Appendix 3: Reading HWB - BCF 2025-26 EOY Report (Final)

Better Care Fund 2025-26 EOY 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 sigificant changes to planned spend.

The primary purpose of BCF reporting is to ensure a clear and accurate account of continued compliance with the key requirements and conditions of the fund. The secondary purpose is to inform policy making, the national support offer and local practice sharing by providing a fuller insight from narrative feedback on local progress, challenges and highlights on the implementation of BCF plans and progress on wider integration.

BCF reporting is likely to be used by local areas, alongside any other information to help inform HWBs on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including ICBs, local authorities and service providers) for the purposes noted above.

In addition to reporting, BCMs and the wider BCF team will monitor continued compliance against the national conditions and metric ambitions through their wider interactions with local areas.

BCF reports submitted by local areas are required to be signed off HWB chairs ahead of submission. Aggregated data reporting information will be available on the DHSC BCF Metrics Dashboard and published on the NHS England website.

Note on entering information into this template

Please do not copy and paste into the template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background, as below:

Data needs inputting in the cell
Pre-populated cells/Not required

Note on viewing the sheets optimally

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.

The row heights and column widths can be adjusted to fit and view text more comfortably for the cells that require narrative information.

Please DO NOT directly copy/cut and paste to populate the fields when completing the template as this can cause issues during the aggregation process. If you must 'copy and paste', please use the 'Paste Special' operation and paste Values only.

The details of each sheet within the template are outlined below.

Checklist (2. Cover)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF Team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'
3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
5. Please ensure that all boxes on the checklist are green before submission.

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. Once you select your HWB from the drop down list, relevant data on metric goals from your BCF plans for 2025-26 will pre-populate in the relevant worksheets.
2. HWB Chair sign off will be subject to your own governance arrangements which may include a delegated authority.
3. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to:
england.bettercarefundteam@nhs.net
(please also copy in your respective Better Care Manager)
4. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

3. National Conditions

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2025-26 (link below) continue to be met through the delivery of your plan. Please confirm as at the time of completion.
https://www.england.nhs.uk/long-read/better-care-fund-planning-requirements-2025-26/

This sheet sets out the four conditions and requires the Health & Wellbeing Board to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met for the year and how this is being addressed. Please note that where a National Condition is not being met, an outline of the challenge and mitigating actions to support recovery should be outlined. It is recommended that the HWB also discussed this with their Regional Better Care Manager.

In summary, the four National conditions are as below:
National condition 1: Plans to be jointly agreed
National condition 2: Implementing the objectives of the BCF
National condition 3: Complying with grant and funding conditions, including maintaining the NHS minimum contribution to adult social care (ASC) (and section 75 in place)
National condition 4: Complying with oversight and support processes

4. Metrics

The BCF plan includes the following metrics (these are not cumulate/YTD):
1. Emergency admissions to hospital for people aged 65+ per 100,000 population. (monthly)
2. Average number of days from Discharge Ready Date to discharge (all adult acute patients). (monthly)
3. Admissions to long term residential and nursing care for people aged 65+ per 100,000 population. (quarterly)

Plans for these metrics were agreed as part of the BCF planning process outlined within 25/26 planning submissions.
Populations are based on 2024 mid year estimates, please note this has been updated from the Q2 template to match the DHSC metrics dashboard.

Within each section, you should set out how the ambition has been reached, including analysis of historic data, impact of planned efforts and how the target aligns for locally agreed plans such as Acute trusts and social care.

The bottom section for each metric also captures a confidence assessment on achieving the locally set ambitions for each of the BCF metrics.
The metrics worksheet seeks a short explanation if a goal has not been met - in which case please provide a short explanation, including noting any key mitigating actions. You can also use this section to provide a very brief explanation of overall progress if you wish.

