Better Care Fund (BCF) –
Call Off Partnership Agreement / Work Order 2026/27

1. OBJECTIVES OF THE SCHEME

The Department of Health and Social Care (DHSC) and NHS England have specifically requested in the BCF Planning Requirements (2026-27) 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 (BCF) has been established by the Government to provide funds to local areas to support the integration of health and social care, meet national BCF funding conditions and to seek to achieve the planning requirements, and Objectives. It is a requirement of the Better Care Fund that the South Yorkshire Integrated Care Board (SYICB) and the Rotherham Metropolitan Borough Council (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.
- Support the development of Neighbourhood Health Services and Integrated Neighbourhood Teams through the delivery of joined-up health, social care and community-based services.

3. THE ARRANGEMENTS

In meeting its duties and responsibilities to develop a pooled arrangement to support the BCF Plan, the Partners (the Council and SYICB), 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 **£35.073m**. 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.

Pool 2; Hosted by the SYICB; Value of **£20.968m**. This also includes a Risk Pool and the SYICB Discharge Funding.

4. FUNCTIONS

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

5. SERVICES WTIHIN THE SCHEME

5.1 Persons Eligible to Benefit

5.1.1 Services commissioned by the SYICB shall be commissioned for the benefit of individuals for whom in relation to that service the SYICB 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 and the Council shall each liaise with any relevant neighbouring authority or SYICB in respect of individuals who are the responsibility of either the SYICB 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's base contribution for 2026/27 will be **£29.226m** and the RMBC base contribution will be **£26.815m** as per the table below:

Better Care Fund 2026/27 Budget	**2026/27 INVESTMENT**			**2026/27 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	1,652	0	1,652	0	1,652
THEME 2 - Rehabilitation & Reablement	12,937	8,291	21,228	12,282	8,946
THEME 3 - Supporting Social Care	5,292	0	5,292	3,624	1,668
THEME 4 - Care Mgt & Integrated Care Planning	5,132	0	5,132	920	4,212

THEME 5 - Supporting Carers	561	230	791	791	0
THEME 6 - Infrastructure	246	0	246	50	196
Risk Pool	392	0	392	392	0
Local Authority Better Care Grant	541	0	541	0	541
Discharge Funding	0	14,910	14,910	13,630	1,280
Additional ICB Contribution	2,473	3,384	5,857	3,384	2,473
Total	**29,226**	**26,815**	**56,041**	**35,073**	**20,968**

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 and the Executive Director of Corporate Services 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 and RMBC.

6.6 The funding streams included in the BCF are shown in the table below:

Allocations	**2026/27**
	£
Additional LA Contribution	2,352,038
DFG Total	3,938,064
Local Authority Better Care Grant	17,864,126
NHS Minimum Contribution	29,226,279
Grand Total	**53,380,507**
Underspend from 2025/26	2,661,045

Total Budget	**56,041,552**

6.7 The Local Authority Better Care Grant supports:

- Meeting adult social care needs
- Reducing pressures on the NHS
- Supporting people to be discharged from hospital when they are clinically ready
- Supporting a sustainable adult social care provider market

6.8 There is no requirement to spend across all four purposes, or to spend a set proportion on each. However, the Council, the SYICB and partner providers are required to ensure that investment through the Better Care Fund supports the national BCF funding conditions, local planning requirements and wider objectives of the Better Care Fund Framework 2026/27.

6.9 The 2026/27 Better Care Fund Framework requires local partners to work collaboratively to support more integrated and preventative care, particularly for people with complex health and social care needs, helping people to remain independent for longer. Local plans should support the development of neighbourhood health services, improve outcomes from intermediate care and reablement services, reduce avoidable non-elective admissions and delayed discharges, and prevent avoidable long-term admissions to residential and nursing care.

6.10 Rotherham Council, SYICB and partner organisations have agreed a shared approach to the use of Better Care Fund resources that reflects both national policy requirements and local priorities. Investment is focused on supporting people to remain independent within their own homes and communities, reducing avoidable hospital utilisation and ensuring that people receive coordinated care and support in the most appropriate setting.

6.11 This includes delivery of the core Better Care Fund objectives to:

- Enable people to stay well, safe and independent at home for longer.
- Provide the right care in the right place at the right time.
- Support timely discharge from hospital through effective discharge pathways and community-based support.
- Improve outcomes through reablement, rehabilitation and intermediate care.
- Reduce avoidable non-elective hospital admissions and admissions to long-term residential and nursing care.

