Live Well South Tees Board

Thursday 16th July, 2026, 1.00-3.00pm

Board Room, North East & North Cumbria ICB Offices, North Ormesby Health Village

	Agenda Item	Time
1.	**Welcome and Introductions** *Alec Brown, Leader of Redcar & Cleveland Council* *Chris Cooke, Elected Mayor of Middlesbrough*	1.00pm
2.	**Apologies for Absence** *Alec Brown, Leader of Redcar & Cleveland Council* *Chris Cooke, Elected Mayor of Middlesbrough*	
3.	**Declarations of Interest**	
4.	**Minutes - Live Well South Tees Board - 5 March 2026** (Pages 3 - 4)	
5.	**Better Care Fund 2026/27 Plan - Final Agreement** (Pages 5 - 40) *Kathryn Warnock, South Tees Integration Programme Manager* Overview of the final South Tees Better Care Fund submission and confirmation of HWBB support	1.15pm
6.	**Focus Session - Neighbourhood Health Framework National Context and Role of the HWBB** *Kathryn Warnock, South Tees Integration Programme Manager* • Overview of national expectations and neighbourhood health policy • Role of HWBB in system leadership, oversight and ownership of the Neighbourhood Health Plan • Output from Place Partnership & Neighbourhood Mapping Work	1.30pm

	Board Members will receive a presentation and have the opportunity to discuss and provide input and agreement into: • Direction of travel • Neighbourhood footprints • Development of the Neighbourhood Health Plan • Priorities Key outcomes sought from the session • The Board understands the national and local neighbourhood health agenda, provides strategic steer on the proposed neighbourhood footprints, and agrees the approach, timeline and governance for development of the South Tees Neighbourhood Health Plan	
7.	**Date & Time of next meeting** Thursday 24 September 2026, 1.00-3.00pm	

Thursday, 5 March 2026

LIVE WELL SOUTH TEES BOARD

A meeting of the Live Well South Tees Board was held on Thursday, 5 March 2026 at the The Board Room, North East and North Cumbria Integrated Care Board, First Floor, 14 Trinity Mews, North Ormesby Health Village, Middlesbrough, TS3 6AL.

PRESENT Councillors C Cooke (Co-Chair), L Robson and P Gavigan.

OFFICIALS M Adams, N Ahmed, M Davis, L Grabham, A Jackson, Detective Superintendent C Motson, V Okey, P Rice, L Sergeant, M Short and K Warnock.

IN ATTENDANCE Ms J Sanderson and Ms R Abbott from PPL Consultancy (Develop Session Facilitators).

APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors A Brown (Co-Chair), B Suthers, J Ryles, J Rostron, U Earl, A Bates, Chris Joynes, D Swainston, E Scollay, P Neal and T/Asst Chief Constable W Fox; and Officers A Bates, C Joynes, D Gardner, E Skollay, D Swainston, and C Leng.

21 **DECLARATIONS OF INTEREST**

There were no declarations of interest raised by Committee Members, **noted**.

22 **MINUTES OF THE LAST MEETING**

RESOLVED that the minutes of the Live Well South Tees Board meeting held on Thursday 04 December 2025 be confirmed and signed by the Chair as a correct record.

23 **BETTER CARE FUND (BCF) 2026-27 - HOW SOUTH TEES MEETS THE REQUIREMENTS AND ALIGNS WITH NEIGHBOURHOOD HEALTH EXPECTATIONS**

The South Tees Integration Programme Manager informed Board Members that as part of the Better Care Fund (BCF) 2026-27 programme the Integrated Care Board (ICB) had been assigned a consultancy support to strengthen how the Live Well South Tees Boards worked as a leadership forum and how it aligned with the wider neighbourhood health and place governance work being undertaken.

Senior Consultants Ms J Sanderson and Ms R Abbott from PPL were invited to facilitate a development session for Board Members regarding ‘How South Tees meets the BCF requirements and aligns with neighbourhood health expectations’.

A key action for the Board was to ensure that the ICB, who managed the BCF Programme and Funding, consulted with partners, ensuring their perspectives were fully reflected, particularly given the important role each organisation played in the South Tees system.

PPL at the end of the session would prepare a high-level roadmap and set of recommendations outlining how the ICB and the Board could improve clarity of purpose, decision-making, behaviours and wider governance.

As part of the facilitated session the following discussion topics were identified from Board Members and the following comments were made:

RECOMMENDED that:

1. The information within the development session be **noted**; and,
2. The BCF Fund report be **APPROVED**,
3. The Consultants to consult with absent Board Members after the meeting to obtain their views.
4. The Consultants roadmap and recommendations be presented at the next Board meeting.

LiveWell SOUTH TEES

Better Care Fund (BCF) Planning Approval 2026-27

To:	Live Well South Tees Health and Wellbeing Board	**Date:**	July 2026
From:	Kathryn Warnock , South Tees Integration Programme Manager	**Agenda**	Item 5
Purpose of the Item	For the Live Well South Tees Health and Wellbeing Board to be assured that Middlesbrough's and Redcar & Cleveland's Better Care Fund (BCF) Plans meet the conditions of the Better Care Fund planning requirements for 2026-27 and to approve the BCF planning submissions for Middlesbrough and Redcar & Cleveland.		
Summary of Recommendations	That Live Well South Tees Health and Wellbeing Board: • are assured that Middlesbrough's and Redcar & Cleveland's Better Care Fund (BCF) Plans meet the conditions of the Better Care Fund planning requirements for 2026-27 • approve the Better Care Fund planning submissions for Middlesbrough and Redcar and Cleveland • are assured that there is robust management and monitoring of BCF expenditure across South Tees		

1 PURPOSE OF THE REPORT

1.1. To update Live Well South Tees Board members on the Better Care Fund planning requirements for 2026-27, assure members that Middlesbrough and Redcar & Cleveland are meeting the conditions and seek endorsement of BCF plans

2 Better Care Fund Plans 2026-27

2.1 This item will update Live Well South Tees Board members on the Better Care Fund planning objectives, conditions, funding and metrics for 2026-27 and seek formal approval for the submission of plans to the BCF national team.

The plans have been developed by South Tees BCF Implementation and Monitoring Group members and were submitted to our local Better Care Manager for initial review and feedback in April.

The feedback was positive with only minor points highlighted, mainly around links to performance and NHS operational planning, but there has been limited time to review plans given the tight deadlines set to us nationally.

3 BCF 2025/6 Quarter 4 Reporting Templates

3.1 The national team required updates in quarter 4 to confirm performance against metrics, actual expenditure to date and a review of hospital discharge and community activity and capacity.

The templates were completed and submitted by the BCF Implementation and Monitoring Group by the deadline of 6 June 2026 with delegated Health and Wellbeing Board approval.

Members are asked to note submission of these templates which are available on request

4	APPENDICES

4.1 Attached are the templates which form part of the BCF Planning Submissions.

Appendix A - Joint South Tees Narrative for Middlesbrough and Redcar & Cleveland
Appendix B - Middlesbrough BCF Planning Template
Appendix C - Redcar & Cleveland BCF Planning Template
Appendix D - Middlesbrough Capacity and Demand Template
Appendix E - Redcar & Cleveland Capacity and Demand Template

Contact Officer
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Department of Health & Social Care | Ministry of Housing, Communities & Local Government | NHS England

Better Care Fund 2026-27
Narrative return

Introduction and guidance

This return has been designed to enable ICBs and local authorities, working with Health and Wellbeing Boards (HWBs), to submit information which demonstrates how their plans for the Better Care Fund (BCF) meet the national conditions and planning requirements for 2026-27. Completing and submitting the BCF narrative return is a required part of the overall BCF submission process. Planning leads should ensure that all questions within this narrative return are fully addressed.

This year, the length of the narrative return has been reduced. This reflects feedback on the benefits of a more focused BCF assurance process. In completing the return, HWBs, ICBs and local authorities may wish to develop more detailed joint plans for BCF expenditure for their own use and/or draw on other joint plans.

Each question in the return has a suggested length of around a page (around 500 words) and we would generally expect the overall submission to be around 2500 words. These act as a guide to support a more focused assurance process rather than strict limits.

The narrative provided in this return should align with the expenditure plans and the ambitions for the national metrics set out in your BCF excel numerical return.

When completing the narrative return, please use the following documents for guidance and support, these can be found on the BCF Exchange:

- **Planning Principles:** outlines what good practice looks like in relation to each narrative question and aligns with the relevant national conditions.
- **Metrics Handbook:** provides the formal technical specifications for the national metrics within the framework, including the rationale, methodology, required data inputs and worked examples.

Submission Requirements:

- Each HWB area must have its own BCF excel numerical return, but a single narrative BCF return covering multiple HWBs may be submitted where this reflects local integrated working arrangements.
- Each HWB area included in a combined narrative return should provide clarity and state any specific details relevant to the separate HWBs within the narrative questions (and more words may be required for this than a single HWB return). Local authorities, ICBs and HWBs for each area should formally sign off the shared narrative return and their individual numerical excel BCF return.
- The deadline for completing this narrative return is **19 May 2026.**

- Please submit this return to both: england.bettercarefundteam@nhs.net and your regional better care manager(s).

Submission details

Mandatory to complete, please do not submit a return without completing the details below:

Adapt as necessary	**HWB area 1**	**HWB area 2**
HWB	**Middlesbrough (Live Well South Tees combined Board)**	**Redcar & Cleveland (Live Well South Tees combined Board)**
ICB	**North East and North Cumbria**	**North East and North Cumbria**

1. **Please provide a short statement setting out the rationale for using BCF funding to maximise delivery of integrated and preventative care linked to the relevant areas of neighbourhood health and social care services.**

   Please provide a concise statement of around one page (e.g. around 500 words). Please provide your response below:

   Building on emerging neighbourhood health work, South Tees is using Better Care Fund (BCF) funding in 2026–27 to accelerate the delivery of more integrated, preventative and neighbourhood-based models of care, particularly for people aged 65 and over and those with complex health and social care needs.

   South Tees benefits from long-standing pooled funding and joint commissioning arrangements between Middlesbrough Council, Redcar & Cleveland Borough Council and the North East and North Cumbria Integrated Care Board. These arrangements have enabled BCF funding to be used flexibly to maintain essential out-of-hospital services, strengthen intermediate care and support prevention. This provides a stable platform for further neighbourhood development without destabilising core provision.

   In addition, we are using BCF funding to grow our assistive tech offer and develop proactive & preventative solutions to care and support, embedding 'tech-first' approaches within social care practice. Development of our Independent Living Centre is supporting this as an accessible hub in the community to demonstrate and promote tech solutions.

   Over the past year, partners have begun transitioning from service-specific pilots to a more deliberate neighbourhood health operating model. This includes proactive frailty approaches in both localities; MDT expansion aligned to Primary Care Networks through ARRS roles; strengthened coordination through the Integrated Single Point of Access (iSPA) and Transfer of Care Hub; and closer alignment between primary care, community nursing, mental health services and adult social care. These developments align with the Neighbourhood Health Framework and the Live Well South Tees Health & Wellbeing Strategy's emphasis on prevention, independence and place-based working.

   Recognising that effective neighbourhood delivery depends on how services operate together in practice, South Tees has adopted a test → learn → refine → scale approach. In 2026–27 this includes small-scale neighbourhood MDT prototypes working with real patient cases to understand how people are identified before crisis, what information is already held across the system and where gaps exist, how roles and responsibilities align across organisations, where blockages occur within pathways, and what additional wrap-around support is required above individual practices. This practical learning directly informs how BCF-funded services are deployed, refined and scaled.

   BCF funding supports proactive community services, frailty intervention, admission avoidance and MDT coordination, helping identify risk earlier, reduce duplication and prevent escalation into avoidable hospital admission. In Redcar & Cleveland and Middlesbrough, preventative services form a key part of BCF spend, investment in carer support services, with a new jointly commissioned All Age Carer Support Service being co-produced with unpaid carers in 2026/27 for commencement in April 2027. Both Local Authorities are using BCF funding to grow assistive tech offer and develop proactive & preventative solutions to care and support. Development of Redcar's Independent Living Centre is supporting an accessible hub in the community to demonstrate and promote tech solutions.

In Middlesbrough our prevention approach is driven through our BCF which funds a range of community-based schemes, assisted technology, all designed to keep people well, connected, and independent. These services play a key role in reducing social isolation and supporting safe, timely hospital discharge.

Middlesbrough Independent Living Services:
https://www.middlesbrough.gov.uk/adult-social-care/middlesbrough-independent-living-services/

Redcar & Cleveland's ASC Prevention Strategy:

Adult Social Care Prevention Strategy

Planning reflects differing population needs across South Tees. Middlesbrough experiences higher levels of deprivation and complex need, requiring strong prevention-focused and community-based models. Redcar & Cleveland has a disproportionately older population, driving sustained demand for reablement, rehabilitation and intermediate care. Existing intermediate care pathways have been assessed as sufficiently flexible to manage peaks in demand, with no current systemic capacity constraints identified.

In 2026–27, BCF funding will maintain and strengthen these arrangements through continued support for MDT coordination; protection of essential community services; flexible, cost-effective intermediate care delivery; the No Place Like Home initiative; the Mobile Rehabilitation Unit in Middlesbrough; and the Meadowgate Intermediate Care Centre in Redcar & Cleveland, alongside ongoing investment in prevention and Disabled Facilities Grant-funded services. There are no material changes to recurring BCF-funded schemes in 2026/27. Changes relate only to the cessation of time-limited, non-recurrent pilot schemes funded in previous years. No core services have been decommissioned as a result of BCF planning, and any services ending have either concluded as planned or continued under alternative funding streams to avoid disruption to residents.

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2. **Please provide a brief explanation of the rationale for how you have set out goals for the metrics of non-elective admissions (for those 65 years old and over) and delayed discharges. Please also set out how you will monitor and drive progress in preventing avoidable long-term care home admissions and improving outcomes from reablement, including through any locally agreed goals for long term admissions to residential care and nursing homes.**

   Please provide a concise statement of around one page (e.g. around 500 words). Please provide your response below:

The borough-specific deployment of BCF-funded schemes, combined with learning from neighbourhood MDT prototypes, underpins the proposed trajectories for non-elective admissions (65+), delayed discharges, reablement outcomes and long-term care admissions reflect both local population need and the demonstrated impact of existing and evolving neighbourhood-based models.

Non-Elective Admissions (65+)

In 2025/26, South Tees did not consistently achieve planned reductions in non-elective admissions for those aged 65+, reflecting demographic growth, increased frailty and system pressure.

Our Non-Elective Admissions (NEL) trajectory is based on historic performance – rolling 12-month baselines. Our 26/27 trajectory is based on the average 3-year growth/performance highlighting the continued expected impact of existing BCF funded schemes. These projections have been profiled across the year based on historical seasonality trends and also include the historic 2.9% efficiencies we have seen. The position proposed maintains this consistent positive reduction in NEL across Middlesbrough and a slight improvement in Redcar &Cleveland. Although we expect some growth in our population, specifically within the target cohort, we believe that we can perform in line with the trajectory in both Middlesbrough and Redcar & Cleveland via the schemes we have in place and plans to continually monitor and expand these wherever possible throughout the year.

Our NEL ambition builds on our positive historic performance around this metric where we have continued to see the beneficial impact of BCF funded schemes supporting this area, strengthened reablement capacity, improved GP-PCN alignment, and admission avoidance services such as Frailty Intervention Teams and UCR and our extensive support to care home schemes help to reduce avoidable admissions. The CHERRs service which provides urgent response to any residents who are acutely unwell has seen a significant reduction in care home residents attending and being admitted to hospital.

Delayed Discharges (DRD %)

In 2025/26, performance against the DRD metrics improved overall, supported by strengthened Transfer of Care arrangements, enhanced iSPA coordination and expanded community services; however, rising acuity and complexity meant performance varied across the year. The 2026/27 goals reflect a slight tightening against 2025/26 actuals, with the system seeking to reduce both the proportion of delayed discharges and the average number of days delayed, supported by revised D2A oversight and enhanced community capacity.

Both Middlesbrough and Redcar & Cleveland saw increases in the number and acuity of patients being discharged - these increases have been reflected in the trajectories for 2026/27 and profiled across the year using historic seasonality trends.

These have already contributed to strong performance relative to England, regional and peer group averages and the system will maintain and refine these pathways

Long-Term Residential and Nursing Care Admissions

BCF-funded prevention and reablement services support reduced reliance on long-term care across both boroughs. Although setting a local long-term care admissions goal is not mandatory, South Tees has retained a 2026/27 projection aligned to 2025/26 levels. This reflects the system's disproportionately older population in Redcar & Cleveland and recent increases in permanent admissions. The ambition is to reduce conversion rates from temporary step-up and step-down placements into permanent care through targeted reablement and alternative housing-based solutions, rather than increasing overall admissions.

In Redcar & Cleveland, this includes streamlined Trusted Assessor processes, enhanced tracking of D2A Pathway 2 placements, and two pilots:

> One focusing on step-down placements on Pathway 2, focused case management and reablement support from our hospital social work and OT Teams and selected residential care facilities who will support in delivery of the reablement plan.
>
> The second pilot will focus on step-up respite and carer breakdown cases. Two flats within extra care schemes will be used for short-term step-up placements, working with the Back-on-Track team to prevent conversion to permanent care and support a return to baseline, with stays limited to a maximum of six weeks

Middlesbrough continues to review admissions and our 26/27 projection is not far from our 25/26 outturn. Through our scheme of delegation we are ensuring consistency, we are also maximising the use of residential reablement to maximise people regaining independence to return home.

Across both boroughs, investment in tech-enabled care and Disabled Facilities Grant-funded adaptations supports people to remain safely at home and avoid premature escalation. In Redcar and Cleveland the aim is to invest in technology to supplement a care package on hospital discharge for residents where a residential care placement, or a home care package, may have otherwise been the only viable option.

Reablement Outcomes

- Reablement is a central pillar of BCF investment across South Tees, supporting recovery, independence and reduced reliance on hospital and long-term care, aligned to a strong *Home First* approach.

- Reablement services operate seven days a week and are closely aligned with intermediate care, community nursing, therapy services and neighbourhood MDT working.

- Investment in digital systems and assistive technology is improving case allocation, demand management and oversight.

- Reablement pathways across South Tees continue to deliver positive outcomes, performing in line with or above regional benchmarks, including the metric for the proportion of people aged 65+ remaining at home 91 days after discharge into reablement.

Middlesbrough

- BCF funding supports community reablement services and the Middlesbrough Mobile Rehabilitation Unit (MMRU), providing time-limited step-up and step-down rehabilitation.

- Community reablement operates 7am–10pm, seven days a week, supporting growing demand, with weekly caseloads typically around 37.

- Close alignment between reablement and MMRU supports timely discharge, prevents deconditioning and enables return home.

- Telecare and tech-enabled care are embedded within reablement pathways to support independence and risk management.

Redcar & Cleveland

- BCF investment supports expanded community reablement capacity alongside the Meadowgate Intermediate Care Centre, providing 40 purpose-built reablement beds.

- Community reablement has expanded to 20 teams, supporting rising demand.

- Meadowgate has consistently delivered high occupancy and throughput, with outcomes exceeding regional and national benchmarks.

- The Independent Living Centre at Meadowgate supports embedding assistive technology within reablement pathways.

Continuous Improvement

- Ongoing service evaluation and workforce development, including enhanced case management and digital support roles, will further strengthen outcomes and support independence across South Tees.

Data Quality

Data quality and performance are overseen through a joint Intermediate Care and Discharge Dashboard, drawing from acute, community and local authority datasets. This dashboard is reviewed routinely through the BCF Implementation & Monitoring Group, with issues escalated as required to the South Tees System Directors Meeting. Regular data validation, triangulation with operational intelligence and deep-dive reviews into outliers ensure data quality concerns are identified early and addressed collaboratively across partners.

3. **Please provide a short explanation of the planned impact of BCF funding on achievement of goals.**

   Please provide a concise statement of around one page (e.g. around 500 words). Please provide your response below:

BCF funded services across South Tees contribute directly to the national metrics and support a clear shift to prevention, home-first and neighbourhood-aligned care. Our funding is targeted on services which support our population needs (as outlined in response 1)

Reducing Non-Elective Admissions

Across both localities, the continuation and strengthening of integrated BCF funded community services will help reduce acute escalation:

- **Frailty Intervention Teams:** Provide rapid assessment and intervention both at the acute front door and in community settings, supporting same-day discharge, admission avoidance and proactive management of frailty.
- **Urgent Community Response (UCR):** Working alongside primary care and community services to provide rapid alternatives to hospital admission. This includes the CHERRs service providing urgent care to care home residents.
- **Support to Care Homes:** BCF-funded schemes such as medication optimisation, MUST, IPC and therapy support reduce avoidable admissions from care homes.

Reducing Delayed Discharges

Our analysis has shown that these integration initiatives and services, part or wholly BCF funded, contribute significantly to effective timely discharges and funding will be maintained:

- Our multi-agency Transfer of Care Hub within acute services, supporting safe early discharge and pathway optimisation
- Our Acute Trust's Home First Service which provides a bridging service from acute to community and social care. This expedites discharges out of hospital for patients on pathway 1 back to their own home. The service helps to reduce lengths of stay in hospital, preventing hospital associated deconditioning, and supports the patient at home until they are either able to function without support or social care commences.
- The appointment of a Strategic Project Lead – Transfers of Care who will cover both our acute and mental health Trusts and lead on improvements to discharge pathways and processes
- A Rehabilitation Co-ordinator who supports smoother transfer to rehabilitation and recovery services.
- Additional investment in our Tees Community Equipment Services to improve faster discharges by ensuring essential equipment is in place quickly.
- Carer support services which play a significant role in avoiding delays linked to carer breakdown or lack of home support.

Improving Reablement Performance

Reablement is a central pillar of South Tees BCF investment. We have enhanced our reablement capacity, embraced digital innovations to track capacity and our assistive technology and prevention services enhance independence and reduce reliance on long-

term care.

Reducing Long-Term Care Admissions
Both Middlesbrough and Redcar & Cleveland expect to reduce (or significantly mitigate growth in) permanent admissions despite demographic pressures.

In addition to the initiatives outlined above, South Tees has undertaken a targeted review and evaluation of Discharge to Assess (D2A) arrangements to improve system flow, reduce delays and minimise conversion from short-term placements into permanent residential or nursing care.

The review has focused on **improving resource allocation** and strengthening the system's ability to manage demand and capacity across D2A pathways. Key learning has highlighted the need for clearer decision-making at discharge, stronger oversight of short-term placements, and more consistent coordination between health, social care and therapy services to support timely assessment and progression.

As a result, improvements are being taken forward to reduce breaches within D2A pathways, make more effective use of reablement and rehabilitation capacity, and reduce reliance on higher-cost bedded care. This includes targeted action to reduce conversion rates from short-term D2A placements into long-term residential care, particularly where enhanced reablement input, therapy involvement or community-based solutions can better support independence.

Progress will continue to be monitored through established multi-agency governance arrangements during 2026–27, ensuring D2A improvements contribute to reductions in delayed discharges, improved reablement outcomes and avoidance of premature long-term care admissions.

4. **Please outline how ICBs and local authorities have confidence that the services funded through the BCF represent value for money, and how they will seek to raise the productivity of services.**

Please provide a concise statement of around one page (e.g. around 500 words) please provide your response below:

South Tees has a mature evidence-based approach to reviewing BCF schemes through its long established joint integrated governance. Decisions on BCF funding allocations and priorities are agreed jointly between the ICB and both Local Authorities. This allows for the development of South Tees wide posts and services, which supports equity and consistency in services, shared learning and economies of scale.

BCF-funded services are routinely reviewed for efficiency, outcomes, delivery and spend. The BCF Implementation & Monitoring Group scrutinises schemes monthly, supported by finance leads from both councils and the ICB, enabling cost–benefit assessment, financial accountability and strong challenge if necessary.

