

Better Care Fund (BCF) –

Call Off Partnership Agreement / Work Order 2025/26

1. OBJECTIVES OF THE SCHEME

The Department of Health and Social Care (DHSC) and NHS England have specifically requested in the BCF Planning Requirements (2025-26) that all funding is transferred into one or more pooled funds, established under Section 75 of the NHS Act (2006) and agreed through the Health and Wellbeing Board.

The Better Care Fund has been established by the Government to provide funds to local areas to support the integration of health and social care and to seek to achieve the Planning Requirements, Vision and Local Objectives. It is a requirement of the Better Care Fund that the South Yorkshire Integrated Care Board (Rotherham Place) and the Council establish a pooled fund for this purpose. Partners may wish to extend the use of pooled funds to include funding streams from outside of the Better Care Fund.

2. AIMS AND OUTCOMES

The aims and benefits of the Partners in entering into this agreement are to:

- Improve the quality and efficiency of the services;
- Meet Planning Requirements and Local Objectives;
- Drive integration between the Health and Social Care Economy;
- Make more effective use of resources through the establishment and maintenance of a pooled fund for revenue expenditure on the services.

3. THE ARRANGEMENTS

In meeting its duties and responsibilities to develop a pooled arrangement to support the BCF Plan, the Partners (RMBC and SYICB Rotherham Place), Directorate Leadership Team, BCF Executive Group and Rotherham Health and Wellbeing Board have agreed the establishment of the following pooled arrangements:

Pool 1; Hosted by RMBC; Value of **£33.812m**. This includes the Adults' revenue base budget as well as specific grants i.e. the Local Authority Better Care Grant (previously known as the iBCF) Disabled Facilities Grant and Adult Social Care Discharge Funding).

Pool 2; Hosted by the SYICB (Rotherham Place); Value of **£20.757m**. This also includes a Risk Pool and the SYICB (Rotherham Place) Discharge Funding.

4. FUNCTIONS

The SYICB (Rotherham Place) and the Council shall utilise funds to deliver against agreed objectives set out within the BCF Plan.

5. SERVICES WITHIN THE SCHEME

5.1 Persons Eligible to Benefit

5.1.1 Services commissioned by the SYICB (Rotherham Place) shall be commissioned for the benefit of individuals for whom in relation to that service the SYICB (Rotherham Place) is the responsible commissioner; for services commissioned by the Council, the services shall be commissioned for the benefit of individuals who are ordinarily resident in the Borough of Rotherham.

5.1.2 The SYICB (Rotherham Place) and the Council shall each liaise with any relevant neighbouring authority or SYICB (Rotherham Place) in respect of individuals who are the responsibility of either the SYICB (Rotherham Place) or the Council but not both.

5.2 Commissioning Arrangements

Each partner organisation will manage the commissioning of specific services for which it is identified as the responsible organisation, in line with its own internal processes.

5.3 Contracting Arrangements:

Each partner organisation will manage the contracting of specific services for which it is identified as the responsible organisation, in line with its own internal processes.

6. FINANCIAL CONTRIBUTIONS

6.1 The SYICB (Rotherham Place)'s base contribution for 2025/26 will be **£28.410m** and the Council's base contribution, will be **£26.159m** as per the table below:

Better Care Fund 2025/26 Financial Monitoring	2025/26 INVESTMENT			2025/26 SPLIT BY POOL	
BCF Investment	SYICB SHARE £,000	RMBC SHARE £,000	TOTAL £,000	Pool 1 RMBC Hosted £,000	Pool 2 SYICB Hosted £,000
THEME 1 - Mental Health Services	1,630	0	1,630	0	1,630
THEME 2 - Rehabilitation & Reablement	12,666	7,449	20,115	11,425	8,690
THEME 3 - Supporting Social Care	5,209	0	5,209	3,624	1,585
THEME 4 - Care Mgt & Integrated Care Planning	5,125	0	5,125	919	4,206
THEME 5 - Supporting Carers	561	230	791	791	0
THEME 6 - Infrastructure	246	0	246	50	196
Risk Pool	500	0	500	0	500
Local Authority Better Care Grant	0	15,096	15,096	13,619	1,477
Discharge Funding	2,473	3,384	5,857	3,384	2,473
Total	28,410	26,159	54,569	33,812	20,757

Appendix 1 provides a list of detailed schemes under each theme.

- 6.2 In the event that the partners agree to extend this agreement, there will be no automatic annual uplift to the amounts stated in this agreement for any subsequent year. Any uplift to these figures in future years will be determined by both partners as part of their budget setting process.
- 6.3 It is expected that the Pool Fund Managers will manage the Agreement within the approved budget for the financial year. Any proposed expenditure over and above the approved budget must be agreed in writing by the Chief Finance Officer of the SYICB (Rotherham Place) and the Strategic Director of Finance and Customer Services of the Council prior to any additional expenditure being incurred.

- 6.4 Any over or underspend in the pooled funds shall be subject to the risk share agreement (Section 8) in the first instance.
- 6.5 Separate to any base contribution, further contributions may be agreed between parties in year or removal/alteration of services may be agreed through the scheme governance arrangements. Any base or subsequent contribution will be agreed and notified between the joint fund managers of the SYICB (Rotherham Place) and RMBC.
- 6.6 The BCF includes the Improved Better Care Funding (iBCF) of **£14.5m** for 2025/26, however, the ASC Discharge Fund allocations are now rolled into the Improved Better Care Fund (iBCF), with the iBCF renamed to the Local Authority Better Care Grant, which are subject to the following grant conditions:
- Meeting adult social care needs
 - Reducing pressures on the NHS including seasonal winter pressures
 - Supporting people to be discharged from hospital when they are ready
 - Ensuring that the social care provider market is supported

There is no requirement to spend across all four purposes, or to spend a set proportion on each. However, the grant determination requires the Council and the SYICB (Rotherham Place) and providers to meet the National Condition 4 (Implementing the BCF Policy Objectives) in the 2025-26 Better Care Fund Policy Framework and Planning Requirements.

National Conditions 2 and 3 requires that local partners should have an agreed approach to implementing the two policy objectives for the BCF, set out in the Policy Framework. This includes:

- Enable people to stay well, safe and independent at home for longer.
 - Provide the right care in the right place at the right time.
- 6.7 Included within the iBCF (renamed to the Local Authority Better Care Grant) is funding for Winter Pressures which must be used for the purposes of supporting the local health and care system to manage demand pressures on the NHS, with particular reference to seasonal winter pressures including on interventions which support people to be discharged from hospital, who would otherwise be delayed, with the appropriate social care support in place, and which help promote people's independence.
- 6.8 In September 2022, the Government announced a commitment of £500 million to support timely and safe discharge from hospital into the community by reducing the number of people delayed in hospital awaiting social care over the winter period. The main focus is on, although not limited to, a 'home first' approach and discharge to assess (D2A).
- 6.9 Rotherham Place will receive £2.473 million of this funding. Rotherham Council has also been allocated £3.384 million of the fund. Therefore, this amounts to a

total of £5.857 million of funding for Rotherham Place partners for. These funds are required to be pooled into the local Better Care Fund (BCF) plans and Section 75 agreements. The Rotherham Place Discharge Funding is no longer ring-fenced and therefore forms part of the whole minimum NHS minimum contribution for 2025/26. The Local Authority Discharge Fund allocations have been rolled into the Improved Better Care Fund (iBCF), with the iBCF renamed to the Local Authority Better Care Fund.

- 6.10 Where capital expenditure forms part of the Pooled Fund it shall be identified and accounted for separately from revenue expenditure and treated in accordance with any specified grant funding conditions. Capital funding cannot be used to finance revenue expenditure, however revenue funding may be used to fund capital expenditure if in agreement with the BCF Executive Group and is in compliance with Financial Regulations and Standing Orders and recommended accounting codes of practice of the lead commissioner. Any capital asset acquired from the Pooled Funds shall be the property of the Council, who shall be responsible for it.

7. PAYMENT TERMS

- 7.1 The Council will invoice the South Yorkshire Integrated Care Board (Rotherham Place) in arrears one quarter of the estimated annual costs of the schemes.
- 7.2 The SYICB (Rotherham Place) will invoice the council in arrears one quarter of the estimated annual costs of the schemes.
- 7.3 Each party shall provide such accounting information as may be required for the preparation of accounts and audit as may be required both during and at the end of each financial year recognising the need to ensure that both the Council and the SYICB (Rotherham Place) meet their specific financial reporting deadlines.
- 7.4 The Council and the SYICB (Rotherham Place) will pay invoices within 30 days of receipt.

8. RISK SHARE ARRANGEMENTS

- 8.1 The areas of risk are under or overspending of budgets within Better Care Fund budget lines and exceeding affordable levels of care outside the Better Care Fund.
- 8.2 As part of the initial development of the BCF pooled budget a number of risks were identified where the individual schemes would potentially result in additional demand for services and/or additional costs, or the required efficiencies and reductions do not materialise to the extent planned. The pooled budget in total includes an amount of **£0.5m** as a risk pool. In applying the risk pool funding it is important to have a jointly agreed approach.

- 8.3 It is proposed that the BCF Executive Group is the forum where decisions on the application of risk pool funding for either pool is made.
- 8.4 Risk is attributable pro rata to the proportion of that scheme commissioned by each partner organisation. This is to reflect where the levers for change and control sit. Similarly, where the scheme is joint and there is one lead commissioner, the risk should be shared pro-rata to the proportion of each partner's contribution, subject to the maximum level of funding each partner contributes to the scheme unless agreed by the Chief Finance Officer of the SYICB (Rotherham Place) and the Strategic Director of Finance and Customer Services of the Council prior to any additional expenditure being incurred (paragraph 6.3).

8.5 Overspends and Underspends

If an overspend is identified the following approach will be taken:

- Seek to cover the overspend from areas of underspend identified within either pool;
- Utilise the risk pool funding;
- Reduce uncommitted scheme allocations;
- Cover from resources outside the pool.

If an underspend is identified the following approach will be taken:

- Underspends remain within the pooled arrangement to support overspends elsewhere in the pool;
- Further joint schemes to be proposed in year which can utilise the resources in year.
- Underspends may be carried forward to meet ongoing financial pressures subject to each organisation's own governance arrangements. Allocation of funding will be subject to agreement of the pooled fund partners as part of the BCF governance.

In all of these scenarios the BCF Executive Group is the forum where decisions would be made.

- 8.6 The use of the BCF pooled budget is anticipated to deliver greater outcomes for patients and the public, as well as anticipated reductions in non-elective spend. In the event that demand for acute non-elective care exceeds affordable levels it is proposed that the approach suggested above is taken.
- 8.7 Where issues arise under this category the Partners shall meet and discuss the appropriate means of addressing the problem through the Health and Wellbeing Board or such other forum as the Partners may decide.

9. FINANCIAL MANAGEMENT AND YEAR END ARRANGEMENTS

- 9.1 Except by prior agreement between the SYICB (Rotherham Place) and the Council, expenditure to be made from the scheme otherwise than in respect of the performance of the services identified above is not permitted.
- 9.2 Both parties will keep proper accounts in relation to the use of the funds for which it is responsible under the agreement. Accounts will be open to inspection at any reasonable time together with all invoices, receipts and any other related documents.
- 9.3 Both parties will arrange for the funding and related expenditure to be audited by its respective external auditors as part of the accounts process of each organisation.
- 9.4 Monitoring information, financial or otherwise, will be provided as required and in accordance with the agreed format.
- 9.5 All utilisation of the budget and day to day management of services delivery will be subject to each Partner's scheme of reservation and delegation.
- 9.6 The budget will be governed by any regulatory requirements of each Partner as necessary.
- 9.7 Funds will be provided to each organisation in line with its delegated commissioning responsibilities net of VAT implications. Utilisation of funds delegated will then be subject to each partners' relevant VAT regime.
- 9.8 To meet requirements in relation to the preparation of annual accounts SI 2000/617 paragraph 7(6) the host must prepare and publish a full statement of spending signed by the accountable officer or section 151 officer, to provide assurance to all other parties to the pooled budget. This is required to meet the specified timescales for the publication of accounts and should include:
- Contributions to the pooled budget, cash or kind;
 - Expenditure from the pooled budget;
 - The difference between expenditure and contributions;
 - The treatment of the difference;
 - Any other agreed information

10. GOVERNANCE ARRANGEMENTS

- 10.1 The BCF Executive group exists as a sub-group of the Health and Well Being Board and reports into this group. The BCF Executive is primarily the strategic group who set the criteria, parameters, and priorities of the BCF funds, and at a high level monitors the progress of the BCF fund and spending plan. The BCF Operational group creates the plan, but it is signed off firstly by the BCF Executive group and finally by the HWBB.
- 10.2 For the purpose of the BCF Plan for 2025-26, a review of the BCF Executive Group and BCF Operational Group governance arrangements has taken place

to ensure that they are fit for purpose and robust in light of the newly formed SY ICB (Rotherham Place). The purpose of the review is to enhance transparency.

- 10.3 The BCF Operational group will present proposals to the BCF Executive group to agree appropriate use of the fund in line with the objectives of the scheme, and ensure the scheme is appropriately transacted.
- 10.4 Using the governance framework set out below, all partners will monitor the BCF plan effectively ensuring plans are delivered through each scheme.
- 10.5 The SYICB (Rotherham Place) and RMBC have co-terminus boundaries which supports the delivery of good governance. The BCF plan was produced through effective governance mechanisms which have been reviewed and updated to facilitate the implementation and delivery of the BCF plan.
- 10.6 These mechanisms are known and agreed with all partners within the health and social care sector in Rotherham, and there is a commitment from all, including TRFT and RDaSH to work within the governance framework.

10.7 **Governance Framework**

The Health and Wellbeing Board will have overall accountability for the delivery of BCF plan, and for the operation of the delivery of this Section 75 Partnership Framework Agreement they will:

- monitor performance against the BCF Metrics (National/Local) and receive exception reports on the BCF action plan
- agree the Better Care Fund Commissioning Plan
- agree decisions on commissioning or decommissioning of services, in relation to the BCF.

The framework below demonstrates the decision-making structure and how the BCF plan will be delivered.

The management and oversight of the delivery of the BCF plan has been delegated to the BCF Executive Group, chaired by the HWBB chair and including senior representatives from both the Council and SYICB (Rotherham Place).

The BCF Executive Group is supported by the BCF Operational Group, which is made up of the identified lead officers at the Service Head level for each of the BCF actions within the plan, plus other supporting officers from the Council and SYICB (Rotherham Place). The BCF Operational Group meets on a quarterly basis and reports directly to the BCF Executive Group. Only the co-chairs of the BCF Operational group will also attend meetings of the BCF Executive group in view of the scrutiny role of the Executive.

10.8 **BCF Executive Support**

The BCF Executive Group and BCF Operational Group will be supported by officers from the Partners as required.

10.9 **Meetings**

The BCF Executive Group will meet quarterly at a time to be agreed within 30 days following receipt of each quarterly report from each Pooled Fund Manager. These meetings to be so arranged that the HWBB is able to sign off the quarterly report before it is sent off to the BCF Assurance group.

The meetings will take place face to face as the default position, with options made available where face to face is not possible by exception for members to join on-line through Microsoft Teams.

Taking into consideration that timelines are set by NHS England guidance and policy framework that can often be delayed in year, the plan is for BCF Executive Group meetings to take place before the Health and Wellbeing Board to ensure the sign off process is followed.

The quorum for meetings of the BCF Executive Group shall be a minimum of three representative from each of the Partner organisations with a minimum of six members of the group present.

The minutes of the BCF Operational Group will be a standard agenda item for the BCF Executive Group for information and discussion where appropriate.

The BCF Operational Group meets on a quarterly basis. Quorum for these meetings will be a minimum of four representatives from each of the schemes with at least two representatives from each organisation present

Where a Partner is not present and has not given prior written notification of its intended position on a matter to be discussed, then those present may not make or record commitments on behalf of that Partner in any way. Unless agreed by the Chair in advance, substitutions will not be permitted

Minutes of all decisions shall be kept and copied to the Authorised Officers within seven (7) days of every meeting.

10.10 **Delegated Authority**

The BCF Executive Group is authorised within the limits of delegated authority for its members (which is received through their respective organisation's own financial scheme of delegation) to:

- authorise commitments which exceed or are reasonably likely to lead to exceeding the contributions of the Partners to any Pooled Fund subject to the agreement of a quorate of the Executive; and

- authorise a Lead Commissioner to enter into any contract for services necessary for the provision of Services under an Individual Scheme

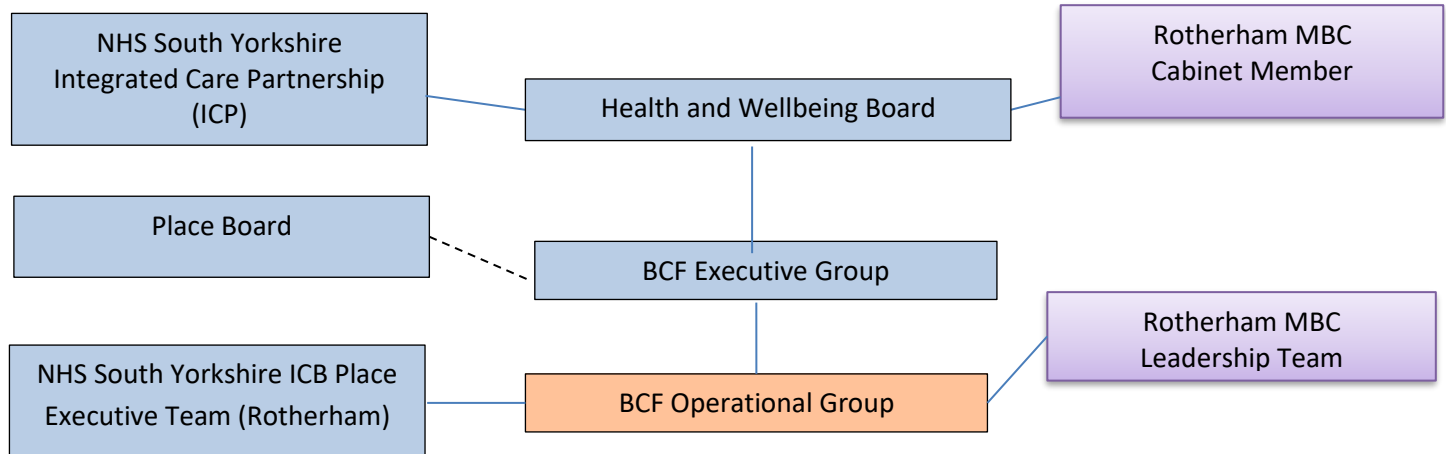
10.11 **Information and Reports**

Each Pooled Fund Manager shall supply to the BCF Executive Group on a quarterly basis the financial and activity information as required under the Agreement. In addition, in terms of RMBC, BCF spending in a particular Directorate will be part of the standard monthly agenda item on Finance. In essence this will apply to Public Health, Adult Social Care and CYPS.

10.12 **Post-Termination**

The BCF Executive Group shall continue to operate in accordance with this Schedule following any termination of this Agreement but shall endeavour to ensure that the benefits of any contracts are received by the Partners in the same proportions as their respective contributions at that time.

10.13 **BCF Governance - Reporting Structure**



11. INTEGRATED PROVIDER PERFORMANCE MANAGEMENT FRAMEWORK

11.1 **Purpose**

To ensure that Partners adopt an integrated performance management framework in order to plan, deliver, review and act on relevant information to commission improved outcomes for the people of Rotherham. It is the expectation that the Lead for each BCF Scheme will be responsible for ensuring this framework will be completed for each scheme.

The BCF Executive, supported by the BCF Operational Group will be responsible for ensuring the performance management framework for the BCF programme is in place, updates produced, and reports compiled for NHS England and the Health and Well Being Board.

11.2 Definition

For the purposes of this Schedule, “performance management” shall mean the overall process that integrates planning, action, monitoring and review and shall incorporate the following:

- Identifying the aim, (e.g. purpose, mission, corporate aims, strategic goals etc.) and the action required to meet the aim (e.g. business plan, project plan, etc.);
- Identifying priorities and ensuring there are sufficient resources to meet them;
- Monitoring performance of any commissioned provider or voluntary organisation;
- Reviewing progress, detecting problems and taking action to ensure the aim is achieved;
- Determining which services should be delivered; benchmarking performance against an agreed and transparent set of measures.

11.3 Outline Framework

The performance management framework should incorporate three processes in relation to joint commissioning, i.e. Business Planning, Reporting and Review and Performance Improvement.

11.4 Commissioning Business Planning Process

This process consists of integrated commissioning plans, which should set out:

- strategic objectives and key performance measures for 2025/26
- the commissioning intentions for the strategic objectives and
- the timescales for achievement.

Contracts with service providers that state how performance shall be monitored, reported and reviewed will also be required.

11.5 Reporting and Review Process

This will involve monitoring overall progress against:

- delivery of the strategic objectives in the integrated commissioning plans,
- delivery of the contracts as detailed in Schedule 4
- identifying the reasons for any under-performance of service providers.