6.12 Investment continues to support the delivery of Rotherham's Home First approach through a range of integrated health, social care and community

services which promote recovery, maximise independence and reduce reliance on hospital and long-term care provision.

6.13 A key priority within the Better Care Fund 2026/27 is supporting people to leave hospital in a timely manner when they are clinically ready and ensuring that appropriate services are available to enable recovery and independence within community settings. The Better Care Fund Framework requires local areas to agree and monitor a specific local goal relating to the reduction of discharge delays and to demonstrate how BCF-funded services contribute to improved discharge outcomes.

6.14 In Rotherham, BCF investment supports a Home First approach and contributes to a range of services that facilitate safe and timely discharge, reduce avoidable delays and prevent unnecessary admissions to long-term care. These include intermediate care, reablement services, discharge support services, assistive technology, equipment and adaptations, community-based rehabilitation and short-term care and support arrangements.

6.15 Through continued partnership working across health, social care, housing and the voluntary and community sector, local partners will seek to improve patient flow, reduce unnecessary lengths of stay in hospital and maximise opportunities for people to recover and remain independent within their own homes and communities.

6.16 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).

6.17 In accordance with the Better Care Fund Framework 2026/27, these resources form part of the local Better Care Fund pooled budget and are included within the Section 75 Agreement. The funding will be utilised in support of the agreed Better Care Fund plan, promoting independence, reducing avoidable hospital admissions and discharge delays, supporting the development of neighbourhood health services and improving outcomes for people with health and care needs.

6.18 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 SYICB in arrears one quarter of the estimated annual costs of the schemes.

7.2 The SYICB 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 meet their specific financial reporting deadlines.

7.4 The Council and the SYICB 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 **£541,000** 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 partners contribution, subject to the maximum level of funding each partner contributes to the scheme unless agreed by the Chief Finance Officer of the SYICB and the Executive Director of Corporate 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.

8.6 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.

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.

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 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 2026-27, a review of the BCF Executive Group and BCF Operational Group governance arrangements have taken place to ensure that they are fit for purpose and robust. 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 and the Council 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 the Rotherham NHS Foundation Trust (TRFT) and Rotherham, Doncaster and South Humber NHS Foundation Trust (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 have been delegated to the BCF Executive Group, chaired by the HWBB chair and including senior representatives from both the Council and SYICB.

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. The BCF Operational Group meets on a quarterly basis and reports directly to the BCF Executive Group.

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 in accordance with the Better Care Fund national requirements and reporting timetable. Meetings will be arranged to ensure that quarterly reports are reviewed and recommended for approval by the Health and Wellbeing Board (HWBB) prior to submission to the Better Care Fund assurance process. Recognising that national reporting requirements and submission deadlines may change during the year, the timing of meetings will remain flexible to align with the agreed reporting schedule and ensure timely compliance with national requirements.

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 three Heads of Service or above and 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

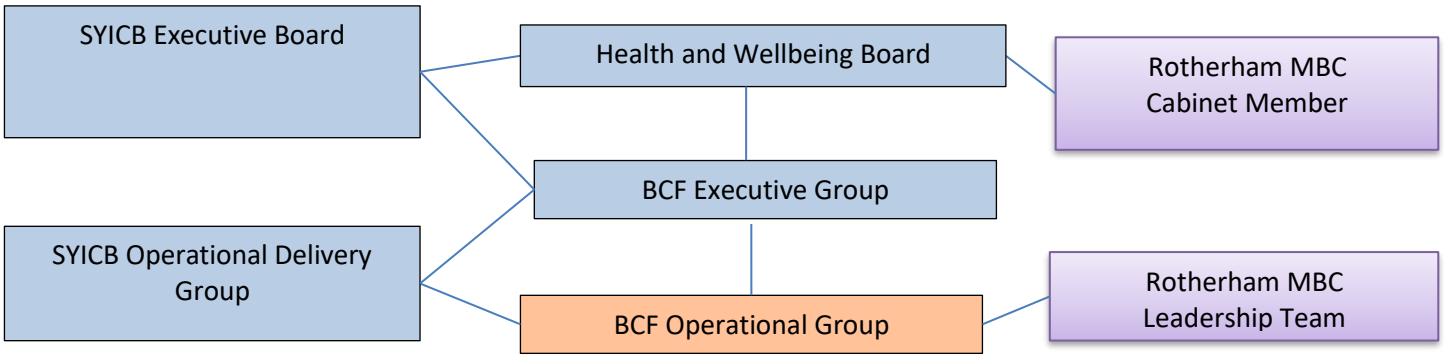
10.11 **Information and Reports**

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**

The purpose of the integrated provider performance management framework is to ensure that Partners adopt an integrated outcome focussed, approach 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 and outcomes 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.
- Determining areas for de-commissioning that do longer meet national/local priorities, performance and outcome measures or value for money

11.3 **Outline Framework**

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

11.4 **Commissioning Business Planning Process**

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

- strategic objectives and key performance measures for 2026/27
- 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 Appendix 1
- 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:

- Outcome measures
- 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.

11.11 **SYICB / RMBC BCF Metrics:**

As part of the Better Care Fund plan, the national metrics will be monitored by the Council and SYICB.

The Better Care Fund Framework 2026/27 requires local areas to agree local goals for non-elective admissions for people aged 65 and over and average length of discharge delay for acute adult patients. Local areas are also expected to monitor and improve outcomes relating to reablement and long-term admissions to residential and nursing care. The metrics included for 2026/27 are as follows.

- Non elective admissions to hospital for people aged 65 and over per 100,000 population
- Average length of discharge delay for all acute adult patients, derived from:
    - proportion of adult patients discharged from acute hospitals on their Discharge Ready Date (DRD)
    - for those not discharged on their DRD, the average number of days from DRD to discharge
- Long-term admissions to residential and nursing care homes for people aged 65 and over per 100,000 population
- The proportion of people aged 65 and over who were discharged from hospital into reablement and who remained in the community in the 12 weeks following discharge. This is not a mandatory target in 2026-2027, however there is a requirement to work towards it.

Metric descriptions are below.

Table 4 – BCF Metrics Definitions

	Metric	Numerator	Denominator
1	Measure the rate of unplanned (emergency) hospital admissions for people aged 65 and over.	The number of emergency hospital admission spells for people aged 65+.	The ONS mid-year population estimate for people aged 65+.
2	Average length of discharge delay for all acute adult patients Definition: -	This is an average: it is based on the % of adult patients discharged from acute hospitals on their	Non

	Metric	Numerator	Denominator
	Measures the average delay between a patient becoming ready for discharge and actually leaving hospital. This metric combines: - The proportion of patients discharged on their Discharge Ready Date (DRD) The average number of days between DRD and discharge for those not discharged on their DRD.	Discharge Ready Date, multiplied by the average number of days from the DRD to discharge. (Taken from SUS)	
3	Long-term admissions to residential care homes and nursing care 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)
4.	The proportion of people aged 65 and over who were discharged from hospital into reablement and who remained in the community in the 12 weeks following discharge.	Number of people aged 65 and over who were discharged from hospital into a reablement service and who were still living in the community 91 days (12 weeks) after discharge from hospital.	Total number of people aged 65 and over who were discharged from hospital into a reablement service during the reporting period and whose outcome at 91 days could be determined.

Non-elective admissions to hospital for people aged 65 and over per 100,000 population

This metric measures the rate of emergency hospital admissions for people aged 65 and over and is a key indicator of how effectively health and care services are

supporting older people to remain independent and avoid unnecessary hospital admission.

Analysis of local performance during 2024/25 and 2025/26 demonstrates stable levels of non-elective admissions amongst people aged 65 and over. Whilst recognising underlying demand and seasonal variation, the 2026/27 planning target applies a 2% reduction to average admissions across the previous two years. Rotherham is currently an outlier with higher rates than our Better Care Fund peer average group. This approach will bring Rotherham more closely in line.

Delivery of this objective will be supported through continued investment in neighbourhood health services, integrated neighbourhood teams, intermediate care, reablement, proactive care, discharge pathways, virtual wards and targeted support for people living with frailty and long-term conditions. These services are intended to support people to remain independent at home for longer, prevent deterioration and reduce avoidable demand on acute hospital services.

Performance against this metric will be monitored through a combination of daily operational oversight and strategic governance arrangements.

The methodology for calculating this metric is published by NHS England and 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

This metric replaces the previous BCF discharge performance measure and is based on the new national metric of discharge ready date (DRD). The metric measures how effectively health and social care partners work together to support timely discharge from hospital once a person is clinically ready to leave.

Recent changes to the national methodology make year-on-year comparisons difficult, and benchmarking across South Yorkshire currently demonstrates significant variation in reported performance. Further national guidance is expected during 2026/27 and, as a result, 2026/27 will be used as a baseline year to establish local trajectories and support future improvement monitoring.

The average delay from DRD to discharge over the last year was 4.9 days, with variation observed across individual months. The 2026/27 aim is to increase the proportion of patients discharged on their DRD by up to two percentage points compared with the equivalent month in 2025/26 and to reduce the average discharge delay by approximately half a day, recognising that these trajectories may need to be refined following further national guidance.

Reducing discharge delays will improve patient outcomes, support independence and help ensure that people receive care in the most appropriate setting.

The methodology for calculating this metric is published by NHS England and can be found here: 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 ambition is to support more people to remain independent within their own homes and communities for longer. Better Care Fund investment continues to support services that promote independence, prevent escalation of need and reduce avoidable admissions to long-term residential and nursing care.

A target of 330 admissions was set in 2025/26 and was met with a total of 283 admissions recorded during the year. For 2026/27, a target of 330 admissions has been agreed, equating to a rate of 607 per 100,000 population aged 65 and over and remaining broadly aligned with regional benchmarking. The target has been informed by local modelling, service intelligence and anticipated demographic pressures, balancing the ambition to maintain positive performance with recognition of increasing demand and complexity of need.

Adult Social Care continues to operate a strengths-based and Home First approach, with all decisions regarding long-term residential and nursing care placements subject to review through the Strength-Based Eligibility Forum to ensure that the least restrictive and most appropriate options are considered first. Around 70% of people admitted to long-term care receive home-based support services prior to admission, demonstrating the impact of investment in community services in supporting independence and delaying progression to residential care.

Delivery of this ambition will be supported through a Home First approach and ongoing BCF investment in reablement, rehabilitation, intermediate care, domiciliary care, assistive technology, equipment and adaptations, and wider community support services. These investments are intended to help people maintain independence and reduce reliance on long-term institutional care.

Proportion of people aged 65 and over discharged into reablement who remain in the community 12 weeks following discharge

This is a new Better Care Fund metric for 2026/27 and, whilst not a mandatory target, local partners are expected to monitor performance and support continuous improvement. The metric measures the effectiveness of reablement services in helping older people regain independence following a hospital stay and remain living within their own home or community setting. It is a key indicator of the impact of

intermediate care, rehabilitation and Home First services in reducing dependence on long-term health and social care support.

During 2025/26, the Council redesigned its Enablement Service, introducing new leadership arrangements and additional investment to strengthen service delivery, improve patient flow through reablement pathways and support more timely reviews of people's progress.

Further work will be undertaken during 2026/27 through the Intermediate Care Review to better understand productivity, capacity and demand across the system and to inform future service development and resource allocation. Local partners will continue to monitor performance through Client Level Data (CLD), Better Care Fund reporting and benchmarking activity, recognising the need to further strengthen data quality, consistency and timeliness.

12. NON-FINANCIAL RESOURCES

Non-financial contributions to the Schemes are confined to current support for joint and integrated commissioning and financial management 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	Email Address
SYICB	Chief Finance Officer	Riverside House Main Street Rotherham S50 1AE	Roxanna.Naylor@nhs.net
RMBC	Head of Finance – (Adults, Public Health and Housing)	Riverside House Main Street Rotherham S60 1AE	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
Signature		
Date of signature		
Name of signatory (print)	Chris Edwards	Anthony Fitzgerald
Title or role of signatory (print)	Chief Executive NHS South Yorkshire Integrated Care Board	Chief of Strategy and Delivery