In making the confidence assessment on progress, please utilise the available metric data via the published sources or the DHSC metric dashboard along with any available proxy data.

https://dhexchange.kahootz.com/Discharge_Dashboard/groupHome

5. Income & Expenditure

This section requires confirmation of an update to actual income received in 2025-26 across each fund, as well as spend to date at Q3. If expenditure by activity has changed since the original plan, please confirm that this has been agreed by local partners. If that change in activity expenditure is greater than 5% of total BCF expenditure, please use this box to provide a brief summary of the change.

On the 'DFG' row in the 'Source of Funding' table, 'Updated Total Income for 25-26' this should include the total funding from DFG allocations that is available for you to spend on DFG in this financial year 2025-26. 'EOY Actual Expenditure' should include total amount that has been spent at year-end, even if the application or approval for the DFG started in a previous quarter or there has been slippage.

The template will automatically pre-populate the planned income in 2025-26 from BCF plans, including additional contributions. Please enter the update amount of income even if it is the same as in the submitted plan. Note that the extra £50m DFG top-up that had been introduced at the start of the year is now included in the total DFG amount therefore please include this in your total actuals expenditure.

Please also use this section to provide the aggregate End of Year Spend. This tab will also display what percentage of planned income this constitutes.

Better Care Fund 2025-26 EOY Reporting Template

2. Cover

Version 1.0 [unlocked]

Please Note:

- The BCF quarterly reports are categorised as 'Management Information' and data from them will be published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.

- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.

- All information will be supplied to BCF partners to inform policy development.

- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

		Checklist
Health and Wellbeing Board:	Reading	Complete:
Completed by:	Beverley Nicholson	Yes
E-mail:	beverley.nicholson@reading.gov.uk	Yes
Contact number:	07812 461464	Yes
Has this report been signed off by (or on behalf of) the HWB Chair at the time of submission?	Yes	Yes
If no, please indicate when the report is expected to be signed off:		Yes

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'.

Complete

	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5. Income & Expenditure	Yes

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

<< Link to the Guidance sheet

Better Care Fund 2025-26 EOY Reporting Template

3. National Conditions

Selected Health and Wellbeing Board: Reading

Confirmation of Nation Conditions			Checklist Complete:
National Condition	**Confirmation**	**If the answer is "No" please provide an explanation as to why the condition was not met in the quarter and mitigating actions underway to support compliance with the condition:**	
1) Plans to be jointly agreed	Yes		Yes
2) Implementing the objectives of the BCF	Yes		Yes
3) Complying with grant and funding conditions, including maintaining the NHS minimum contribution to adult social care (ASC) and Section 75 in place	Yes		Yes
4) Complying with oversight and support processes	Yes		Yes

Better Care Fund 2025-26 EOY Reporting Template

4. Metrics for 2025-26

Selected Health and Wellbeing Board: Reading

For metrics time series and more details: BCF dashboard link

For metrics handbook and reporting schedule: BCF 25/26 Metrics Handbook

4.1 Emergency admissions

Plan

		Apr 25 Plan	May 25 Plan	Jun 25 Plan	Jul 25 Plan	Aug 25 Plan	Sep 25 Plan	Oct 25 Plan	Nov 25 Plan	Dec 25 Plan	Jan 26 Plan	Feb 26 Plan	Mar 26 Plan
Emergency admissions to hospital for people aged 65+ per 100,000 population	Rate	1,489.2	1,552.2	1,601.7	1,543.2	1,340.7	1,358.7	1,529.7	1,660.1	1,547.7	1,565.7	1,457.7	1,579.2
	Number of Admissions 65+	331	345	356	343	298	302	340	369	344	348	324	351
	Population of 65+	22,227.0	22,227.0	22,227.0	22,227.0	22,227.0	22,227.0	22,227.0	22,227.0	22,227.0	22,227.0	22,227.0	22,227.0

Assessment of whether goal has been met in Q4:	On track to meet goal
You may use this box to provide a very brief explanation of overall progress if you wish.	Performance in 2025/26 was very positive with the end of year position being a rate of 16,570 per 100,000 against our target of 18,226, 9% below our maximum target for the year. Our target for 2026/27 has been set at 5% below our actuals for this year, given our positive improvement against both this and the sub-targets, and the additional community based support to build strength and confidence and raising awareness of health and wellbeing, working closely with our VCSE partners, alongside developing our Falls Prevention Team, and investing in our Reconditioning Programme, Community based exercise sessions and Technology Enabled Care.

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)	0.69	0.51	0.63	0.82	0.63	0.84	0.87	0.97	0.81	0.95	0.88	0.90
Proportion of adult patients discharged from acute hospitals on their discharge ready date	83.3%	86.1%	81.3%	79.9%	80.5%	75.1%	76.4%	74.5%	74.3%	73.9%	75.3%	74.6%
For those adult patients not discharged on DRD, average number of days from DRD to discharge	4.13	3.66	3.38	4.08	3.24	3.38	3.69	3.78	3.16	3.64	3.55	3.57

Assessment of whether goal has been met in Q4:	Not on track to meet goal
You may use this box to provide a very brief explanation of overall progress if you wish.	We have improved discharge rates compared to 2024/25 but due to complexity of some cases, and delays in hospital discharge that are not social care related, e.g. transport, medications, the target has not been achieved this year. We have a commissioned "Hospital to Home" service through a voluntary and community sector partner which has positively impacted on discharge rates, along with reconditioning, reablement and Technology Enabled Care programmes to avoid readmissions and build strength and confidence. Our overall position at year end was average proportion of people discharged on discharge ready date 72.5% and for those not discharged on their discharge ready date, the average number of days delay was 4.16. Our targets for 2026/27 have been informed by the actual performance this year and we continue to work with our system partners in Acute services to improve data quality. It is of note that the DH Exchange Dashboard shows that in February *(latest data available)*, Reading performed better than the England average for average days delayed and better than the majority of regional and peer local authority groups.

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	551.8	679.4	252.4	224.1	183.0	220.2
	Number of admissions	120.0	151.0	56.1	49.8	40.7	48.9
	Population of 65+*	22227.0	22227.0	22227.0	22227.0	22227.0	22227.0
Assessment of whether goal has been met in Q4:		On track to meet goal					
You may use this box to provide a very brief explanation of overall progress if you wish.		Having had a steep rise in admissions over the last two years, we are pleased to have achieved a positive outcome in 2025/26, supported by home care, reablement services, our voluntary and community social enterprise sector and community health support. Our Technology Enabled Care service and effective use of our disabled facilities grants, alongside falls prevention has enabled people to remain at home with the right levels of support and enabled connection with community teams and activities to maintain health and wellbeing, and reduce isolation and loneliness. Our target for 2026/27 has been set with a 4% reduction on the overall actuals for this year as we expect to see a continuation of this positive impact within our communities. We note the use of Client Level Datasets by BCF team on the planning templates going forward and report that we have been monitoring admissions on a monthly and quarterly basis this year on our actual Long- Term admissions. Our aim for the year was to have no more than 880 admissions, per 100,000 population and we achieved this with 722 admissions per 100,000 population (18% below the maximum target). We did not monitor against CLD rolling 12 month average and will be doing this from April 2026 onwards. Our targets for 2026/27 have been based on CLD actuals for 2025/26.					

Better Care Fund 2025-26 EOY Reporting Template

5. Income & Expenditure

Selected Health and Wellbeing Board: Reading

Source of Funding	2025-26 Planned Income	Updated Total Income for 25-26	DFG EOY Actual Expenditure	Checklist Complete:
DFG (including top-up)	£1,590,186	£1,590,186	£1,519,286	Yes
Minimum NHS Contribution	£14,886,847	£14,886,847		Yes
Local Authority Better Care Grant	£3,321,794	£3,321,794		Yes
Additional LA Contribution	£866,221	£1,483,435		Yes
Additional NHS Contribution	£0	£0		Yes
Total	**£20,665,048**	**£21,282,262**		
			% of Planned Income	
End of Year Actual Expenditure		£20,437,769	**96%**	Yes

If expenditure by activity has changed since the original plan, please confirm that this has been agreed by local partners. If that change in activity expenditure is greater than 5% of total BCF expenditure, please use this box to provide a brief summary of the change.	Change was increased c/fwd from previous year and was 3% of total BCF planned expenditure, which was agreed with all parties and included in the Section 75 Framework Agreement. The additional DFG Income of £104,480 received in February was included on the DFG Income line on this End of Year template. The balance of funds are c/fwd on continuing projects and some new schemes, such as Magic Notes, into 2026/27 and beyond and to support the development of neighbourhood working models.

Yes

Better Care Fund 2024-25 EOY Reporting Template

6. Year End Impact Summary

Selected Health and Wellbeing Board: Reading

Confirmation of Statements			Checklist Complete:
Question statements	**Confirmation**	**If the answer is "No" please provide an explanation:**	
Overall delivery of BCF has improved joint working between health and social care	Yes		Yes
Our BCF schemes were implemented as planned in 2025-26	Yes		Yes
The delivery of our BCF plan 2025-26 has had a positive impact on the integration of health and social care in our locality.	Yes		Yes

Highlight success and challenges within reference to the most relevant enablers from SCIE logic model:	
Logic model for integrated care - SCIE	
Success and Challenges	**Narrative**
2 key successes observed towards driving the enablers for integration	**Success 1: Building an integrated Falls & Frailty workforce** The Falls Prevention Team is now fully in post and recruitment to care coordinator roles completed, which strengthens system capacity to deliver integrated falls work. Falls training has been embedded as mandatory induction for adult social care staff—supporting shared standards and consistent capability across the workforce. Delivery is described as collaborative working with partners (including work with libraries, care homes, VCSFE, trusted assessor roles and linking with Technology Enabled Care TEC team), reinforcing joined-up prevention and pathway development. **Success 2: Digital platform developments Thames Valley Shared Care Record System (Connected Care) and JOY** Connected Care Insights and PHM capacity has improved coordination and decision-making across partners. A single, transparent view accessible to all partners (e.g. primary care, community, acute) supports faster, better-informed decisions and system-wide conversations, reducing silos and improving pathway coordination, as well as enabling targeted approaches for "rising risk" cohorts such as frailty. JOY continues to scale and mature as a shared, cross sector social prescribing and navigation platform, with ongoing workshops for VCS organisations and improved ability to directly upload services—supporting a more complete, diverse and current community offer. A Berkshire West cross sector steering group has been established (Reading Voluntary Action, and Involve (both VCSE infrastructure partners) alongside representatives from Reading, Wokingham and West Berkshire councils, to review the form and function of the JOY digital platform and shape a specification for future procurement, considering enablers for neighbourhood working and write back to the system. This collaborative approach demonstrates shared governance and system alignment around digital enablers.

Yes

2 key challenges observed towards driving the enablers for integration	**Challenge 1: Discharge Delays** Discharge performance remains off target, with discharge on discharge-ready date (DRD) below the annual average target and delays driven by recurring multi-agency blockers such as, transport, medications, equipment delays (also impacted by switching equipment providers mid-year), court of protection processes and family expectations. Contributing to our ability to flag issues around discharge delays has been the lack of robust and timely national discharge datasets. This impacted alongside local system changes, switching providers of the BCF Metric data from the Commissioning Support Unit to the locality based business intelligence team, and changes to our acute hospital's data processes in relation to DRD and discharge delay reporting, which in year impacted by weakening system oversight and learning. **Challenge 2: Referrals to Community Reablement** Community reablement referrals have been at a lower rate than expected but there have been significantly more cases that were double up/ more complex, which have utilised capacity. An action plan is in place reviewing referrals into the community reablement team, and identifying opportunities to switch to a full intake model, which will further support admission avoidance.	Yes