11.6 Performance Improvement Process

To ensure action is taken where the continuation of current performance would lead to an outcome/target not being met.

The application of a range of tools and techniques to improve overall performance.

11.7 Commissioning Plan

The Partners shall agree an Integrated Commissioning Plan for each Service by 1 April each year. This will set out the “direction of travel” and the shared commissioning intentions for the development of the Services The plans shall be agreed by the Partners.

11.8 Contracts with Service Providers

The lead commissioner shall be required to agree a contract with each third party provider regarding the outcomes they are to deliver.

Contracts with third party providers should:

- Take account of the requirements of the relevant current plans of the respective partners and the actions agreed in response to external review;
- Include a requirement that the service provider develop a detailed service plan, which covers how the provider intends to achieve the said outcomes and the risk associated with not achieving them.
- Require the provider to regularly measure progress against achieving the outcomes and to report this to the Host Partner at a frequency to be agreed
- Require the provider to provide an improvement plan in the case of significant under or over performance.
- Include a process whereby outcomes may be added/removed as a result of changing needs.

11.9 Reporting and Review Process

Regular meetings should be held between the Host Partner and the service provider to review the latter’s performance.

The Host Partner shall monitor services having regard to national, regional and local key performance indicators, including:

- Performance assessment framework indicators
- National performance indicators
- Audit and inspection recommendations
- Self-assessment Statement actions
- Relevant operational plan indicators
- South Yorkshire Integrated Care board targets

- Relevant core and Care Quality Commission standards
- Patient and Customer feedback

11.10 Performance Reporting and Review of the Section 75 Agreement

The pooled fund manager will be responsible for producing quarterly reports to the BCF Executive Group and Health and Wellbeing Board on a quarterly basis.

The pooled fund manager will be responsible for producing an annual report to the BCF Executive Group and Health and Wellbeing Board.

The BCF Executive Group will be responsible for ensuring the timeline to ensure the data is collected, reported, authorised by the health and wellbeing Board, and submitted to the NHS England on their specified reporting dates, these being one day after the dates specified in section 9.1.

11.11 SYICB (Rotherham Place) / RMBC BCF Metrics:

As part of the Better Care Fund plan, the national metrics will be monitored by Rotherham MBC and South Yorkshire ICB (Rotherham Place). The national metrics include some changes for 2025/26. The metrics included for 2025/26 are as follows.

- **Emergency admissions to hospital for people aged over 65 per 100,000 population**
- **Average length of discharge delay for all acute adult patients, derived from a combination of:**
 - proportion of adult patients discharged from acute hospitals on their Discharge Ready Date (DRD)
 - for those adults patients not discharged on their DRD, average number of days from the DRD to discharge
- **Long-term admissions to residential care homes and nursing homes for people aged 65 and over per 100,000 population.**

The metrics relating to the proportion of older people (65 years and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services are no longer included.

Metric descriptions are below.

Table 4 – BCF Metrics Definitions

	Metric	Numerator	Denominator
1	Emergency admissions to hospital for people aged over 65 per	Count of Emergency spells to hospital for people aged over 65.	Mid-year population estimates for England

Metric	Numerator	Denominator
100,000 population		published by the Office for National Statistics (ONS)
2 Average length of discharge delay for all acute adult patients, derived from a combination of: proportion of adult patients discharged from acute hospitals on their Discharge Ready Date (DRD) for those adults patients not discharged on their DRD, average number of days from the DRD to discharge.	This is an average: it is based on the % of adult patients discharged from acute hospitals on their Discharge Ready Date, multiplied by the average number of days from the DRD to discharge. (Taken from SUS)	Non
3 Long-term admissions to residential care homes and nursing homes for people aged 65 and over per 100,000 population.	The sum of the number of council-supported people (aged 65 and over) whose long-term support needs were met by a change of setting to residential and nursing care during the year. Data from CLD.	Mid-year population estimates for England published by the Office for National Statistics (ONS)

Emergency admissions to hospital for people aged over 65 per 100,000 population

This indicator measures the rate of emergency hospital admissions among people aged 65 and over, expressed as a crude rate per 100,000 population. Emergency admissions are unplanned, urgent admissions that may occur via A&E, direct referral from a GP, or other clinical pathways.

The indicator follows NHS England methodology and counts the number of admissions, or 'spells', defined as a continuous period of admitted patient care within one healthcare provider for a single patient. A spell may consist of one or more

episodes of care, with each episode representing a continuous period under one consultant. The activity counts do not necessarily represent the number of distinct patients, as an individual may be admitted multiple times within the same period.

The count of emergency admissions is combined with ONS mid-year population estimates to calculate a crude rate for people aged 65 and over.

A full methodology can be found here:

<https://digital.nhs.uk/data-and-information/publications/statistical/provisional-monthly-hospital-episode-statistics-for-admitted-patient-care-outpatient-and-accident-and-emergency-data>

Average length of discharge delay for all acute adult patients, derived from a combination of:

- ***proportion of adult patients discharged from acute hospitals on their Discharge Ready Date (DRD)***
- ***for those adults patients not discharged on their DRD, average number of days from the DRD to discharge***

The Discharge Ready Date (DRD) marks the date when a patient is ready to leave the acute setting, either to their home or an intermediate care facility. It is the first day they no longer meet the Criteria to Reside and helps identify delays between readiness and actual discharge.

The DRD should be recorded for all inpatients with an overnight stay who no longer meet the Criteria to Reside. For patients discharged on the same day they become ready (no delay), this field may be left blank (NULL). The DRD can be earlier than the discharge date if a patient remains in bed despite not meeting the Criteria to Reside. Once agreed, the DRD should be reviewed at every ward round while the patient remains in hospital.

In 2025/6 the BCF is using the DRD for a new metric, the average length of discharge delay for all acute adult patients. This measure is calculated using two measures: The proportion of adult patients discharged from acute hospitals on their Discharge Ready Date (DRD) and the average number of days from their DRD to discharge for those not discharged on their DRD.

Full guidance and methodology can be found:

<https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2023/12/DRD-Guidance-1.pdf>

Long-term admissions to residential care homes and nursing homes for people aged 65 and over per 100,000 population.

Rotherham's strategic aim is to support more people to remain independent for longer at home. We have therefore used BCF monies to support this. An impact of the strategy is to reduce admissions to care homes. This does need to be balanced against the ageing population and Rotherham's challenging levels of

deprivation. Adult Social Care are working with health on a project to reduce short term placements in care homes, which can translate into long term stays.

A target of 317 admissions was set in 24/25 and was narrowly exceeded with 327 admissions for the year. The 25/26 target has been set at 330 for the coming year, and remains a challenging target which equates to a rate per 100,000 of 616, in line with the regional benchmark.

Adult social care continues to closely monitor the rates of admission with a focus on home first. Residential care is only being considered where there are no other appropriate alternatives to meeting needs. This approach is supported by BCF funded services that enhance out of hospital delivery of care and reduce admissions to 24-hour care including; short-term packages of social care, an enhanced enablement offer, rehabilitation, intermediate care, home from hospital, assistive technology, equipment and adaptations and other community services which are funded by BCF and partners.

In addition there is ongoing work to improve thematic understanding around the routes of admissions. Enhanced reporting, coupled with review and audit work, are being used to inform strategic decisions and commissioning activities. This ensures resources are targeted to high quality support planning and provisioning which enables people to achieve their outcomes and maximise independence.

12. NON-FINANCIAL RESOURCES

Non-financial contributions to the Schemes are confined to current support for joint and integrated commissioning arrangements and will continue with no charges being made to the pooled fund.

13. ASSURANCE AND MONITORING

The Fund Managers will make financial information available quarterly to the BCF Executive and Operational Groups, reporting on performance against the BCF metrics and in each of the 6 Themes listed above.

14. POOLED FUND MANAGER DETAILS

Partner	Lead Officer	Address	Tel. No.	Email Address
SYICB (Rotherham Place)	Chief Finance Officer	Riverside House Main Street Rotherham S50 1AE	01709 302025	wendy.allott@nhs.net

Partner	Lead Officer	Address	Tel. No.	Email Address
RMBC	Head of Finance – (Adults, Public Health and Housing)	Riverside House Main Street Rotherham S60 1AE	01709 822098	Gioia.morrison@rotherham.gov.uk

15. DURATION AND EXIT STRATEGY

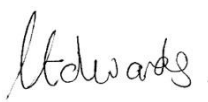
There is no requirement for an exit strategy, over and above each organisation's own strategies.

Responsibility for any debts, liabilities, record-keeping, equipment and contractual arrangements will remain with the relevant Partner.

16. OTHER PROVISIONS

No other provisions.

17. AUTHORISATION

	Rotherham MBC	SYICB (Rotherham Place)
Signature		
Date of signature		21 August 2025
Name of signatory (print)	John Edwards	Christopher Edwards
Title or role of signatory (print)	Chief Executive, RMBC	Deputy Chief Executive / Place Director - Rotherham

Appendix 1 – Detailed BCF Schemes

Better Care Fund Budget 2025-26	Budget 2024- 25	Investment (+) /Disinvestment (-)	2024/25 Underspend b/f	Budget 2025- 26
	£'000	£'000		£'000
THEME 1 - Mental Health Services				
Adult Mental Health Liaison	1,505	125		1,630
THEME 2 - Rehabilitation & Reablement				
Falls Service	534	11		545
Home Enabling Services :				
Reablement	1,087			1,087
Pressures on Domiciliary Care Budgets	758			758
Community Stroke Service	597	13		610
Community Neuro Rehab	184	4		188
Breathing Space	2,088	45		2,133
Otago	20			20
Mediquip (Wheelchairs & Equipment)	1,962	65		2,027
Community OT	929	11		940
Disabled Facilities Grant	4,842	(1,040)	1,295	5,097
Age UK Hospital Discharge	173			173
Stroke Association Service	59			59
Intermediate Care Pool:				
Therapy & Nursing cover to support vulnerable patients and Fast Response team	122	3		125
Intermediate Care/surge Beds (LH/DC)	1,920			1,920
Intermediate Care beds (30) - Davies Court	1,039			1,039
Home first	886	19		905
Intermediate Care 24 Beds - Althorpe	1,508	32		1,540
Intermediate Care Therapy(TRFT)	420			420
RDASH Therapies	100	8		108
GP Support - medical cover	36			36
Other Intermediate care (TRFT)	377	8		385
THEME 3 - Supporting Social Care				
Direct Payments:				
Direct Payments/ Personal Budgets (Physical Disabilities)	396			396
Direct Payments (Older People)	526			526
LD Supported Living	410			410
Direct Payments (Learning Disabilities)	315			315
Direct Payment Support	46			46
Residential Care				
Mental Health rehabilitation services	209			209
Learning Disability Services:				
Learning Disabilities independent sector residential care/Transitional Placements	984			984
Learning Disabilities Domiciliary Care	37			37
Care Act - Older People Direct Payments	501			501
Care Act - IT (Liquid Logic)	60			60

Care Act - LD Domiciliary Care	30			30
Care Act - PD Domiciliary Care	60			60
Care Act - OP Domiciliary Care	10			10
Care Act - DoLs	40			40
Free Nursing Care	1,472	113		1,585
THEME 4 - Care Mgt & integrated Care Planning				
GP Case Management	1,172			1,172
Care Home Support Service	321	7		328
Hospice - End of Life care	994	30		1,024
Social Prescribing	880	(139)		741
Social Work Support (A&E, Case management, Supported Discharge):				
Single Point of Access	100			100
Integrated Rapid Response	60	60		120
Fast response Nursing team(TRFT)	60	(60)		0
Integrated Discharge Team	433			433
Early Planning Team	230			230
Mental Health Crisis Team	36			36
Care Co-ordination Centre	921	20		941
THEME 5 - Supporting Carers				
Carers Support Service:				
Carers Strategy	467	0		467
Carers Emergency Service	23			23
Direct Payments (Older People)	251			251
Crossroads	50			50
THEME 6 - Infrastructure				0
Joint Commissioning Team	50			50
IT to support Comm Trans	192	4		196
RISK POOL				
Risk pool	500	0		500
Improved Better Care Fund				
Adaptation of Liquid Logic to support care pathways	60			60
Rotherham Place DTOC Project Manager, to manage and oversee implementation of the agreed DTOC action Plan	85			85
Health Inequalities	90			90
Trusted Assessor	70		32	102
Social Care Sustainability	7,244			7,244
Engagement with the independent sector providers in respect of fee increases due to increase in NLW	4,225			4,225
Changes to HMRC in relation to sleep in arrangements - impact on LD provider fees	553			553
External Shared Lives support/Supporting LD transformation	200			200
Advice and Guidance VCS support - SPA	50			50
Speak up	55			55
Perform Plus	48			48
Reablement - 2 posts	87			87
Spot purchase reablement beds	107			107
Mediquip (RMBC Revenue contribution)	92			92

Escalation Wheel	12			12
ibcf Contingency 23/24 - (Attain/Capacity Demand Community Services)	0			0
HealthWatch new contract	60			60
Health & Care Portfolio Lead (ICB post)	50		50	100
Virtual Wards (ICB)	47		47	94
Winter Pressures/Other Grant Income				
Tactical Brokerage	110			110
Resource for Winter Bed Capacity (ICB)	500			500
Integrated Discharge Team	225			225
Early Planning Team	237			237
Additional Winter Capacity	273			273
IBCF Balance b/fwd 22/23 (non- Recurrent):	0			0
- Additional Social Work Capacity - continuation from 23/24	470	-470	59	59
- Forecast underspend in 23/24 (RMBC)	349	-349	228	228
- Crisis Support (ICB)	200	-200	200	200
Adults Discharge Funding (RMBC)				
2024/25 Discharge Grant Allocation	3,384			3,384
ICB (Rotherham Place) Discharge Funding				
2024/25 Discharge Grant Allocation	2,473			2,473
Grand Total	54,338	-1,680	1,911	54,569

Appendix 2 – Terms of Reference for BCF Executive and Operational Groups

ROTHERHAM METROPOLITAN BOROUGH COUNCIL

ADULT CARE, HOUSING AND PUBLIC HEALTH

NHS SOUTH YORKSHIRE INTEGRATED CARE BOARD (ROTHERHAM PLACE)

BETTER CARE FUND (BCF) EXECUTIVE GROUP

Purpose of the Executive Group
The purpose of the BCF Executive Group is to take responsibility for the delivery of the Better Care Fund plan for Rotherham; the strategic operation and delivery of the Framework Partnership Agreement; setting up the strategy, parameters, criteria, priorities, framework and to make recommendations for the strategic direction and management of the Better Care Fund to the Health and Wellbeing Board (HWBB). The group is set up as a sub-group of the HWBB

Functions of the Executive Group

- Take responsibility for the fund's feasibility, business plan and achievement of outcomes;
- Defining and realising benefits and budgetary strategy
- Monitor delivery of the Better Care Plan through quarterly meetings
- Ensure performance targets are being met
- Ensure schemes are being delivered and additional action put in place where the plan results in unintended consequences
- Undertake an annual review ("**Annual Review**") of the operation of this Agreement
- Undertake or arrange to be undertaken a review of each Pooled Fund, None Pooled Fund and Aligned Fund and the provision of the Services within 3 Months of the end of each Financial Year.
- Arrange or oversee the production of a joint annual report- to be presented to the Executive Group within 20 Working Days of the presentation of the annual review ensure the fund's scope aligns with the requirements of the stakeholder groups.
- Address any issue that has major implications for the fund;
- Keep the fund scope under control as emergent issues force changes to be considered.
- Reconcile differences in opinion and approach, and resolve disputes arising from them.
- Report quarterly to HWBB, and
- Take responsibility for any corporate issues associated with the fund.
- Monitor spending plans

In the event that the Partners fail to meet the requirements of the Better Care Fund Plan and NHS England the Partners shall provide full co-operation with NHS England to agree a recovery plan.

