

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 (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>.

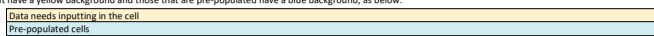
Completed numerical returns are due by Tuesday 19 May 2026 (noon)

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:



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 DHxchange 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 authorities, 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.

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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:	Middlesbrough
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.uk
Contact number:	07766534805
Documents submitted (please select from drop down)	
In addition to this template the HWB are submitting the following:	Narrative

Complete:

Yes
Yes
Yes
Yes
Yes
Yes
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	
	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	
	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		Andrew	Humble	Andrew_Humble@middlesbrough.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		Louise	Grabham	louise_grabham@middlesbrough.gov.uk	
	DFG lead		Suzanne	Hodge	suzanne_hodge@middlesbrough.gov.uk	
	ICB place lead 1		Karen	Hawkins	k.hawkins@nhs.net	North East and North Cumbria ICB
	ICB place lead 2 (where required)					
	ICB place lead 3 (where required)					

Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes

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

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3. Income

Selected HWB: Middlesbrough

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

Complete:

Local authority better care grant (LABCG)	
Middlesbrough	Contribution
	£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		Comments - Please use this box to clarify any specific uses or sources of funding
Middlesbrough	Contribution	
	£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	
NHS North East and North Cumbria ICB	Contribution
	£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		Comments - Please use this box clarify any specific uses or sources of funding
	Contribution	
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

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4. Expenditure

Selected Health and Wellbeing Board:

Middlesbrough

Running Balances	2026-27		
	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
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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 emergency 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	Flooding 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	Occupational Therapy 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 - Domiciliary Care. To facilitate streamlined DZA pathway	Local Authority Better Care Grant	No	£536,300
34	Discharge support and infrastructure	Discharge to Assess - Domiciliary Care. To facilitate streamlined DZA pathway	Additional LA Contribution	No	£374,475
35	Discharge support and infrastructure	Discharge to Assess - Bed based intermediate care services. To facilitate streamlined DZA	Local Authority Better Care Grant	No	£609,239
35	Discharge support and infrastructure	Discharge to Assess - Bed based intermediate care services. To facilitate streamlined DZA	Additional LA Contribution	No	£754,661
35	Discharge support and infrastructure	Discharge to Assess - Bed based intermediate care services. To facilitate streamlined DZA	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 succinct, 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%
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

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
	Population of 65+*	25,981	25,981	25,981	25,981	25,981	25,981	25,981	25,981

Yes

*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



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	
<p>National Condition 1: effectively support the delivery of integrated and preventative care</p> <p>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.</p>	<p>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.</p> <p>ICBs and local authorities must set out plans that:</p> <ul style="list-style-type: none"> - 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. <p>ICBs and local authorities must demonstrate that their plans for the use of the BCF represent value for money and improve overall productivity</p>	<p>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.</p>	Yes			
<p>National Condition 2: comply with expenditure and grant conditions</p> <p>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.</p>	<p>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.</p> <p>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.</p> <p>Local authorities must comply with the grant conditions of the Local Authority Better Care Grant and the DFG, including the pooling of funding.</p>	<p>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.</p>	Yes			
		<p>ICBs and local authorities confirm they will pool funds through Section 75 agreements by 30th September 2026.</p>	Yes			
<p>National Condition 3: - effective governance, reporting and engagement</p> <p>ICBs and local authorities must comply and engage with BCF planning, governance and reporting requirements including adherence to any assurance and oversight processes.</p>	<p>ICBs and local authorities must have effective joint governance 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.</p> <p>ICBs, local authorities and health and wellbeing boards are required to engage with BCF reporting, oversight and support processes</p>	<p>ICBs and local authorities confirm full compliance with BCF planning and reporting requirements and will adhere to the BCF oversight and support processes.</p>	Yes			

Complete:

