative/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.]

Better Care Fund 2025-26 Q2 Reporting Template

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:	Bournemouth, Christchurch and Poole
Completed by:	Scott Saffin
E-mail:	scott.saffin@bcpcouncil.gov.uk
Contact number:	01202 126204
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 12/01/2026

<< Please enter using the format,
DD/MM/YYYY

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. Expenditure	Yes

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

[<< Link to the Guidance sheet](#)

[^^ Link back to top](#)

Better Care Fund 2025-26 Q2 Reporting Template

3. National Conditions

Selected Health and Wellbeing Board:

Bournemouth, Christchurch and Poole

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

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	1,848.7	1,982.6	1,720.5	1,837.4	1,698.9	1,714.8	1,882.8	1,848.7	1,882.8	1,821.5	1,731.8	1,815.8
	Number of Admissions 65+	1,629	1,747	1,516	1,619	1,497	1,511	1,659	1,629	1,659	1,605	1,526	1,600
	Population of 65+	88,115.0	88,115.0	88,115.0	88,115.0	88,115.0	88,115.0	88,115.0	88,115.0	88,115.0	88,115.0	88,115.0	88,115.0

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.	Emergency Admissions Actuals: April: 1,603 May: 1,734 June: 1,579 July: 1,701 August: 1,611 Sept (estimated) 1,646
You can also use this box to provide a very brief explanation of overall progress if you wish.	<p>The FutureCare programme has a workstream focused on alternatives to admission. The key metrics are:</p> <ol style="list-style-type: none">1. The number of Same Day Emergency Care (SDEC) starts per week2. The number of patients referred to community services from the Emergency Department (ED) front door3. The number of Hospital at Home (H@H) admissions per week <p>To achieve this, the approach across Bournemouth, Christchurch, and Poole for admission avoidance is:</p> <p>Improving the number of patients pulled from the ED front door into SDECs Improving the flow from SDECs and ED to H@H Appointing a front door clinician to identify patients suitable for community services and refer them from ED</p> <p>An increase in SDEC referrals from ED has maintained the success rate, meaning more people are spending less time in hospital and avoiding admission. Our front door resource is showing early signs of success by directing patients to other out-of-hospital services. We hope this activity will increase admission avoidance.</p>

Checklist

Complete:

Yes

Yes

Yes

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)	0.88	0.85	1.14	1.17	0.88	0.92	1.08	0.99	0.93	0.97	1.01	1.01
Proportion of adult patients discharged from acute hospitals on their discharge ready date	87.4%	87.8%	87.3%	85.4%	87.5%	88.5%	86.5%	87.6%	88.4%	86.2%	87.4%	87.4%
For those adult patients not discharged on DRD, average number of days from DRD to discharge	7.00	7.00	9.00	8.00	7.00	8.00	8.00	8.00	8.00	7.00	8.00	8.00
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.	April: 86.39% May: 86.10% June: 85.71% July: 86.81% August: 84.23% Sept (estimated): 85.87%											
You can also use this box to provide a very brief explanation of overall progress if you wish.	<p>The FutureCare programme has a workstream focused on Transfer of Care (TOC). The TOC workstream has 2 key metrics: Reducing length of stay for those with no criteria to reside and increasing the number of people returning home. To achieve this TOC has 3 key area of focus:</p> <ol style="list-style-type: none"> 1) Improving early discharge planning. 2) Bringing decision making into one place where multi agency teams work together to increase efficiency around discharge planning. 3) Improving how we record and track what is happening for people requiring care and support to leave hospital so we have greater clarity on next actions for people. <p>In Q2, a change in the ICES provider from NRS to Medequip occurred. During the transition, Medequip has been prioritising discharge and admission avoidance, which has helped minimise disruption across the system.</p> <p>Colleagues monitoring the Single Point Of Access (SPOAs) have not identified any notable issues, and discharge-related concerns have not surfaced during system-wide ICES meetings. These twice-weekly meetings that took place during Q2 were an effective way to keep key stakeholders informed and address emerging issues. Regular newsletters have also been circulated to ensure colleagues across the system remain updated with the most important developments.</p> <p>While some challenges are likely to have occurred, operational teams have demonstrated strong resilience and adaptability. For example, there has been increased use of domiciliary care to support discharges during the provider changeover.</p>											

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	370.0	574.2	124.8	121.4	121.4	119.2
	Number of admissions	326.0	506.0	110.0	107.0	107.0	105.0
	Population of 65+*	88115.0	88115.0	88115.0	88115.0	88115.0	88115.0

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>Year to date, the actual rate of residential admissions stands at 254.3, slightly exceeding the target of 246.2. Q2 saw a notable increase in new admissions, with a greater than usual proportion from hospital referrals. This trend highlights ongoing pressures within the system. Additionally, BCP Council continues to experience a high number of people depleting their financial assets (capital depleters) and becoming eligible for local authority-funded care, which is placing further strain on finances.</p> <p>BCP Council is actively working to support people living independently, particularly those with disabilities or long-term conditions. In Q2 2025, 59 housing adaptations were completed through the Disabled Facilities Grant, enabling people to remain safely in their homes. These adaptations, including stairlifts, wetrooms, widened doorways etc are tailored to the needs of every person following assessments from an Occupational Therapist. In addition, BCP Council has launched a new community reablement pilot as part of its Fulfilled Lives Transformation Programme. This initiative provides short-term, therapy-led support to help regain independence after hospital discharge. Since the launch of the pilot in September, 15 people in the community has accessed the service.</p> <p>To further enhance support, BCP Council transitioned its Integrated Community Equipment Service to a new provider, Medequip, in August 2025 following our previous provider NRS going into administration. Medequip supplies and maintains essential equipment like mobility aids and hospital beds, with a focus on admission avoidance and hospital discharges during the transition period, but has recently launched a full catalogue to be able to provide better support in the community as well, which should reflect in the Q3 metrics.</p>

Yes

Yes

Yes

Better Care Fund 2025-26 Q2 Reporting Template

5. Income & Expenditure

Selected Health and Wellbeing Board:

Bournemouth, Christchurch and Poole

	2025-26		
Source of Funding	Planned Income	Updated Total Plan Income for 25-26	DFG Q2 Year-to-Date Actual Expenditure
DFG	£4,365,654	£4,365,654	£1,836,181
Minimum NHS Contribution	£40,466,631	£40,466,631	
Local Authority Better Care Grant	£16,578,901	£16,578,901	
Additional LA Contribution	£2,182,000	£2,182,000	
Additional NHS Contribution	£15,679,163	£15,679,163	
Total	£79,272,349	£79,272,349	

	Original	Updated	% variance
Planned Expenditure	£79,272,349	£79,272,349	0%

		% of Planned Income
Q2 Year-to-Date Actual Expenditure	£39,239,527	49%

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.	Most schemes are spending on track. Any underspend reported has a plan in place to ensure budgets are exhausted by the end of Q4. As part of its ongoing commitment to support independent living, BCP Council Housing is expected to complete at least 52 housing adaptations in Q3, as approved by the Housing Panel in Q2.
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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.	<p>There have been no changes to planned expenditure since the original plan. However, updates will be reflected in the Q3 return, as 10 transitional beds have been repurposed into residential dementia placements, which will impact spending from October 2025 onwards.</p> <p>The recent change in provider for the Integrated Community Equipment Service is not expected to result in any significant financial implications, but updates will be provided in future reports.</p>
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Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes