

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 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
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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 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:	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
	ICB place lead 2 (where required)					
	ICB place lead 3 (where required)					

Please add any additional key contacts who have been responsible for completing the plan

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

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4. Expenditure

Selected Health and Wellbeing Board: Redcar and Cleveland

Running Balances	2026-27		
	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
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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

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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%
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

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
	Population of 65+*	33,484	33,484	33,484	33,484	33,484	33,484	33,484	33,484

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

Redcar and Cleveland



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>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>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>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>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>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 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:

Yes

Yes

Yes

Yes