Demonstrating Value for Money
Many schemes provide measurable prevention benefits:

- Telecare and falls-response services reduce ambulance conveyances, ED attendance and hospital admissions.
- Home First service delivers strong outcomes (40% requiring no ongoing care upon completion).
- Reablement success in both localities reduces long-term care reliance and supports independence.
- Funding for some schemes which have not delivered the benefits anticipated is being ceased. Only non-recurrent, time-limited pilot schemes have been decommissioned where evaluation showed insufficient impact. For example, the Pathway 0 ‘Home from Hospital’ service was discontinued after failing to secure sufficient referrals to demonstrate value for money. No core or high-impact BCF-funded services have been withdrawn, and several preventative functions (including postural support, ASK Sara and carers’ counselling) have continued through alternative funding sources.

Productivity Improvements
In 2026–27, productivity gains will be sought through:

- Wider deployment of digital systems (care records, rota optimisation, real-time monitoring).
- Strengthened MDT integration which reduces duplication and improves caseload management.
- Use of neighbourhood teams to streamline proactive care and reduce high-cost reactive activity.
- Shared learning from D2A review, No Place Like Home Initiative outcomes and intermediate care developments.

This aligns with the national requirement for NHS productivity improvements of 2% per year, with BCF-funded services contributing to reduced inpatient bed use, avoided admissions, reduced delays and improved flow.

Benchmarking & Continuous Review
South Tees will continue using:

- National BCF dashboard benchmarking to compare performance to peer areas.
- Local multi-agency review processes to identify efficiencies and best practice.
- Review of expenditure patterns to ensure resources continue to flow to the highest-impact interventions.
- Local benchmarking of discharge pathways and reablement throughput across Middlesbrough and Redcar & Cleveland to inform service design and capacity modelling.
- Comparison against regional and peer BCF metrics (NELs, DRD, reablement outcomes) through national dashboards to guide prioritisation and productivity improvements.
- Jointly commissioned schemes to enable direct comparison of unit costs and outcomes across boroughs, supporting continuous improvement.

5. **Please outline your robust joint governance for managing the expenditure of BCF funding, including assessing impact of funding, value for money and continuous improvement.**

Please provide a concise statement of around one page (e.g. around 500 words). Please provide your response below:

South Tees has robust, long-standing governance arrangements supporting strong partnership working and shared accountability, consistent with national expectations for effective BCF oversight.

Governance Structure:

- **BCF Implementation & Monitoring Group (IMG):**
  Monthly operational meeting involving commissioners, finance leads, pooled fund managers and system integration colleagues from both Local Authorities and the ICB. Oversees scheme delivery, performance metrics, expenditure and risk management.

- **South Tees System Directors Meeting:**
  Acts as the formal pooled fund partnership board. Provides director-level oversight, approves funding allocations, ensures alignment with system priorities and provides escalation where risks are identified.

  South Tees Place-Based Governance (ICB and System Arrangements)
  As ICB governance arrangements evolve, place-based oversight of integrated care, neighbourhood health and intermediate care is being maintained through refreshed system partnership structures. These arrangements provide strategic oversight of BCF investment in the context of neighbourhood health development, population health and integrated community services, ensuring alignment with ICB commissioning intentions and national policy direction.

- **Live Well South Tees Health & Wellbeing Board:**
  Formally signs off BCF plans and will now play an enhanced stewardship role, as

expected nationally, ensuring visible leadership, neighbourhood alignment and oversight of pooled resources and outcomes.

Assurance, Monitoring & Continuous Improvement
Governance groups will:

- Monitor performance against 2026–27 metric goals and intervene early where delivery risks emerge.
- Assess scheme impact, outcomes and value for money regularly.
- Maintain compliance with national funding and reporting requirements, including the NHS minimum contribution and pooled fund deadlines.
- Oversee learning loops between acute, community, VCSE, housing and social care providers
- Continue benchmarking performance with peer localities
- Ensure alignment between BCF planning and the wider Integrated Care Strategy, Live Well South Tees Health and Wellbeing Strategy and neighbourhood health development.
- Explore opportunities to jointly commission services such as Carer Support, Meds Optimisation, MUST, IPC and other support-to-care-home schemes to enable direct borough-to-borough benchmarking on cost, outcomes and delivery models, strengthening assurance and shared learning across South Tees.

Work is currently underway across South Tees to ensure governance remains fit for purpose in the context of the evolving national policy landscape, including changes to ICB roles, the publication of the Neighbourhood Health Framework, and the strengthened stewardship expectations placed on Health & Wellbeing Boards. This includes reviewing how place-based and neighbourhood governance aligns with pooled funding arrangements, clarifying roles and escalation routes across system partners, and ensuring that neighbourhood health development, integrated community services and BCF investment are overseen through coherent and streamlined structures. This work is being undertaken collaboratively with system partners, with the aim of reinforcing strong joint leadership, avoiding duplication, and ensuring that decision-making and accountability arrangements continue to support effective delivery of integrated and preventative care.

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Better Care Fund 2026-27 Numerical Template

Data Sharing Statement

Data Sharing Statement

Please see below important information regarding data sharing and how the data provided during this collection will be used. This statement covers how NHS England will use the information provided.

Purpose of data collection

NHS England is collecting data on behalf of Better Care Fund (BCF) partners to fulfil statutory duties, including improving healthcare quality, efficiency, and transparency. The data supports operational and strategic planning, financial management, workforce planning, and system feedback, as mandated by the NHS Act 2006 and relevant regulations.

Type and scope of data

Patient-level data, including identifiable information like NHS numbers, is not required.
Data includes finance, activity, workforce, and planning information as specified in the national guidance documents.
The BCF numerical template is categorised as "Management Information," and aggregated data, including narrative sections, will be published on the NHS England website and gov.uk.

Access, sharing, and publication

The BCF numerical template is categorised as 'Management Information' and data submitted will be published in an aggregated form on the NHS England website and gov.uk. This will include a narrative section. Please also note that all BCF information collected here is subject to Freedom of Information requests.
Internal Access: Data will be accessed by NHS England national and regional teams on a "need-to-know" basis and may be shared internally to support statutory responsibilities.
External Sharing: Data and information from this numerical template and associated narrative return may be shared with partner organisations and Arm's Length Bodies (ALBs) including BCF partners (i.e. Ministry of Housing, Communities and Local Government (MHCLG), Department of Health and Social Care (DHSC) and NHS England) for joint working and policy development.
Publication: Local Health and Wellbeing Boards (HWBs) are encouraged to publish local plans. Until publication, recipients of BCF reporting data (including those accessing the Better Care Exchange) cannot share it publicly or use it for journalism or research without prior consent from the HWB (for single HWB data) or BCF national partners (for aggregated data).

Storage and security

Data will be securely stored on NHS England servers. Shared data will be minimised and handled per confidentiality and security requirements.
The BCF template is password-protected to ensure data integrity and accurate aggregation. Breaches may require resubmission.

Data analysis and use

NHS England will analyse data submissions for feedback, reporting, benchmarking, and system improvement.
Triangulation with other data may be conducted to support deeper analysis and insights and inform decision-making.

Concerns

For any questions about data sharing, please contact your regional Better Care Managers or the national Better Care Fund team england.bettercarefundteam@nhs.net

Better Care Fund

Department of Health & Social Care

Ministry of Housing, Communities & Local Government

NHS England

Better Care Fund (BCF) 2026-27 Numerical Template

1. Guidance

Overview

The numerical return is designed to capture planned BCF spend, goals and assurance statements. Together with the narrative return these will enable local areas to demonstrate how they meet the national funding conditions, in line with the published BCF 2026-27: https://www.gov.uk/government/publications/better-care-fund-framework-2026-to-2027/better-care-fund-framework-2026-to-2027.

Completed numerical returns are due by Tuesday 19 May 2026 (noon)

Submissions should be sent to the national BCF team at england.bettercarefundteam@nhs.net, as well as to regional Better Care Managers.

This guidance provides an overview of how to complete this numerical return. Further guidance is provided in the BCF Planning Principles guidance and and supporting documents which can be found on the Better Care Exchange - https://future.nhs.uk/bettercareexchange/view?objectID=70716560

Functional use of the template

We are using the latest version of Excel in Office 365, an older version may cause an issue.
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

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

2. Cover

The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. To view pre-populated data for your area and begin completing your template, you should select your HWB from the top of the sheet.

Governance and sign-off
National condition one (refer to tab 6) outlines the expectation for the local sign off of plans. Plans must be jointly agreed and be signed off in accordance with organisational governance processes across the relevant ICB and local authorities. Plans must be accompanied by signed confirmation from local authority and ICB chief executives that they have agreed to their BCF plans, including the goals for performance against headline metrics. Please enter date of expected sign off if not yet signed off. **This accountability must not be delegated**.

Data completeness and data quality:
- 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 in this table are green should the template be sent to the BCF team: england.bettercarefundteam@nhs.net (please also copy in your better care manager).
- The checker column, which can be found on each individual sheet, 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'.
- The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
- Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'. Please ensure that all boxes on the checklist are green before submission. Please contact your regional BCF team if you have any issues.

3. Income

This sheet should be used to specify all funding contributions to the HWBs BCF plan and pooled budget for 2026-27. This section will be pre-populated with the NHS minimum contributions, Disabled Facilities Grant (DFG) and Local Authority Better Care Grant (LABCG). For any questions regarding the BCF funding allocations, please contact england.bettercarefundteam@nhs.net (please also copy in your better care manager).

Additional Contributions
This sheet also allows local areas to add in additional contributions from both the NHS and local authority. You will be able to update the value of any additional contributions (local authority and NHS) income types locally. If you need to make an update to any of the funding streams, select 'Yes' in the boxes where this is asked and cells for the income stream below will turn yellow and become editable. Please use the comments boxes to outline reasons for any changes and any other relevant information as this will ensure section is marked as complete.

Unallocated funds
Plans should account for full allocations meaning no unallocated funds should remain once the template is complete.

4. Expenditure

Please see tab '4a. Expenditure guidance' for further information.

5. Metrics

For 2026-27, local authorities, integrated care boards (ICBs) and HWBs will be expected to monitor performance and improvement for the four metrics listed in the Metrics Handbook https://future.nhs.uk/bettercareexchange/view?objectID=277641413, available on the Better Care Exchange:

It is a national requirement for partners to set local goals in relation to the following two metrics:

- 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

HWBs are also encouraged to set goals for the metric on long-term admissions to residential and nursing homes for people aged 65 and over per 100, 000 population.

We also expect HWBs to monitor and drive improvements for the metric on the proportion of people aged 65 and over discharged from hospital with reablement provided partly or solely by local authorities who remained in the community within 12 weeks of discharge.

Further details on the metrics, can be found below:

1. Non-elective admissions to hospital for people aged 65 and over per 100,000 population. (monthly)
- This is a count of non-elective inpatient spells at English hospitals with a length of stay of at least 1 day, for specific acute treatment functions and patients aged 65+
- This requires inputting of both the planned count of emergency admissions. The population figure is pre-populated using the latest available mid-year estimates.
- This will then auto populate the rate per 100,000 population for each month
Source statistics: https://digital.nhs.uk/supplementary-information/2026/non-elective-inpatient-spells-at-english-hospitals-occurring-between-1-april-2020-and-30-november-2025-for-patients-aged-18-and-65

2. Average number of days from Discharge Ready Date to discharge (all adult acute patients). (monthly)
- This is calculated as the sum of all bed days between the Discharge Ready Date and discharge (bed days lost) for patients discharged in a given month, divided by the total number of patients discharged in that month.
In completing the table for 2026-27 we ask areas to set out these two components and sheet automatically calculates the average figure:
- In a given month, the total number of patients discharged on the same day as their Discharge Ready Date, divided by the total number of patients discharged in that month.
- The sum of all bed days between the Discharge Ready Date and discharge (bed days lost) for patients discharged in a given month, divided by the total number of patients delayed by at least 1 day and discharged in that month.
Source statistics: https://www.england.nhs.uk/statistics/statistical-work-areas/discharge-delays/discharge-ready-date/

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3. Long term admissions to residential and nursing care homes for people aged 65 and over per 100,000 population
- Admissions data is taken from the Client Level Data (CLD) source published on a quarterly basis and presents admissions as a rolling 12 month total, calculated to the end of each quarter and reported as a rate per 100,000 population.
- Population are based on a calendar year using the latest available mid-year estimates.

Any improvement planned in reablement can be noted in the narrative template but does not need to be included in this numerical template.

For missing pre-populated actuals data from November 2025 to date, please check the BCF dashboard on the DHeXchange which will have more recent data as it becomes available.

6. National conditions

This section requires local authorities, ICBs and HWBs to confirm whether the three BCF national conditions and planning requirements detailed in the published BCF 2026-27 guidance will be met. The assurance statements in this section refer to specific planning requirements, supplementing the information provided in the narrative template and this numerical template.

This sheet requires the local authories, ICBs and HWBs to confirm 'Yes' or 'No' to the assurance statements. Should 'No' be selected, please note the actions in place towards meeting the requirement and outline the timeframe for resolution.
In summary, the national conditions are as below:

- ***National condition 1:*** ICBs and local authorities must develop joint plans, agreed by health and wellbeing boards, outlining how ICBs and local authorities intend to use BCF funding.
to deliver more integrated and preventative care, linked to the wider development of neighbourhood health and social care services.
- ***National condition 2:*** ICBs and local authorities must comply with all national grant and funding conditions and deliver in accordance with their approved return. ICBs must
maintain the NHS minimum contribution to adult social care and pool NHS BCF contributions into a section 75 (of the NHS Act 2006) pooled fund.
- ***National condition 3:*** ICBs and local authorities must comply and engage with BCF planning, governance and reporting requirements including adherence to any assurance and oversight processes.

Better Care Fund 2026-27 Numerical Template

2. Cover

Version 1.0

Please Note:
- The BCF numerical template is categorised as 'Management Information' and data from them will be published in an aggregated form on the NHS England website and gov.uk. This will include any narrative section. Some data may also be published in non-aggregated form on gov.uk. 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 Better Care Exchange) 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 (MHCLG, DHSC, NHS England) 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.

Governance and Sign off

		Complete:
Health and Wellbeing Board:	Middlesbrough	Yes
Confirmation that the plan has been signed off by Health and Wellbeing Board ahead of submission - Plans should be signed off ahead of submission.	Yes	Yes
If no indicate the reasons for the delay.		Yes
If no please indicate when the HWB is expected to sign off the plan:		Yes

Submitted by:	Kathryn Warnock	Yes
Role and organisation:	South Tees Integration Programme Manager	Yes
E-mail:	kathryn.warnock@nhs.net	Yes
Contact number:	07766554805	Yes
Documents submitted (please select from drop down) In addition to this template the HWB are submitting the following:	Narrative	Yes

	Role:	Professional title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:	Organisation	
Health and wellbeing board chair(s) sign off	Health and wellbeing board chair	Cllr	Chris	Cooke	chris_cooke@middlesbrough.gov.uk		Yes
	Health and wellbeing board chair	Cllr	Alec	Brown	alec.brown@redcar-cleveland.gov.uk		
Named accountable person	Local authority chief executive		Erik	Scollay	erik_scollay@middlesbrough.gov.uk		Yes
	ICB chief executive 1		Sam	Allen	s.allen24@nhs.net	North East and North Cumbria ICB	Yes
	ICB chief executive 2 (where required)						
	ICB chief executive 3 (where required)						
Finance sign off	LA section 151 officer		Andrew	Humble	Andrew_Humble@middlesbrough.gov.uk		Yes
	ICB finance director 1		Lynne	Walton	lynne.walton1@nhs.net	North East and North Cumbria ICB	Yes
	ICB finance director 2 (where required)						
	ICB finance director 3 (where required)						
Area assurance contacts	Local authority director of adult social services		Louise	Grabham	louise_grabham@middlesbrough.gov.uk		Yes
	DFG lead		Suzanne	Hodge	suzanne_hodge@middlesbrough.gov.uk		Yes
	ICB place lead 1		Karen	Hawkins	k.hawkins@nhs.net	North East and North Cumbria ICB	Yes
Please add any additional key contacts who have been responsible for completing the plan	ICB place lead 2 (where required)						
	ICB place lead 3 (where required)						

Question Completion - When all questions have been answered and the validation boxes below have turned green, please send the template to the Better Care Fund Team england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your better care manager(s).

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

^^ Link back to top

Better Care Fund 2026-27 Numerical Template

3. Income

Selected HWB: Middlesbrough

Complete:

Local authority contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Middlesbrough	£2,814,373
DFG breakdown for two-tier areas only (where applicable)	
Total Minimum local authority contribution (exc local authority BCF grant)	**£2,814,373**

Local authority better care grant (LABCG)	Contribution
Middlesbrough	£10,666,099
Total Local authority better care grant	**£10,666,099**

Are any additional local authority contributions being made in 2026-27? If yes, please detail below	Yes

Yes

Local authority additional contribution	Contribution	Comments - Please use this box to clarify any specific uses or sources of funding
Middlesbrough	£300,000	Match Funding - Carers
Middlesbrough	£1,181,736	25/26 BCF underspend
Middlesbrough	£867,830	25/26 DFG underspend
Total additional local authority contribution	**£2,349,566**	

Yes

NHS minimum contribution	Contribution
NHS North East and North Cumbria ICB	£17,456,573
Total NHS minimum contribution	**£17,456,573**

Are any additional NHS contributions being made in 2026-27? If yes, please detail below	No

Yes

Additional NHS contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
Total additional NHS contribution	**£0**	
Total NHS contribution	**£17,456,573**	

Yes

	2026-27
Total BCF pooled budget	**£33,286,611**

Funding contributions comments For any useful details please use the text box below (for no additional comments, insert 'NA')
The 25/26 carry forward is allowing us to maintain existing schemes for 2026/27, particularly discharge to assess which we may have otherwise had to reduce

Yes

Better Care Fund 2026-27 Numerical Template

4. Expenditure

Selected Health and Wellbeing Board: Middlesbrough

	2026-27		
Running Balances	Income	Expenditure	Balance
DFG	£2,814,373	£2,814,373	£0
NHS Minimum Contribution	£17,456,573	£17,456,573	£0
Local Authority Better Care Grant	£10,666,099	£10,666,099	£0
Additional LA Contribution	£2,349,566	£2,349,566	£0
Additional NHS Contribution	£0	£0	£0
Total	**£33,286,611**	**£33,286,611**	**£0**

Required spend on adult social care from NHS minimum allocations

	2026-27	
	Minimum required spend	Planned Spend
Adult Social Care services spend from the NHS minimum allocations	£9,082,708	£11,256,375

Checklist

Column complete:

Yes	Yes	Yes	Yes	Yes

Number	Category of scheme	Description of scheme	Source of funding	Adult Social Care Spend	Expenditure for 2026-27 (£)
1	Assistive technologies and equipment	Community Equipment	NHS Minimum Contribution	Yes	£186,200
1	Assistive technologies and equipment	Telecare Equipment & Support	NHS Minimum Contribution	Yes	£113,200
1	Home-based intermediate care (short-term home-based rehabilitation, reablement and	Reablement Brokerage	NHS Minimum Contribution	Yes	£26,300
1	Bed-based intermediate care (short-term bed-based rehabilitation, reablement and	Reablement Brokerage	NHS Minimum Contribution	Yes	£26,300
1	Housing related schemes	Reablement Agency Caseworker	NHS Minimum Contribution	Yes	£38,600
2	Bed-based intermediate care (short-term bed-based rehabilitation, reablement and	Middlesbrough Mobile Therapy Unit (MMRU) - beds	NHS Minimum Contribution	Yes	£701,800
2	Bed-based intermediate care (short-term bed-based rehabilitation, reablement and	Middlesbrough Mobile Therapy Unit (MMRU) - beds	Local Authority Better Care Grant	Yes	£387,400
2	Bed-based intermediate care (short-term bed-based rehabilitation, reablement and	Middlesbrough Mobile Therapy Unit (MMRU) - therapy staffing	NHS Minimum Contribution	No	£115,400
3	Home-based intermediate care (short-term home-based rehabilitation, reablement and	Community Reablement Team	NHS Minimum Contribution	Yes	£1,491,810
3	Home-based intermediate care (short-term home-based rehabilitation, reablement and	Community Reablement Team	Local Authority Better Care Grant	Yes	£487,290
4	Long-term home-based social care services	Overnight Planned Care - care and support to individuals in their own homes who have overnight support needs.	NHS Minimum Contribution	Yes	£502,800
5	Urgent community response	Enhanced Rapid Response	NHS Minimum Contribution	Yes	£88,400
6	Support to carers, including unpaid carers	Carer & Engagement Officer	NHS Minimum Contribution	Yes	£52,600
7	Support to carers, including unpaid carers	Support Carers in carrying out their caring role and ensuring carers health and wellbeing	NHS Minimum Contribution	Yes	£241,621
7	Support to carers, including unpaid carers	Young Carers Support	NHS Minimum Contribution	Yes	£119,584
7	Support to carers, including unpaid carers	Adult carer Support	NHS Minimum Contribution	Yes	£164,695
8	Support to carers, including unpaid carers	Short Breaks	NHS Minimum Contribution	Yes	£222,800
9	Support to carers, including unpaid carers	Support Carers in carrying out their caring role and ensuring carers health and wellbeing	Additional LA Contribution	Yes	£173,000
9	Support to carers, including unpaid carers	Carers direct payments	Additional LA Contribution	Yes	£127,000
10	Wider local support to promote prevention and independence	Staying Included Service - ways to live independently at home and stay connected to	NHS Minimum Contribution	Yes	£207,000
11	Urgent community response	Connect Falls Service - 24/7 emeergency response for clients who have a fall at home	NHS Minimum Contribution	Yes	£110,600
12	Wider local support to promote prevention and independence	Befriending Service - Work with people aged 65+ who are experiencing social isolation.	NHS Minimum Contribution	Yes	£38,600
13	Short-term home-based social care (excluding rehabilitation,	Care at Home medication assistance - Medication management of individuals in their	NHS Minimum Contribution	No	£528,400
14	Wider local support to promote prevention and independence	Assistive Technology Team - prevent/reduce a clients need for support and reduce impact of	NHS Minimum Contribution	Yes	£173,700
15	Wider local support to promote prevention and independence	Hoarding Intervention Service - Dedicated case worker to work with clients with compulsive	NHS Minimum Contribution	Yes	£42,100
16	Wider local support to promote prevention and independence	Welfare Rights -Contribution to welfare rights service to provide advice sessions in GP	NHS Minimum Contribution	No	£63,200
17	Evaluation and enabling integration	Single Point of Access - multi disciplinary service hub to provide first point of contact	NHS Minimum Contribution	No	£103,938
18	Evaluation and enabling integration	Single Point of Access - Co-ordinator and call handler to help enable multi disciplinary service	NHS Minimum Contribution	No	£69,518
19	Evaluation and enabling integration	Liaison Worker - Supporting & Networking with voluntary and community services	NHS Minimum Contribution	Yes	£52,600
20	Evaluation and enabling integration	Project & Financial Management to BCF	NHS Minimum Contribution	No	£201,100
21	Evaluation and enabling integration	Social Worker Virtual Ward PCN / Hospital at Home - improve outcomes for clients	NHS Minimum Contribution	Yes	£115,900
22	Discharge support and infrastructure	Data Analyst to Support Health & Social Integration	Additional LA Contribution	No	£52,600
23	Urgent community response	CHERRs - Emergency health care practioner support - prevent urgent /	NHS Minimum Contribution	No	£218,630
24	Long-term residential/nursing home care	MUST Service - Nutrition and targeted dietician support to care homes	NHS Minimum Contribution	No	£131,500
25	End of life care	End of Life Training & Support - Secondment of Macmillan CNS to provide palliative and end of	NHS Minimum Contribution	No	£34,795
26	Long-term residential/nursing home care	Infection control - Employment of infection prevention and control nurse to provide training	NHS Minimum Contribution	No	£35,784
27	Long-term residential/nursing home care	Occuptional Thearpy prevention support in care homes re: postural management / Falls offering	NHS Minimum Contribution	Yes	£231,600

28	Evaluation and enabling integration	Care Homes Connected Digital Service	NHS Minimum Contribution	No	£54,639
29	Evaluation and enabling integration	Medicines Optimisation - Care Homes	NHS Minimum Contribution	No	£70,109
30	Evaluation and enabling integration	Medicines Optimisation - Home Care	NHS Minimum Contribution	No	£103,348
31	Discharge support and infrastructure	Discharge to Assess Occupational Therapists - to support discharges from acute settings and	NHS Minimum Contribution	No	£109,600
32	Discharge support and infrastructure	Trusted Assessor to facilitate patient discharge to care homes	NHS Minimum Contribution	No	£262,900
33	Discharge support and infrastructure	Hospital Social Work Team weekend service	NHS Minimum Contribution	Yes	£326,900
34	Discharge support and infrastructure	Discharge to Assess - Domiliary Care. To facilitate stramlined D2A pathway	Local Authority Better Care Grant	No	£536,300
34	Discharge support and infrastructure	Discharge to Assess - Domiliary Care. To facilitate stramlined D2A pathway	Additional LA Contribution	No	£374,475
35	Discharge support and infrastructure	Discharge to Assess - Bed based intermediate care services. To facilitate stramlined D2A	Local Authority Better Care Grant	No	£609,239
35	Discharge support and infrastructure	Discharge to Assess - Bed based intermediate care services. To facilitate stramlined D2A	Additional LA Contribution	No	£754,661
35	Discharge support and infrastructure	Discharge to Assess - Bed based intermediate care services. To facilitate stramlined D2A	NHS Minimum Contribution	No	£492,141
36	Discharge support and infrastructure	South Tees Home First Service - Bridging Service from acute care to community and social care	NHS Minimum Contribution	No	£269,939
37	Discharge support and infrastructure	Transfer of Care Hub - expansion of an integrated transfer of care hub to support	NHS Minimum Contribution	No	£97,401
38	Discharge support and infrastructure	TCES Community Equipment Service expansion - Additional resources to support increased	NHS Minimum Contribution	No	£106,600
39	End of life care	In-Reach Assessment & Support for EOL/Palliative Care Patients - Band 7 to increase	NHS Minimum Contribution	No	£27,471
40	Discharge support and infrastructure	Rehabilitation Co-ordinator MMRU & Meadowgate	NHS Minimum Contribution	No	£19,800
41	Evaluation and enabling integration	Urgent Care & Hospital Admission Avoidance - A&E front of House 3 Consultants in A&E	NHS Minimum Contribution	No	£161,693
42	Evaluation and enabling integration	Urgent Care & Hospital Admission Avoidance - Therapies AAU	NHS Minimum Contribution	No	£195,994
43	Evaluation and enabling integration	Urgent Care & Hospital Admission Avoidance - AAU 7 day staffing & Medical Decision Maker	NHS Minimum Contribution	No	£328,286
44	Evaluation and enabling integration	Frailty Clinical Intervention Team - South Tees NHS FT - team to co-ordinate care for patients	NHS Minimum Contribution	No	£296,932
45	Discharge support and infrastructure	Ambulance Discharge costs. Funding to support patient transport for discharges	NHS Minimum Contribution	No	£167,362
46	Evaluation and enabling integration	Emergency Performance & Acute Provider - to support current acute activity	NHS Minimum Contribution	No	£1,933,718
47	Evaluation and enabling integration	Care Act Implementation Related Duties	NHS Minimum Contribution	Yes	£689,300
48	Long-term residential/nursing home care	IBCF Residential placements	Local Authority Better Care Grant	Yes	£3,276,762
48	Long-term home-based social care services	IBCF Home Care / Domiciliary Care	Local Authority Better Care Grant	Yes	£4,044,157
48	Personalised budgeting and commissioning	IBCF Personalised Budgets	Local Authority Better Care Grant	Yes	£1,017,046
48	Evaluation and enabling integration	IBCF Enablers for Integration	Local Authority Better Care Grant	Yes	£293,427
48	Assistive technologies and equipment	IBCF Additional CSDPa equipment	Local Authority Better Care Grant	Yes	£14,478
49	Long-term home-based social care services	Social Care Transfer	NHS Minimum Contribution	Yes	£1,931,411
49	Personalised budgeting and commissioning	Social Care Transfer	NHS Minimum Contribution	Yes	£654,492
49	Long-term residential/nursing home care	Social Care Transfer	NHS Minimum Contribution	Yes	£2,705,462
50	Disabled Facilities Grant related schemes	Disabled Facilities Grant (DFG) - Adaptations	DFG	Yes	£2,814,373
50	Disabled Facilities Grant related schemes	Disabled Facilities Grant (DFG) - Adaptations	Additional LA Contribution	Yes	£867,830

4a. Expenditure Guidance

Guidance for completing expenditure sheet

1. Please enter spend information in the bottom table starting cell B30 including the category of spend which is a dropdown containing the categories listed in the table below. You must also enter scheme-level detail for the line of spend in 'Description of Scheme' with the appropriate level of information keeping this relatively succint, for example 'Community Health Rehabilitation' or 'MSK services' or 'Integrated Crisis and Rapid Response' would be sufficient. Please also enter source of funding which determines the total spend appearing in the source of funding table at the top. Ensure a 'Number' is entered in the 'Expenditure for 2026-27 (£)' so that the validation boxes can be marked as complete.

2. Please ensure 'Adult Social Care Spend' is marked 'Yes' when the money is spent on Adult Social Care across any funding source.

Scheme Types

Number	Category of scheme	Description
1	Assistive technologies and equipment	Using technology in care processes to support self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Community based equipment, Digital participation services).
2	Housing related schemes	This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.
3	DFG related schemes	The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes. The grant can also be used to fund discretionary, capital spend to support people to remain independent in their own homes under a Regulatory Reform Order, if a published policy on doing so is in place.
4	Wider support to promote prevention and independence	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and wellbeing.
5	Short-term home-based intermediate care (rehabilitation, reablement and recovery services)	Short-term (up to 6 weeks), therapy-led services in the person's usual residence (home or care home), following the 'Home First' principle. For adults 18+ to regain independence post-illness/injury/discharge (step-down) or prevent admissions/long-term care (step-up). Person-centred, with initial assessment and regular reviews; led by registered therapists (physiotherapists, occupational therapists, speech/language therapists) plus support from unregistered workers and other professionals (nurses, doctors, social workers). Outcomes: better function, confidence, wellbeing; less carer reliance and long-term care demand. Domiciliary social care (personal care, domestic help) included only within a rehab/reablement-focused package.
6	Short-term home-based social care (excluding rehabilitation, reablement and recovery services)	Short-term domiciliary social care (e.g. personal care, help with domestic tasks, voluntary sector support), except where it is provided as part of a package that also includes rehabilitation, reablement and/or recovery services.
7	Long-term home-based social care services	Ongoing social care services (e.g. personal care, help with domestic tasks), helping people continue to live at home and maintain independence.
8	Long-term home-based community health services	Ongoing health services provided in people's own homes or in other non-residential community-based settings.
9	Bed-based intermediate care (short-term bed-based rehabilitation, reablement or recovery)	Short-term (up to 6 weeks), therapy-led services in a community bed-based setting (e.g. community hospital, care home bed or designated facility). For adults 18+ to regain independence post-hospital stay (step-down) or prevent avoidable admission/long-term residential care (step-up from community). Person-centred, with initial assessment and regular reviews; led by registered therapists (physiotherapists, occupational therapists, speech/language therapists) plus multi-disciplinary support (unregistered workers, nurses, doctors, others as needed). Where safe and appropriate, transition to home-based intermediate care is required to continue recovery at usual residence. Outcomes: improved function, confidence, wellbeing; reduced acute admissions, readmissions and long-term social care demand. May include mixed health and social care interventions.
10	Long-term residential or nursing home care	Ongoing care provided in a residential care home or nursing home for people who need more intensive or specialised support than can be provided at home.
11	Discharge support and infrastructure	Services and activity to enable discharge. Examples include multi-disciplinary/multi-agency discharge functions or Home First/ Discharge to Assess process support/ core costs.
12	End of life care	Schemes specifically designed to provide care and support for people nearing the end of life.
13	Support to carers, including unpaid carers	Supporting people to sustain their role as carers and reduce the likelihood of crisis. This might include respite care/carers breaks, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence.
14	Evaluation and enabling integration	Schemes that monitor or evaluate the impact of integrated care schemes. Schemes or services that enable integrated care, such as (but not necessarily limited to): - Joint commissioning arrangements - Integrated care planning - Helping people navigate services - Workforce development or recruitment and retention
15	Urgent Community Response	Urgent community response teams provide urgent care to people in their homes which helps to avoid hospital admissions and enable people to live independently for longer. Through these teams, older people and adults with complex health needs who urgently need care, can get fast access to a range of health and social care professionals within two hours.
16	Personalised budgeting and commissioning	Various person centred approaches to commissioning and budgeting, including direct payments.
17	Other	This should only be selected where the scheme is not adequately represented by the above scheme types.

Better Care Fund 2026-27 Numerical Template

5. Metrics for 2026-27

Selected Health and Wellbeing Board: Middlesbrough

5.1 Non-Elective admissions

		Apr 25 Actual	May 25 Actual	Jun 25 Actual	Jul 25 Actual	Aug 25 Actual	Sep 25 Actual	Oct 25 Actual	Nov 25 Actual	Dec 25 Actual	Jan 26 Actual	Feb 26 Actual	Mar 26 Actual
Non elective admissions to hospital for people aged 65 and over per 100,000 population	Rate	1,848	1,848	1,982	1,771	1,809	1,732	1,963					
	Number of admissions 65+	480	480	515	460	470	450	510					
	Population of 65+*	25,981	25,981	25,981	25,981	25,981	25,981	25,981					
		Apr 26 Plan	May 26 Plan	Jun 26 Plan	Jul 26 Plan	Aug 26 Plan	Sep 26 Plan	Oct 26 Plan	Nov 26 Plan	Dec 26 Plan	Jan 27 Plan	Feb 27 Plan	Mar 27 Plan
	Rate	1,751	1,755	1,898	1,674	1,720	1,651	1,863	1,659	1,844	1,844	1,493	1,701
	Number of admissions 65+	455	456	493	435	447	429	484	431	479	479	388	442
	Population of 65+	25,981	25,981	25,981	25,981	25,981	25,981	25,981	25,981	25,981	25,981	25,981	25,981

Complete:

Yes

Source: https://digital.nhs.uk/supplementary-information/2025/non-elective-inpatient-spells-at-english-hospitals-occurring-between-01-04-2020-and-30-11-2024-for-patients-aged-18-and-65

5.2 Discharge delays

*Dec Actual onwards are not available at time of publication

	Apr 25 Actual	May 25 Actual	Jun 25 Actual	Jul 25 Actual	Aug 25 Actual	Sep 25 Actual	Oct 25 Actual	Nov 25 Actual	Dec 25 Actual	Jan 26 Actual	Feb 26 Actual	Mar 26 Actual
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)	0.37	0.43	0.64	0.44	0.66	0.51	0.47	0.50				
Proportion of adult patients discharged from acute hospitals on their discharge ready date	92.8%	92.9%	90.1%	92.1%	89.5%	91.5%	91.6%	91.2%				
For those adult patients not discharged on DRD, average number of days from DRD to discharge	5.1	6.0	6.4	5.6	6.3	6.0	5.6	5.7				
	Apr 26 Plan	May 26 Plan	Jun 26 Plan	Jul 26 Plan	Aug 26 Plan	Sep 26 Plan	Oct 26 Plan	Nov 26 Plan	Dec 26 Plan	Jan 27 Plan	Feb 27 Plan	Mar 27 Plan

Average length of discharge delay for all acute adult patients	0.41	0.47	0.69	0.48	0.71	0.55	0.52	0.55	0.53	0.72	0.55	0.56	
Proportion of adult patients discharged from acute hospitals on their discharge ready date	91.9%	92.0%	89.2%	91.2%	88.6%	90.6%	90.7%	90.3%	89.6%	87.8%	90.3%	91.1%	Yes
For those adult patients not discharged on DRD, average number of days from DRD to discharge	5.00	5.90	6.40	5.50	6.20	5.90	5.60	5.70	5.10	5.90	5.70	6.30	Yes

Source: https://www.england.nhs.uk/statistics/statistical-work-areas/discharge-delays/discharge-ready-date/

5.3 Admissions to residential and nursing care homes

		Rolling 12 month total until end of quarter date indicated								
		Actual Ending 31-12-2024	Actual Ending 31-03-2025	Actual Ending 30-06-2025	Actual Ending 30-09-2025	2026-27 Plan Ending 30-06-2026	2026-27 Plan Ending 30-09-2026	2026-27 Plan Ending 31-12-2026	2026-27 Plan Ending 31-03-2027	
- Long term admissions to residential and nursing care homes for people aged 65 and over per 100,000 population	Rate	869.9	862.2	835.2	773.6	769.8	765.9	762.1	758.2	
	Number of admissions	226	224	217	201	200	199	198	197	Yes
	Population of 65+*	25,981	25,981	25,981	25,981	25,981	25,981	25,981	25,981	

*Population of people aged 65 and above are based on the latest available mid-year estimates from the ONS

Better Care Fund 2026-27 Numerical Template

6: National Condition Planning Requirements

Health and wellbeing board: Middlesbrough

HM Government

NHS England

National Condition	Planning requirement	Assurance statement	Yes/No to assurance statement	Where the planning requirement or assurance statement is not met, please note the actions in place towards meeting the requirement	Timeframe for resolution	Complete:
National Condition 1: effectively support the delivery of integrated and preventative care ICBs and local authorities must develop joint plans, agreed by health and wellbeing boards, outlining how ICBs and local authorities intend to use BCF funding to deliver more integrated and preventative care, linked to the relevant areas of neighbourhood health and social care services.	ICBs and local authorities must have considered how to use the BCF most effectively to support the delivery of more integrated and preventative services, particularly supporting those with more complex health and social care needs. This must include setting out how the funding will be used to develop the quality, efficiency and outcomes from intermediate care.	Named ICB and local authority chief executives and named HWB chair must confirm that BCF expenditure is agreed and aligned with wider strategic objectives for neighbourhood health and social care.	Yes			Yes
	ICBs and local authorities must set out plans that: - show reasonable progress in the metrics of non-elective admissions (for people aged 65 and over) and delayed discharges - show how they will monitor and drive progress in preventing avoidable long-term care home admissions and improving outcomes from reablement - include the specific contribution of BCF-funded services.					
	ICBs and local authorities must demonstrate that their plans for the use of the BCF represent value for money and improve overall productivity					
National Condition 2: comply with expenditure and grant conditions ICBs and local authorities must comply with all national grant and funding conditions and deliver in accordance with their approved return. ICBs must maintain the NHS minimum contribution to adult social care and pool NHS BCF contributions into a section 75 (of the NHS Act 2006) pooled fund.	ICBs and local authorities must pool their designated minimum contribution (in the case of ICB partners) and the Local Authority Better Care Grant and DFG (in the case of local authority partners). ICBs and local authorities are able to voluntarily pool additional funding through the BCF where they consider this is likely to lead to an improvement in the services being funded.					
	The NHS minimum contribution to adult social care must be met and maintained by the ICB in line with the published BCF allocations. This represents an increase of 4.4% in each health and wellbeing board area.	ICBs and local authorities confirm compliance with BCF national grant and funding conditions, and that they will deliver in accordance with approved spend and BCF numerical return, including maintaining the NHS minimum contribution to adult social care.	Yes			Yes
	Local authorities must comply with the grant conditions of the Local Authority Better Care Grant and the DFG, including the pooling of funding.	ICBs and local authorities confirm they will pool funds through Section 75 agreements by 30th September 2026.	Yes			Yes
National Condition 3: - effective governance, reporting and engagement ICBs and local authorities must comply and engage with BCF planning, governance and reporting requirements including adherence to any assurance and oversight processes.	ICBs and local authorities must have effective joint governance is in place to ensure local accountability for delivery of outcomes, including reviewing performance against plan objectives and local goals, and taking action if necessary to bring delivery back on track.					
	ICBs, local authorities and health and wellbeing boards are required to engage with BCF reporting, oversight and support processes	ICBs and local authorities confirm full compliance with BCF planning and reporting requirements and will adhere to the BCF oversight and support processes.	Yes			Yes

Better Care Fund 2026-27 Numerical Template

Data Sharing Statement

Data Sharing Statement

Please see below important information regarding data sharing and how the data provided during this collection will be used. This statement covers how NHS England will use the information provided.

Purpose of data collection

NHS England is collecting data on behalf of Better Care Fund (BCF) partners to fulfil statutory duties, including improving healthcare quality, efficiency, and transparency. The data supports operational and strategic planning, financial management, workforce planning, and system feedback, as mandated by the NHS Act 2006 and relevant regulations.

Type and scope of data

Patient-level data, including identifiable information like NHS numbers, is not required.
Data includes finance, activity, workforce, and planning information as specified in the national guidance documents.
The BCF numerical template is categorised as "Management Information," and aggregated data, including narrative sections, will be published on the NHS England website and gov.uk.

Access, sharing, and publication

The BCF numerical template is categorised as 'Management Information' and data submitted will be published in an aggregated form on the NHS England website and gov.uk. This will include a narrative section. Please also note that all BCF information collected here is subject to Freedom of Information requests.
Internal Access: Data will be accessed by NHS England national and regional teams on a "need-to-know" basis and may be shared internally to support statutory responsibilities.
External Sharing: Data and information from this numerical template and associated narrative return may be shared with partner organisations and Arm's Length Bodies (ALBs) including BCF partners (i.e. Ministry of Housing, Communities and Local Government (MHCLG), Department of Health and Social Care (DHSC) and NHS England) for joint working and policy development.
Publication: Local Health and Wellbeing Boards (HWBs) are encouraged to publish local plans. Until publication, recipients of BCF reporting data (including those accessing the Better Care Exchange) cannot share it publicly or use it for journalism or research without prior consent from the HWB (for single HWB data) or BCF national partners (for aggregated data).

Storage and security

Data will be securely stored on NHS England servers. Shared data will be minimised and handled per confidentiality and security requirements.
The BCF template is password-protected to ensure data integrity and accurate aggregation. Breaches may require resubmission.

Data analysis and use

NHS England will analyse data submissions for feedback, reporting, benchmarking, and system improvement.
Triangulation with other data may be conducted to support deeper analysis and insights and inform decision-making.

Concerns

For any questions about data sharing, please contact your regional Better Care Managers or the national Better Care Fund team england.bettercarefundteam@nhs.net

Better Care Fund

Department of Health & Social Care | Ministry of Housing, Communities & Local Government | NHS England

Better Care Fund (BCF) 2026-27 Numerical Template

1. Guidance

Overview

The numerical return is designed to capture planned BCF spend, goals and assurance statements. Together with the narrative return these will enable local areas to demonstrate how they meet the national funding conditions, in line with the published BCF 2026-27: https://www.gov.uk/government/publications/better-care-fund-framework-2026-to-2027/better-care-fund-framework-2026-to-2027.

Completed numerical returns are due by Tuesday 19 May 2026 (noon)

Submissions should be sent to the national BCF team at england.bettercarefundteam@nhs.net, as well as to regional Better Care Managers.

This guidance provides an overview of how to complete this numerical return. Further guidance is provided in the BCF Planning Principles guidance and and supporting documents which can be found on the Better Care Exchange - https://future.nhs.uk/bettercareexchange/view?objectID=70716560

Functional use of the template

We are using the latest version of Excel in Office 365, an older version may cause an issue.
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

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

2. Cover

The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. To view pre-populated data for your area and begin completing your template, you should select your HWB from the top of the sheet.

Governance and sign-off

National condition one (refer to tab 6) outlines the expectation for the local sign off of plans. Plans must be jointly agreed and be signed off in accordance with organisational governance processes across the relevant ICB and local authorities. Plans must be accompanied by signed confirmation from local authority and ICB chief executives that they have agreed to their BCF plans, including the goals for performance against headline metrics. Please enter date of expected sign off if not yet signed off. **This accountability must not be delegated**.

Data completeness and data quality:

- 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 in this table are green should the template be sent to the BCF team: england.bettercarefundteam@nhs.net (please also copy in your better care manager).
- The checker column, which can be found on each individual sheet, 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'.
- The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
- Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'. Please ensure that all boxes on the checklist are green before submission. Please contact your regional BCF team if you have any issues.

3. Income

This sheet should be used to specify all funding contributions to the HWBs BCF plan and pooled budget for 2026-27. This section will be pre-populated with the NHS minimum contributions, Disabled Facilities Grant (DFG) and Local Authority Better Care Grant (LABCG). For any questions regarding the BCF funding allocations, please contact england.bettercarefundteam@nhs.net (please also copy in your better care manager).

Additional Contributions

This sheet also allows local areas to add in additional contributions from both the NHS and local authority. You will be able to update the value of any additional contributions (local authority and NHS) income types locally. If you need to make an update to any of the funding streams, select 'Yes' in the boxes where this is asked and cells for the income stream below will turn yellow and become editable. Please use the comments boxes to outline reasons for any changes and any other relevant information as this will ensure section is marked as complete.

Unallocated funds

Plans should account for full allocations meaning no unallocated funds should remain once the template is complete.

4. Expenditure

Please see tab '4a. Expenditure guidance' for further information.

5. Metrics

For 2026-27, local authorities, integrated care boards (ICBs) and HWBs will be expected to monitor performance and improvement for the four metrics listed in the Metrics Handbook https://future.nhs.uk/bettercareexchange/view?objectID=277641413, available on the Better Care Exchange:

It is a national requirement for partners to set local goals in relation to the following two metrics:

- 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

HWBs are also encouraged to set goals for the metric on long-term admissions to residential and nursing homes for people aged 65 and over per 100, 000 population.

We also expect HWBs to monitor and drive improvements for the metric on the proportion of people aged 65 and over discharged from hospital with reablement provided partly or solely by local authorities who remained in the community within 12 weeks of discharge.

Further details on the metrics, can be found below:

1. Non-elective admissions to hospital for people aged 65 and over per 100,000 population. (monthly)
- This is a count of non-elective inpatient spells at English hospitals with a length of stay of at least 1 day, for specific acute treatment functions and patients aged 65+
- This requires inputting of both the planned count of emergency admissions. The population figure is pre-populated using the latest available mid-year estimates.
- This will then auto populate the rate per 100,000 population for each month
Source statistics: https://digital.nhs.uk/supplementary-information/2026/non-elective-inpatient-spells-at-english-hospitals-occurring-between-1-april-2020-and-30-november-2025-for-patients-aged-18-and-65

2. Average number of days from Discharge Ready Date to discharge (all adult acute patients). (monthly)
- This is calculated as the sum of all bed days between the Discharge Ready Date and discharge (bed days lost) for patients discharged in a given month, divided by the total number of patients discharged in that month.
In completing the table for 2026-27 we ask areas to set out these two components and sheet automatically calculates the average figure:
- In a given month, the total number of patients discharged on the same day as their Discharge Ready Date, divided by the total number of patients discharged in that month.
- The sum of all bed days between the Discharge Ready Date and discharge (bed days lost) for patients discharged in a given month, divided by the total number of patients delayed by at least 1 day and discharged in that month.
Source statistics: https://www.england.nhs.uk/statistics/statistical-work-areas/discharge-delays/discharge-ready-date/

-

3. Long term admissions to residential and nursing care homes for people aged 65 and over per 100,000 population -
- Admissions data is taken from the Client Level Data (CLD) source published on a quarterly basis and presents admissions as a rolling 12 month total, calculated to the end of each quarter and reported as a rate per 100,000 population.
- Population are based on a calendar year using the latest available mid-year estimates.

Any improvement planned in reablement can be noted in the narrative template but does not need to be included in this numerical template.

For missing pre-populated actuals data from November 2025 to date, please check the BCF dashboard on the DHeXchange which will have more recent data as it becomes available.

6. National conditions

This section requires local authorities, ICBs and HWBs to confirm whether the three BCF national conditions and planning requirements detailed in the published BCF 2026-27 guidance will be met. The assurance statements in this section refer to specific planning requirements, supplementing the information provided in the narrative template and this numerical template.

This sheet requires the local authories, ICBs and HWBs to confirm 'Yes' or 'No' to the assurance statements. Should 'No' be selected, please note the actions in place towards meeting the requirement and outline the timeframe for resolution.
In summary, the national conditions are as below:

- ***National condition 1:*** ICBs and local authorities must develop joint plans, agreed by health and wellbeing boards, outlining how ICBs and local authorities intend to use BCF funding.
to deliver more integrated and preventative care, linked to the wider development of neighbourhood health and social care services.
- ***National condition 2:*** ICBs and local authorities must comply with all national grant and funding conditions and deliver in accordance with their approved return. ICBs must
maintain the NHS minimum contribution to adult social care and pool NHS BCF contributions into a section 75 (of the NHS Act 2006) pooled fund.
- ***National condition 3:*** ICBs and local authorities must comply and engage with BCF planning, governance and reporting requirements including adherence to any assurance and oversight processes.

Better Care Fund 2026-27 Numerical Template

2. Cover

Version 1.0

Please Note:
- The BCF numerical template is categorised as 'Management Information' and data from them will be published in an aggregated form on the NHS England website and gov.uk. This will include any narrative section. Some data may also be published in non-aggregated form on gov.uk. 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 Better Care Exchange) 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 (MHCLG, DHSC, NHS England) 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.

Governance and Sign off

Health and Wellbeing Board:	Redcar and Cleveland
Confirmation that the plan has been signed off by Health and Wellbeing Board ahead of submission - Plans should be signed off ahead of submission.	Yes
If no indicate the reasons for the delay.	
If no please indicate when the HWB is expected to sign off the plan:	

Submitted by:	Kathryn Warnock
Role and organisation:	South Tees Integration Programme Manager
E-mail:	kathryn.warnock@nhs.net
Contact number:	07766554805
Documents submitted (please select from drop down) **In addition to this template the HWB are submitting the following:**	Narrative

	Role:	Professional title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:	Organisation
Health and wellbeing board chair(s) sign off	Health and wellbeing board chair	Cllr	Chris	Cooke	chris_cooke@middlesbrough.gov.uk	
	Health and wellbeing board chair	Cllr	Alec	Brown	alec.brown@redcar-cleveland.gov.uk	
Named accountable person	Local authority chief executive		Brian	Archer	brian.archer@redcar-cleveland.gov.uk	
	ICB chief executive 1		Sam	Allen	s.allen24@nhs.net	North East and North Cumbria ICB
	ICB chief executive 2 (where required)					
	ICB chief executive 3 (where required)					
Finance sign off	LA section 151 officer		Phil	Winstanley	philip.winstanley@redcar-cleveland.gov.uk.	
	ICB finance director 1		Lynne	Walton	lynne.walton1@nhs.net	North East and North Cumbria ICB
	ICB finance director 2 (where required)					
	ICB finance director 3 (where required)					
Area assurance contacts	Local authority director of adult social services		Patrick	Rice	patrick.rice@redcar-cleveland.gov.uk	
	DFG lead		Lisa	Gales	lisa.gales@redcar-cleveland.gov.uk	
	ICB place lead 1		Karen	Hawkins	k.hawkins@nhs.net	North East and North Cumbria ICB
Please add any additional key contacts who have been responsible for completing the plan	ICB place lead 2 (where required)					
	ICB place lead 3 (where required)					

Question Completion - When all questions have been answered and the validation boxes below have turned green, please send the template to the Better Care Fund Team england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your better care manager(s).

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

^^ Link back to top

Better Care Fund 2026-27 Numerical Template

3. Income

Selected HWB: Redcar and Cleveland

Local authority contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Redcar and Cleveland	£2,221,389
DFG breakdown for two-tier areas only (where applicable)	
Total Minimum local authority contribution (exc local authority BCF grant)	**£2,221,389**

Local authority better care grant (LABCG)	Contribution
Redcar and Cleveland	£8,546,817
Total Local authority better care grant	**£8,546,817**

Are any additional local authority contributions being made in 2026-27? If yes, please detail below	Yes

Local authority additional contribution	Contribution	Comments - Please use this box to clarify any specific uses or sources of funding
Redcar and Cleveland	£308,231	Anticipated forward underspend from 2025-26 financial year
Total additional local authority contribution	**£308,231**	

NHS minimum contribution	Contribution
NHS North East and North Cumbria ICB	£16,624,345
Total NHS minimum contribution	**£16,624,345**

Are any additional NHS contributions being made in 2026-27? If yes, please detail below	No

Additional NHS contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
Total additional NHS contribution	**£0**	
Total NHS contribution	**£16,624,345**	

	2026-27
Total BCF pooled budget	**£27,700,782**

Funding contributions comments For any useful details please use the text box below (for no additional comments, insert 'NA')
N/A

Better Care Fund 2026-27 Numerical Template

4. Expenditure

Selected Health and Wellbeing Board: Redcar and Cleveland

	2026-27		
Running Balances	Income	Expenditure	Balance
DFG	£2,221,389	£2,221,389	£0
NHS Minimum Contribution	£16,624,345	£16,624,345	£0
Local Authority Better Care Grant	£8,546,817	£8,546,817	£0
Additional LA Contribution	£308,231	£308,231	£0
Additional NHS Contribution	£0	£0	£0
Total	**£27,700,782**	**£27,700,782**	**£0**

Required spend on adult social care from NHS minimum allocations

	2026-27	
	Minimum required spend	Planned Spend
Adult Social Care services spend from the NHS minimum allocations	£9,358,315	£11,252,164

Checklist

Column complete:

Yes	Yes	Yes	Yes	Yes

Number	Category of scheme	Description of scheme	Source of funding	Adult Social Care Spend	Expenditure for 2026-27 (£)
1	Home-based intermediate care (short-term home-based rehabilitation, reablement and	Community Reablement and Independence Team	NHS Minimum Contribution	Yes	£1,333,679
1	Urgent community response	Community Reablement and Independence Team - Additional Rapid Response	NHS Minimum Contribution	Yes	£160,434
1	Home-based intermediate care (short-term home-based rehabilitation, reablement and	Community Reablement and Independence Team	Local Authority Better Care Grant	Yes	£1,000,798
2	Housing related schemes	Supported Living settings for recovery & reablement	NHS Minimum Contribution	Yes	£26,240
3	Bed-based intermediate care (short-term bed-based rehabilitation, reablement and	Therapists	NHS Minimum Contribution	Yes	£360,014
3	Bed-based intermediate care (short-term bed-based rehabilitation, reablement and	Meadowgate ICC	NHS Minimum Contribution	Yes	£1,915,675
3	Bed-based intermediate care (short-term bed-based rehabilitation, reablement and	IC Medical cover	NHS Minimum Contribution	Yes	£5,566
4	Support to carers, including unpaid carers	Carers Support Service	NHS Minimum Contribution	Yes	£249,250
5	Support to carers, including unpaid carers	Young Carer Support	NHS Minimum Contribution	Yes	£59,800
6	Support to carers, including unpaid carers	Hospital Based Carer Support	NHS Minimum Contribution	Yes	£41,250
7	Wider local support to promote prevention and independence	Age UK - befriending service for older people in their own home	NHS Minimum Contribution	Yes	£51,138
8	Wider local support to promote prevention and independence	MIND Reablement - Mental Health Services for Older People	NHS Minimum Contribution	Yes	£25,000
9	Wider local support to promote prevention and independence	Contribution to Welfare Rights Service to provide advice sessions in GP surgeries	NHS Minimum Contribution	No	£65,280
10	Long-term home-based social care services	Overnight Planned Care - overnight domiciliary care service	NHS Minimum Contribution	Yes	£322,533
11	Evaluation and enabling integration	Care Act Implementation Duties	NHS Minimum Contribution	Yes	£637,847
12	Evaluation and enabling integration	3 consultants at A & E	NHS Minimum Contribution	No	£155,198
13	Evaluation and enabling integration	Therapies AAU	NHS Minimum Contribution	No	£188,155
14	Evaluation and enabling integration	7 Day Staffing/Medical decision Maker	NHS Minimum Contribution	No	£320,141
15	Evaluation and enabling integration	To Support Current Acute Activity	NHS Minimum Contribution	No	£1,869,834
16	Disabled Facilities Grant related schemes	DFG related schemes	DFG	Yes	£2,221,389
16	Disabled Facilities Grant related schemes	Handyperson Services	Local Authority Better Care Grant	Yes	£198,450
17	Evaluation and enabling integration	Team who design and aid implementation of intergration	Local Authority Better Care Grant	Yes	£110,550
18	Long-term residential/nursing home care	Residential Placements	NHS Minimum Contribution	Yes	£2,363,225
18	Long-term residential/nursing home care	Residential Placements	Local Authority Better Care Grant	Yes	£1,377,750
19	Long-term home-based social care services	Ensuring people receive the necessary care provision to remain in their own homes	NHS Minimum Contribution	Yes	£1,860,392
19	Long-term home-based social care services	Ensuring people receive the necessary care provision to remain in their own homes	Local Authority Better Care Grant	Yes	£3,357,897

20	Personalised budgeting and commissioning	Personalised budgeting re care plans and packages	NHS Minimum Contribution	Yes	£804,494
20	Personalised budgeting and commissioning	Personalised budgeting re care plans and packages	Local Authority Better Care Grant	Yes	£1,100,800
21	Urgent community response	CHERRS - urgent response arrangement for care homes re. medical emergencies etc	NHS Minimum Contribution	No	£212,678
22	Long-term residential/nursing home care	Medicines Management - pharmacy techs doing care home audits, improving the way care	NHS Minimum Contribution	No	£67,322
23	Long-term residential/nursing home care	Nutrition Team - nutrition and hydration training and support to care homes across South	NHS Minimum Contribution	No	£131,600
24	End of life care	End of Life - CCG SPC nurse developing training and support to care homes	NHS Minimum Contribution	No	£33,776
25	Long-term residential/nursing home care	CCG Infection Prevention Control Nurse training to care homes	NHS Minimum Contribution	No	£34,707
26	Discharge support and infrastructure	Trusted Assessor Lead - Trusted Assessor to supervise and lead the Trusted Assessor Team	NHS Minimum Contribution	No	£78,570
26	Discharge support and infrastructure	Trusted Assessor to facilitate patient discharge re mental health patients	NHS Minimum Contribution	Yes	£80,101
26	Discharge support and infrastructure	Trusted Assessor to facilitate patient discharge to care homes	NHS Minimum Contribution	Yes	£83,269
27	Discharge support and infrastructure	Social Worker - Transfer of Care Hub	NHS Minimum Contribution	Yes	£81,670
28	Evaluation and enabling integration	Single Point of Access - Social Worker to help enable multi disciplinary service hub to provide	NHS Minimum Contribution	Yes	£56,008
28	Evaluation and enabling integration	Single Point of Access - Co-ordinator and call handler to help enable multi disciplinary service	NHS Minimum Contribution	Yes	£65,398
28	Evaluation and enabling integration	Single Point of Access - Multi disciplinary service hub to provide first point of contact	NHS Minimum Contribution	Yes	£49,940
29	Evaluation and enabling integration	To manage and administer the BCF programme	NHS Minimum Contribution	No	£171,295
30	Discharge support and infrastructure	Hospital Social Work Team - to enable 7 day working and facilitate 7 day hospital discharges	NHS Minimum Contribution	Yes	£211,291
31	Discharge support and infrastructure	DTOC Officer -Officer dealing with the avoidance of delayed transfers of care	NHS Minimum Contribution	No	£72,744
32	Discharge support and infrastructure	OT staffing to facilitate, advise and support in respect of postural management in care homes.	NHS Minimum Contribution	Yes	£63,815
33	Evaluation and enabling integration	Health Call - Remote clinical monitoring system for care homes	NHS Minimum Contribution	No	£47,509
34	Wider local support to promote prevention and independence	Frailty team for Emergency Department to reduce admissions of frail patients and help with	NHS Minimum Contribution	No	£296,932
35	Long-term residential/nursing home care	Falls Training - OT training for care home staff on falls prevention and management	NHS Minimum Contribution	Yes	£54,735
36	Discharge support and infrastructure	Transfer of Care Hub -Strategic System Lead and 4 Care Co-ordinators to expand an	NHS Minimum Contribution	No	£97,401
37	Discharge support and infrastructure	A Home First community based service to ensure that patients are discharged home when	NHS Minimum Contribution	No	£269,939
38	Evaluation and enabling integration	Meds Support in the Community - To support home care providers with effective training and	NHS Minimum Contribution	No	£49,819
39	Evaluation and enabling integration	Contribution to the costs of DOLS BIA assessments and legal fees	Local Authority Better Care Grant	Yes	£203,950
40	Evaluation and enabling integration	Tees Valley Digital Care Home Support - To provide IT digital support to care homes re. NHS	NHS Minimum Contribution	No	£60,532
41	Discharge support and infrastructure	OT staff to assess and facilitate discharges from care homes within a 4 week period	NHS Minimum Contribution	Yes	£113,750
42	Discharge support and infrastructure	Effective Discharge - funding to facilitate streamlined D2A Pathway	NHS Minimum Contribution	No	£831,415
42	Discharge support and infrastructure	Effective Discharge - funding to facilitate streamlined D2A Pathway	Local Authority Better Care Grant	No	£416,365
43	Evaluation and enabling integration	Interim Travel Payments to Domiciliary care users	Local Authority Better Care Grant	Yes	£44,976
44	Discharge support and infrastructure	Officer to facilitate proactive co-ordination of social care flow	Local Authority Better Care Grant	Yes	£65,771
45	Home-based intermediate care (short-term home-based	To fund overtime payments to Reablement Staff	Local Authority Better Care Grant	Yes	£16,464
46	Discharge support and infrastructure	Tees Community Equipment Store - Additional resources to support increased discharge	NHS Minimum Contribution	No	£96,200
47	End of life care	A dedicated in-reach nurse at Teesside Hospice	NHS Minimum Contribution	No	£27,471
48	Discharge support and infrastructure	Funding to support patient transport for discharges	NHS Minimum Contribution	No	£133,889
49	Bed-based intermediate care (short-term bed-based	Therapies Team at Meadowgate - Employment of an additional therapist to enhance the	Local Authority Better Care Grant	Yes	£54,735
50	Evaluation and enabling integration	South Tees Dom Care Medication Support Interface - Two pharmacy technician posts to	NHS Minimum Contribution	No	£56,119
51	Discharge support and infrastructure	2 Brokerage Officers to source and facilitate appropriate care placements and manage the	Local Authority Better Care Grant	Yes	£81,538
52	Discharge support and infrastructure	Enhanced Resource to Improve Pathway Flow - An additional team manager within the Transfer	Local Authority Better Care Grant	No	£147,260
53	Assistive technologies and equipment	Assistive Technology & Equipment - Digital Participation Services	Local Authority Better Care Grant	No	£100,000
54	Evaluation and enabling integration	Data Analyst - Data intergration to support commissioning	Local Authority Better Care Grant	Yes	£52,063
55	Discharge support and infrastructure	Overtime for front line care staff to facilitate timely discharge arrangements and immediate	Local Authority Better Care Grant	Yes	£217,450
56	Discharge support and infrastructure	SCO post supporting discharge from Meadowgate Intermediate Care Centre	Additional LA Contribution	Yes	£46,343
57	Discharge support and infrastructure	Best Interest Assessor - the Assessor will liaise with ward staff, linking into TOC Hub to support	Additional LA Contribution	Yes	£54,735
58	Support to carers, including unpaid carers	We Care You Care - Website development to give information and guidance for all carers	Additional LA Contribution	Yes	£10,617
59	Bed-based intermediate care (short-term bed-based	Project Officer in intermediate care and reablement services to implement and embed	Additional LA Contribution	Yes	£65,771
60	Discharge support and infrastructure	Band 4 Rehabilitation Co-ordinator	Additional LA Contribution	No	£13,004
61	Discharge support and infrastructure	Care Quality Assurance Officer - D2A and Complex Needs.	Additional LA Contribution	Yes	£46,343
62	Assistive technologies and equipment	Digital Explorers - to support adults age 55+ to expand their knowledge and confidence in using	NHS Minimum Contribution	Yes	£30,900
63	Discharge support and infrastructure	Risk share re continuation of D2A funded schemes	NHS Minimum Contribution	No	£3,655
64	Discharge support and infrastructure	Risk share re continuation of D2A funded schemes	Additional LA Contribution	No	£25,075
65	Wider local support to promote prevention and independence	Additional TOC Hub staffing	NHS Minimum Contribution	Yes	£144,750
66	Wider local support to promote prevention and independence	Hospital at Home - Social Worker	Additional LA Contribution	Yes	£46,343

Better Care Fund 2026-27 Numerical Template

5. Metrics for 2026-27

Selected Health and Wellbeing Board: Redcar and Cleveland

5.1 Non-Elective admissions

		Apr 25 Actual	May 25 Actual	Jun 25 Actual	Jul 25 Actual	Aug 25 Actual	Sep 25 Actual	Oct 25 Actual	Nov 25 Actual	Dec 25 Actual	Jan 26 Actual	Feb 26 Actual	Mar 26 Actual
Non elective admissions to hospital for people aged 65 and over per 100,000 population	Rate	1,538	1,538	1,628	1,658	1,613	1,613	1,732					
	Number of admissions 65+	515	515	545	555	540	540	580					
	Population of 65+*	33,484	33,484	33,484	33,484	33,484	33,484	33,484					
		Apr 26 Plan	May 26 Plan	Jun 26 Plan	Jul 26 Plan	Aug 26 Plan	Sep 26 Plan	Oct 26 Plan	Nov 26 Plan	Dec 26 Plan	Jan 27 Plan	Feb 27 Plan	Mar 27 Plan
	Rate	1,529	1,529	1,619	1,649	1,604	1,726	1,723	1,663	1,792	1,702	1,568	1,687
	Number of admissions 65+	512	512	542	552	537	578	577	557	600	570	525	565
	Population of 65+	33,484	33,484	33,484	33,484	33,484	33,484	33,484	33,484	33,484	33,484	33,484	33,484

Complete: Yes

Source: https://digital.nhs.uk/supplementary-information/2025/non-elective-inpatient-spells-at-english-hospitals-occurring-between-01-04-2020-and-30-11-2024-for-patients-aged-18-and-65

5.2 Discharge delays

*Dec Actual onwards are not available at time of publication

	Apr 25 Actual	May 25 Actual	Jun 25 Actual	Jul 25 Actual	Aug 25 Actual	Sep 25 Actual	Oct 25 Actual	Nov 25 Actual	Dec 25 Actual	Jan 26 Actual	Feb 26 Actual	Mar 26 Actual
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)	0.60	1.07	0.78	0.81	0.75	0.98	1.05	0.77				
Proportion of adult patients discharged from acute hospitals on their discharge ready date	91.7%	90.7%	88.4%	89.1%	89.7%	86.8%	86.8%	89.0%				
For those adult patients not discharged on DRD, average number of days from DRD to discharge	7.2	11.5	6.7	7.5	7.3	7.4	8.0	6.9				
	Apr 26 Plan	May 26 Plan	Jun 26 Plan	Jul 26 Plan	Aug 26 Plan	Sep 26 Plan	Oct 26 Plan	Nov 26 Plan	Dec 26 Plan	Jan 27 Plan	Feb 27 Plan	Mar 27 Plan

Average length of discharge delay for all acute adult patients	0.58	1.05	0.77	0.80	0.74	0.96	1.04	0.75	0.75	0.84	0.86	0.74	
Proportion of adult patients discharged from acute hospitals on their discharge ready date	91.8%	90.8%	88.5%	89.2%	89.8%	86.9%	86.9%	89.1%	88.2%	88.0%	88.7%	89.0%	Yes
For those adult patients not discharged on DRD, average number of days from DRD to discharge	7.10	11.40	6.70	7.40	7.20	7.30	7.90	6.90	6.40	7.00	7.60	6.70	Yes

Source: https://www.england.nhs.uk/statistics/statistical-work-areas/discharge-delays/discharge-ready-date/

5.3 Admissions to residential and nursing care homes

		Rolling 12 month total until end of quarter date indicated								
		Actual Ending 31-12-2024	Actual Ending 31-03-2025	Actual Ending 30-06-2025	Actual Ending 30-09-2025	2026-27 Plan Ending 30-06-2026	2026-27 Plan Ending 30-09-2026	2026-27 Plan Ending 31-12-2026	2026-27 Plan Ending 31-03-2027	
- Long term admissions to residential and nursing care homes for people aged 65 and over per 100,000 population	Rate	669.0	695.9	689.9	728.7	669.0	695.9	689.9	728.7	
	Number of admissions	224	233	231	244	224	233	231	244	Yes
	Population of 65+*	33,484	33,484	33,484	33,484	33,484	33,484	33,484	33,484	

*Population of people aged 65 and above are based on the latest available mid-year estimates from the ONS

Better Care Fund 2026-27 Numerical Template

6: National Condition Planning Requirements

Health and wellbeing board: Redcar and Cleveland

HM Government

NHS England

National Condition	Planning requirement	Assurance statement	Yes/No to assurance statement	Where the planning requirement or assurance statement is not met, please note the actions in place towards meeting the requirement	Timeframe for resolution	Complete:
National Condition 1: effectively support the delivery of integrated and preventative care ICBs and local authorities must develop joint plans, agreed by health and wellbeing boards, outlining how ICBs and local authorities intend to use BCF funding to deliver more integrated and preventative care, linked to the relevant areas of neighbourhood health and social care services.	ICBs and local authorities must have considered how to use the BCF most effectively to support the delivery of more integrated and preventative services, particularly supporting those with more complex health and social care needs. This must include setting out how the funding will be used to develop the quality, efficiency and outcomes from intermediate care.	Named ICB and local authority chief executives and named HWB chair must confirm that BCF expenditure is agreed and aligned with wider strategic objectives for neighbourhood health and social care.	Yes			Yes
	ICBs and local authorities must set out plans that: - show reasonable progress in the metrics of non-elective admissions (for people aged 65 and over) and delayed discharges - show how they will monitor and drive progress in preventing avoidable long-term care home admissions and improving outcomes from reablement - include the specific contribution of BCF-funded services.					
	ICBs and local authorities must demonstrate that their plans for the use of the BCF represent value for money and improve overall productivity					
National Condition 2: comply with expenditure and grant conditions ICBs and local authorities must comply with all national grant and funding conditions and deliver in accordance with their approved return. ICBs must maintain the NHS minimum contribution to adult social care and pool NHS BCF contributions into a section 75 (of the NHS Act 2006) pooled fund.	ICBs and local authorities must pool their designated minimum contribution (in the case of ICB partners) and the Local Authority Better Care Grant and DFG (in the case of local authority partners). ICBs and local authorities are able to voluntarily pool additional funding through the BCF where they consider this is likely to lead to an improvement in the services being funded.					
	The NHS minimum contribution to adult social care must be met and maintained by the ICB in line with the published BCF allocations. This represents an increase of 4.4% in each health and wellbeing board area.	ICBs and local authorities confirm compliance with BCF national grant and funding conditions, and that they will deliver in accordance with approved spend and BCF numerical return, including maintaining the NHS minimum contribution to adult social care.	Yes			Yes
	Local authorities must comply with the grant conditions of the Local Authority Better Care Grant and the DFG, including the pooling of funding.	ICBs and local authorities confirm they will pool funds through Section 75 agreements by 30th September 2026.	Yes			Yes
National Condition 3: - effective governance, reporting and engagement ICBs and local authorities must comply and engage with BCF planning, governance and reporting requirements including adherence to any assurance and oversight processes.	ICBs and local authorities must have effective joint governance is in place to ensure local accountability for delivery of outcomes, including reviewing performance against plan objectives and local goals, and taking action if necessary to bring delivery back on track.					
	ICBs, local authorities and health and wellbeing boards are required to engage with BCF reporting, oversight and support processes	ICBs and local authorities confirm full compliance with BCF planning and reporting requirements and will adhere to the BCF oversight and support processes.	Yes			Yes

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