Appendix 1 – Detailed BCF Schemes

Better Care Fund Budget 2026-27	Budget 2025-26	Investment (+) / Disinvestment (-)	ICB Uplifts	2025/26 Underspend b/f	Budget 2026-27
	£,000	£,000	£,000	£,000	£,000
THEME 1 - Mental Health Services					
Adult Mental Health Liaison	1,630		22		1,652
THEME 2 - Rehabilitation & Reablement					
Falls Service	545		4		549
Home Enabling Services:					
Reablement	1,087				1,087
Pressures on Domiciliary Care Budgets	758				758
Community Stroke Service	610		4		614
Community Neuro Rehab	188		1		189
Breathing Space	2,133		16		2,149
Otago	20				20
Mediquip (Wheelchairs & Equipment)	2,027		217		2,244
Community OT	940		4		944
Disabled Facilities Grant	5,364	(1,426)		2,001	5,939
Age UK Hospital Discharge	173		(4)		169
Stroke Association Service	59		(4)		55
Intermediate Care Pool:					
Therapy & Nursing cover to support vulnerable patients and Fast Response team	125		1		126
Intermediate Care/surge Beds (LH/DC)	1,920				1,920
Intermediate Care beds (30) - Davies Court	1,039		7		1,046
Home first	905		7		912
Intermediate Care 24 Beds - Althorpe	1,540		11		1,551
Intermediate Care Therapy (TRFT)	420		3		423
RDASH Therapies	108		1		109
GP Support - medical cover	36				36
Other Intermediate care (TRFT)	385		3		388
THEME 3 - Supporting Social Care					
Direct Payments:					
Direct Payments/ Personal Budgets (Physical Disabilities)	396				396
Direct Payments (Older People)	526				526
Direct Payments (Learning Disabilities)	315				315
Direct Payment Support	46				46
LD Supported Living	410				410
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	1,585		83		1,668
THEME 4 - Care Mgt & integrated Care Planning					
Pro-active Care	1,172				1,172
Care Home Support Service	328		2		330
Hospice - End of Life care	1,024		7		1,031
Social Prescribing	741		(10)		731
Social Work Support (A&E, Case management, Supported Discharge):					
Single Point of Access	100				100
Integrated Rapid Response (TRFT)	120		1		121
Integrated Discharge Team	433				433
Early Planning Team - Localities	230				230
Mental Health Crisis Team	36				36
Care Co-ordination Centre	941		7		948

Better Care Fund Budget 2026-27	Budget 2025-26	Investment (+) / Disinvestment (-)	ICB Uplifts	2025/26 Underspend b/f	Budget 2026-27
	£,000	£,000	£,000	£,000	£,000
THEME 5 - Supporting Carers					
Carers Support Service:					
Carers Strategy	467	(230)		230	467
Carers Emergency Service	23				23
Direct Payments (Older People Carers)	251				251
Crossroads	50				50
THEME 6 - Infrastructure					
Senior Commissioning Officer	50				50
Rotherham Health Record	196				196
RISK POOL					
Left Shift and Neighbourhood (new investment)			392		392
Risk pool	500		41		541
Local Authority Better Care Fund (previously known as the iBCF)					
Adaptation of Liquid Logic to support care pathways	60				60
Urgent and Emergency Care Programme Manager	85				85
Health Inequalities -Public Health	60				60
Health Inequalities - Trust - Public Health Consultant	30				30
Place Band 7 Capacity Manager	70				70
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
HealthWatch new contract	60				60
Joint Band 7 and Band 4 Health and Social Care Roles (ICB)	50				50
Virtual Wards (ICB)	47				47
Winter Pressures/Other Grant Income					
Tactical Brokerage	110				110
Winter Monies (ICB)	500				500
Integrated Discharge Team	225				225
Early Planning Team	237				237
Additional Winter Capacity	273				273
					0
IBCF Balance b/fwd (non- Recurrent):	**0**				0
- Additional Social Work Capacity - continuation from 23/24	0				0
- RMBC 2025/26 Underspend	287	(287)		219	219
- Crisis Support (ICB)	200	(200)		200	200
- Care Home Trusted Assessor Gap in Provision	5	(5)			0
- Doccla Remote tech for Virtual Wards	9	(9)			0
- Athorpe deficit in recurrent funding and cost of service uplifts	84	(84)			0
- ECHO Training for Care Homes	20	(20)			0
- To be identified ICB	11	(11)		11	11
					0
Adults Discharge Funding (RMBC)					
2025/26 Discharge Grant Allocation	**3,384**				3,384
ICB (Rotherham Place) Discharge Funding					
2025/26 Discharge Grant Allocation	**2,473**	**0**			2,473
Additional ICB Minimum Contribution to ASC		**0**			0
Additional ICB Minimum Contribution to remaining		**0**			0
Grand Total	**54,836**	**(2,272)**	**816**	**2,661**	**56,041**

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 Better Care Fund (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, and the development of the strategy, priorities, parameters and investment framework for the Better Care Fund. The Executive Group will provide strategic oversight of the delivery of the Better Care Fund Plan, ensuring alignment with the Better Care Fund Framework 2026/27, neighbourhood health development, integration objectives and the priorities of the Rotherham Health and Wellbeing Strategy. The Group will oversee the effective use of Better Care Fund resources to support integrated and preventative health and social care services, improve outcomes for local people, promote independence, support timely discharge from hospital, reduce avoidable hospital admissions and admissions to long-term residential and nursing care, and deliver value for money. The Executive Group will make recommendations regarding the strategic direction, performance, governance and management of the Better Care Fund to the Health and Wellbeing Board (HWBB) and is established as a formal 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, Non-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 funding; • 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 and ensure Better Care Fund investment demonstrates value for money, supports system productivity and contributes to improved outcomes across health and social care services

In the event that the Partners are unable to demonstrate compliance with the Better Care Fund national funding conditions, planning requirements or agreed local performance goals, the Partners shall work collaboratively with NHS England, the Department of Health and Social Care and other relevant partners to develop and implement an agreed recovery plan where required.

