

## 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

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)

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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:	Rotherham	
Completed by:	Hafsah Taj	
E-mail:	<a href="mailto:Hafsah.Taj1@nhs.net">Hafsah.Taj1@nhs.net</a>	
Contact number:	01709 253870	
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](mailto:england.bettercarefundteam@nhs.net) saving the file as 'Name HWB' for example 'County Durham HWB'.

Complete

	Complete:	
2. Cover	Yes	For further guidance on requirements please refer back to guidance sheet - tab 1.
3. National Conditions	Yes	
4. Metrics	Yes	
5. Expenditure	Yes	

<< Link to the Guidance sheet

^^ Link back to top

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3. National Conditions

Selected Health and Wellbeing Board: Rotherham

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

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4. Metrics for 2025-26

Selected Health and Wellbeing Board:

Rotherham

For metrics time series and more details:

For metrics handbook and reporting schedule:

[BCF dashboard link](#)

[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	1,943.3	2,103.8	2,062.7	1,986.2	1,905.9	1,920.9	2,118.7	1,984.3	2,135.5	2,331.5	2,027.3	2,234.5
	Number of Admissions 65+	1,041	1,127	1,105	1,064	1,021	1,029	1,135	1,063	1,144	1,249	1,086	1,197
	Population of 65+	53,570.0	53,570.0	53,570.0	53,570.0	53,570.0	53,570.0	53,570.0	53,570.0	53,570.0	53,570.0	53,570.0	53,570.0

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.	There is a significant amount of activity happening to reduce avoidable conveyances and admissions, however due to the aging population and Rotherham’s health inequalities we are continuing to see high levels of demand, particularly as winter respiratory infections start to impact. TRFT opened a new Medical SDEC in July 2025 which is providing an alternative pathway to unplanned admissions. In addition, four high impact change projects relating to frailty, ambulatory, respiratory and diabetes pathways are targeting high levels of admission. The growth of the virtual ward including frailty, respiratory, heart failure and a new tech enabled hypertension modelling pathway are contributing to reducing avoidable admissions.
You can also use this box to provide a very brief explanation of overall progress if you wish.	This reporting covers Quarter 2 of 2025–26. Using locally held SUS data, there has been some month-on-month variation across the quarter. In July, the actual figure was 2,081.4 compared with a planned 1,986.2, slightly above plan. In August, the actual was 1,965.7 against a planned 1,905.9. September’s data is still provisional, currently recorded at 2,057.1, which is slightly above the planned 1,920.9. Overall, the Quarter 2 figures are marginally higher than planned across all three months.

Did you use local data to assess against this headline metric?	Yes
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If yes, which local data sources are being used?	SUS
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## 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)	0.65	0.72	0.65	0.63	0.68	0.66	0.71	0.65	0.65	0.69	0.66	0.71
Proportion of adult patients discharged from acute hospitals on their discharge ready date	84.1%	84.1%	84.1%	84.1%	84.1%	84.1%	84.1%	84.1%	84.1%	84.1%	84.1%	84.1%
For those adult patients not discharged on DRD, average number of days from DRD to discharge	4.09	4.52	4.10	3.97	4.28	4.12	4.46	4.09	4.09	4.36	4.15	4.43

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.	TRFT have carried out extensive work to reduce discharge delays for pathway 0 patients, including ‘Every Minute Matters’ MADE (Multi-agency discharge) events. The second phase of development of the multi-disciplinary Transfer of Care Hub has been completed. There is now a single referral form which is being processed by the Hub. Once embedded new ways of working will reduce delays in decision making and facilitate a more flexible allocation of resource to support right care time and place. Enablement service improvement activity will contribute to releasing capacity to reduce waiting times. Regional performance metrics are indicating an improvement in No Criteria to Reside measures and Rotherham is performing well regionally in relation to discharge ready metrics, though it is recognised there is further to go.
You can also use this box to provide a very brief explanation of overall progress if you wish.	<p>This report covers data for the second quarter of 2025–26 relating to the Discharge Ready Date (DRD) metric. Local SUS data shows that in July, the recorded average was 0.70 compared with a planned 0.63. The figure decreased in August to 0.59 below the planned 0.68, before increasing in September to 0.74, slightly above the planned 0.66. Across the three months of Quarter 2, the average proportion of adult patients discharged on their date of discharge was 81.4% in July, 84.0% in August, and 82.7% in September.</p> <p>For adult patients not discharged on their DRD, the average number of days from DRD to discharge decreased during the first two months of Quarter 2 compared with Quarter 1, at 3.76 days in July and 3.69 days in August. Provisional data for September shows an increase to 4.30 days.</p>

Did you use local data to assess against this headline metric?	Yes
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If yes, which local data sources are being used?	SUS
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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	556.3	599.2	153.1	153.1	154.9	154.9
	Number of admissions	298.0	321.0	82.0	82.0	83.0	83.0
	Population of 65+*	53570.0	53570.0	53570.0	53570.0	53570.0	53570.0

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5. Income & Expenditure

Selected Health and Wellbeing Board: Rotherham

	2025-26		
Source of Funding	Planned Income	Updated Total Plan Income for 25-26	DFG Q2 Year-to-Date Actual Expenditure
DFG	£3,801,597	£3,801,597	£225,203
Minimum NHS Contribution	£28,410,232	£28,410,232	
Local Authority Better Care Grant	£17,864,126	£17,864,126	
Additional LA Contribution	£2,582,038	£4,493,038	
Additional NHS Contribution	£0	£0	
Total	£52,657,993	£54,568,993	

	Original	Updated	% variance
Planned Expenditure	£52,657,993	£54,568,993	4%

		% of Planned Income
Q2 Year-to-Date Actual Expenditure	£23,346,914	43%

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.	
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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.	Planned expenditure change agreed at Quarter 1 Reporting
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Checklist

Complete:

- Yes
- Yes
- Yes
- Yes
- Yes

Yes

Yes

Yes

Yes