The role of the individual members of the BCF Executive Group Fund Board includes:

- Understand the strategic implications and outcomes of initiatives being pursued through fund outputs.
- Appreciate the significance of the fund for stakeholders and ensure the requirements of stakeholders are met by the fund's outputs.
- Be an advocate for the fund's outcomes.
- Have a broad understanding of fund management issues and the approach being adopted
- Help balance conflicting priorities and resources.
- Review the progress of the fund.
- Check adherence of fund activities to standards of best practice, both within the organisation and in a wider context.
- To ensure the customer journeys/experience are delivering increased customer satisfaction as shown by the delivery of the measures, I-statements and the plan.

Chair
The meeting will be chaired by the Cabinet Member chairing the HWBB, with the SYICB Rotherham Place Lead as co-chair.

Membership of the Executive Group
Elected Member/Chair of HWBB SYICB (Rotherham Place) Executive Place Director (Rotherham) SYICB (Rotherham Place) Director of Partnerships / Deputy Place Director (Rotherham) SYICB (Rotherham Place) Director of Financial Transformation (Rotherham) SYICB (Rotherham Place / RMBC Health and Care Portfolio Lead, Transformation and Delivery RMBC / SYICB (Rotherham Place Strategic Commissioning Manager (Joint Commissioning) RMBC Strategic Director of Adult Care, Housing and Public Health (DASS) RMBC Director of Public Health RMBC Assistant Director, Strategic Commissioning RMBC Assistant Director, Adult Care and Integration RMBC Head of Finance (Adult Care, Housing and Public Health) Both parties will call in relevant officers such as RMBC Finance Manager (Adult Care and Public Health) for specific topics where required and a standing invitation will be made to Director of Public Health to attend.

Quorate
3 representatives from each of the organisations, with a minimum of 6 members present

Frequency of Meetings
Quarterly

Co-ordination of Meetings
Strategic Commissioning Manager, RMBC / SYICB (Rotherham Place) will co-ordinate following liaison with the Chair.

Governance
The group will report to the Health and Wellbeing Board (HWBB)

Key Deliverables
<ul style="list-style-type: none">• Ensure that the financial reporting framework is adhered to.• To be responsible for maintaining the risk register and ensuring risk mitigation plans are in place.• Recommend actions and deliver reports to the HWBB, LGA and NHSE.

ROTHERHAM METROPOLITAN BOROUGH COUNCIL

ADULT CARE, HOUSING AND PUBLIC HEALTH

NHS SOUTH YORKSHIRE INTEGRATED CARE BOARD (ROTHERHAM PLACE)

BETTER CARE FUND (BCF) OPERATIONAL GROUP

Purpose of the Group
To oversee the delivery of the Better Care Fund Plan for Rotherham, making recommendations to the Better Care Fund Executive Group to ensure effective action and implementation of the plan

Functions of the Group
<ul style="list-style-type: none">• To provide the forum for BCF accountable operational leads to co-ordinate the delivery of the BCF Performance Measures and BCF Action Plan.• To create the funding plan to be then signed off by the Executive group.• To ensure that effective performance management of the BCF Performance Measures takes place and where performance is not meeting targets appropriate and timely action is taken.• To ensure the effective delivery of the BCF action plan at operational level and allow for necessary operational partnership discussions to take place to meet the outcomes of the plan.• To ensure that the accountable leads of the BCF performance measures and the BCF action plan are collectively discussing their progress and key actions.• To identify the areas which need to be reported on progress and performance by exception to the BCF Executive Group.• To ensure the BCF conditions are met.• To co-ordinate partner activity within the BCF Plan, ensuring that all elements of the plan are linked together to deliver positive outcomes.• To ensure the Rotherham BCF Scorecard is updated on a quarterly basis and to circulate to the Executive. To review risk and to oversee the implementation of mitigating action plans.• To ensure the customer journeys/experience are delivering increased customer satisfaction as shown by the delivery of the measures, i-statements and the plan.

Chair
The meeting will be co-chaired by the SYICB (Rotherham Place) Director of Financial Transformation and the RMBC Assistant Director, Strategic Commissioning.

Membership of Group
SYICB (Rotherham Place) Director of Financial Transformation (Rotherham) (co-Chair) SYICB (Rotherham Place) / RMBC Health and Care Portfolio Lead, Transformation and Delivery SYICB (Rotherham Place) Senior Data Analyst RMBC/SYICB (Rotherham Place) Strategic Commissioning Manager (Joint Commissioning) RMBC Finance Manager (Adult Social Care and Public Health) RMBC Head of Service - Access RMBC Assistant Director, Strategic Commissioning (co Chair) RMBC Performance and Business Intelligence Manager, RMBC RMBC Consultant in Public Health Both parties will call in relevant officers for specific topics where required

Quoracy
Three representatives from each of the organisations

Frequency of Meetings
Quarterly

Co-ordination of Meetings
Strategic Commissioning Manager, RMBC / SYICB (Rotherham Place) will coordinate.

Governance
Each organisation maintains accountability for service specific operational delivery. The group will report to the BCF Executive Group. This does not replace existing performance management and accountability mechanisms, but will provide a specific focus and bring coordination to the BCF targets and actions.

Key Deliverables
<ul style="list-style-type: none">• Maintain financial reporting framework.• Maintain a risk register appropriate to the level of group operation.• Coordinate the completion of reports for the Health and Wellbeing Board and the Department of Health