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 output.
- 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, reviewing outcomes and value for money to maximise the impact of the Rotherham pound.
- 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 Lead as co-chair.

Membership of the Executive Group
Elected Member/Chair of HWBB – Councillor Baker Rogers SYICB Executive Place Director - Anthony Fitzgerald SYICB Director of Partnerships / Deputy Place Director – Claire Smith SYICB Director of Financial Transformation (Rotherham) – Roxanna Naylor SYICB / RMBC Health and Care Portfolio Lead, Transformation and Delivery – Steph Watt RMBC / SYICB (Strategic Commissioning Manager (Joint Commissioning) – Siobhan Buxton RMBC Executive Director of Adult Care, Housing and Public Health – Ian Spicer RMBC Director of Public Health – Emily Parry-Harries

RMBC Service Director, Strategic Commissioning – Scott Matthewman
RMBC Service Director, Adult Care and Integration – Kirsty Littlewood
RMBC Head of Finance (Adult Care, Housing and Public Health) – Gioia Morrison
Both parties will call in relevant officers such as RMBC Finance Manager (Adult Care and Public Health) for specific topics where required.

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) will co-ordinate following liaison with the Chair.

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

Key Deliverables

- 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.
- Oversee the completion and submission of Better Care Fund assurance returns and associated reporting requirements.
- Monitor delivery of local Better Care Fund goals and trajectories.
- Review value for money, productivity and outcomes achieved through Better Care Fund investment.

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 according to national and locally agreed objectives, making recommendations to the Better Care Fund Executive Group to ensure effective action and implementation of the plan

Functions of the Group

- 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 Better Care Fund investment demonstrates value for money, supports system productivity and contributes to improved outcomes across health and social care.
- Identifying areas for future investment and dis-investment according to national and local priorities, making recommendations to the Executive Group
- To ensure that effective performance management of the BCF Performance Measures and outcomes 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 which areas progress and performance need to be reported on and report by exception to the BCF Executive Group.
- To monitor compliance with the Better Care Fund national funding conditions, planning requirements and assurance requirements and escalate any risks to the BCF Executive Group.
- 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.
- To support delivery of the Better Care Fund's contribution to Neighbourhood Health Services, including integrated neighbourhood teams, intermediate care, reablement and support for people with frailty and complex health and care needs.

Chair

The meeting will be co-chaired by the SYICB Director of Financial Transformation and the Council Service Director, Strategic Commissioning.

Membership of Group

SYICB Director of Financial Transformation (Rotherham) (co-Chair) – Roxanna Naylor
RMBC Service Director, Strategic Commissioning (co-Chair) – Scott Matthewman
SYICB / RMBC Head of Service Urgent and Community Care – Steph Watt
RMBC Finance Manager (Adult Social Care and Public Health) – Avanda Mitchell
RMBC Head of Service – Access and Prevention – Jayne Metcalfe
RMBC Public Health Consultant - Gilly Bremner
RMBC Performance and Business Intelligence Service Manager - Deborah Johnson
RMBC/SYICB Strategic Commissioning Manager (Joint Commissioning) – Siobhan Buxton
SYICB Senior Data Analyst – Richard Flint
RMBC – Performance and Business Manager - Dominic Ambler
Both parties will call in relevant officers for specific topics where required.

Quoracy

Quorum for these meetings will be 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 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, outcomes and actions.

Key Deliverables

- Maintain financial reporting framework.
- Maintain a risk register appropriate to the level of group operation.
- Monitor outcomes and key deliverables identifying opportunities for investment/dis-investment
- Coordinate the completion of Better Care Fund assurance returns, performance reports and statutory reporting requirements for submission through the Health and Wellbeing Board and national Better Care Fund assurance processes.

- To monitor performance against the locally agreed Better Care Fund goals for non-elective admissions and discharge delays and oversee improvement activity relating to reablement outcomes and long-term residential and nursing care admissions.