**Report to HEALTH AND WELLBEING BOARD**

# Better Care Fund 2025-26 End of Year Report and Planning template for 2026-27

**Portfolio Holder:**
TBC

**Officer Contact:** Jayne Ratcliffe, Director of Adult Social Care (DASS)

**Report Author:** Alison Berens, Head of Quality and Care Provisioning

**Contact:** 1792 / alison.berens@oldham.gov.uk

**Date:** 10th September 2026

## Purpose of the Report

In order to meet the national funding conditions of the Better Care Fund, this report seeks Health and Wellbeing Board's retrospective approval on the submission of Oldham's:

- 2025-26 End of Year Report
- 2026-27 Planning template

The Board should note, that in order to meet the deadlines set for the above by the national team, the templates have been submitted, delegation of this was previously provided for the End of Year Report in the 3rd April 2025 and covered the 2025-26 financial year. Deadlines for the Planning Template and the date of the local elections required the submission of planning documents to take place without full sign off via a Health and Wellbeing Board, not doing so would have risked incoming grant funding which has a significant impact for Health and Social care activity across the Oldham system. We now request retrospective approval.

It also seeks the Board's approval to continue to delegate the decision to submit quarterly reports during 2026-27 to the Better Care Fund team, with the understanding that the reports will be noted at the next available Health and Wellbeing Board meeting.

## Requirement from Oldham's Health and Wellbeing Board

1. a) Note the content of the End of Year Report
   b) Provide retrospective approval for their submission to the Regional Better Care Fund panel

2. a) Note the content of the 2026-27 BCF Planning Template, and
   b) Provide retrospective approval for its submission to the Regional Better Care Fund Panel

3. Agree to delegate the decision to submit quarterly reporting templates to the Place-Based Lead and Oldham Council's Chief Executive, in consultation with the Director of Adult Social Care (DASS).

## 1. Background

### The Better Care Fund

1.1 The Better Care Fund (BCF) is a national programme that brings together NHS and local authority funding to support joined-up health, care and housing services. It has been in place since 2015 though it has evolved throughout this time. Its purpose is to help councils, Integrated Care Boards (ICBs) and wider partners work together to improve outcomes for residents, particularly older people and those with complex health and care needs. By pooling budgets and agreeing shared plans, the BCF supports services that help people stay healthy, independent and living in their own homes for longer, reduces avoidable hospital admissions, enables timely discharge from hospital, and promotes more preventative, community-based care. Local BCF plans are agreed through Health and Wellbeing Boards and are a key mechanism for integrating health and social care at place level.

1.2 For 2026/27, the Better Care Fund framework sets out the following **national conditions**, which local authorities and Integrated Care Boards (ICBs) must meet when planning and deploying BCF funding:

- **Joint planning and agreement of BCF plans**
  BCF plans must be developed collaboratively between the local authority and ICB and approved through the Health and Wellbeing Board (HWB), demonstrating a shared approach to integrated health and care services.

- **Protecting and increasing investment in adult social care**
  The NHS minimum contribution to the BCF includes a mandated uplift, with funding continuing to support adult social care services and the integration agenda.

- **Supporting neighbourhood health and integrated care**
  Local areas must align BCF plans with the development of neighbourhood health services and integrated models of care, particularly for people with complex health and social care needs.

- **Delivering improved outcomes against national priorities**
  Local plans are expected to contribute to agreed goals around:
  - Reducing avoidable non-elective hospital admissions for people aged 65 and over.
  - Reducing delayed discharges from hospital.
  - Improving reablement outcomes.
  - Reducing demand for long-term residential and nursing home care through preventative and community-based support.

1.3 The national conditions require councils and NHS partners to pool funding, jointly plan services, invest in adult social care, and demonstrate how BCF-funded services will keep people independent, reduce pressure on hospitals, and improve the integration of health and social care in local communities.

1.3 The current BCF plan is only for one financial year for the period 2026-27, with the delivery of the BCF supporting the following priorities:

- **Supporting people to live independently at home for longer**, particularly older people and those with complex needs, through preventative and community-based services.

- **Reducing avoidable hospital admissions**, especially non-elective admissions for people aged 65 and over, by providing the right support in community settings.

- **Improving hospital discharge and reducing delays**, ensuring people can leave hospital as soon as they are clinically ready and receive appropriate support at home or in the community.

- **Strengthening reablement and rehabilitation services**, helping people regain independence following illness, injury or a hospital stay.

- **Reducing reliance on long-term residential and nursing care** through earlier intervention, prevention and effective community support.

- **Developing neighbourhood health services**, aligning local health and care provision around integrated, multidisciplinary teams that work closely with communities and voluntary sector partners.

- **Increasing investment in adult social care** while continuing to improve integration between NHS and local authority services.

**Better Care Fund End of Year Report 2025-26**

1.4 Throughout 2025-26, colleagues across the Integrated Care Partnership (Oldham Locality) and Oldham's Adult Social Care service have worked together to submit quarterly reports, with all deadlines having been met to date.

1.5 At the end of the year (including Quarter 4 data) a full End of Year report is required. The deadline for submission of this report was the 5th June, as the documents were not available prior to the local elections on 7th May 2026, and there has not been a Health and Wellbeing Board since this time, this was submitted by the national deadline and now requires retrospective sign off from the Board. The document is attached at Appendix 1.

**Better Care Fund Plan 2026-27 Planning template**

1.6 The details of the operation of the BCF are set out in: Better Care Fund framework 2026 to 2027 - GOV.UK This document was used to prepare compliant Numerical and Narrative Plans for submission by the deadline date of the 19th May 2026. Due to when guidance was issued and the need to work through the documents with colleagues in the locality and at a Greater Manchester level, it was not possible to agree this prior to the local election on the 7th May, following which point there was not a Chair of the Health and Wellbeing Board in place to sign the report off in the absence of a Health and Wellbeing meeting, hence the requirement for retrospective approval. The planning document are attached as Appendices 2 and 3

## 2. Current Position

2.1 The total value of the BCF in Oldham for 2026-27 period is £51,919,685. This is broken down as follows:

| | Income |
|---|---|
| DFG | £3,012,015 |
| NHS Minimum Contribution | £27,008,093 |
| Local Authority Better Care Grant | £13,801,769 |
| Additional NHS Contribution | £8,097,808 |
| Total | **£51,919,685** |

2.3 The use of the funding is dependent on meeting the following four national conditions:

**National Condition 1: Plans to be jointly agreed**
Plans must be agreed by the ICB and the local council chief executive prior to being signed off by the Health and Wellbeing Board.

**National Condition 2: implementing the objectives of the BCF**
HWBs, through their joint plans, should deliver health and social care services that support improved outcomes against the fund's 2 principal policy objectives:

- to support the shift from sickness to prevention
- to support people living independently and the shift from hospital to home

**National Condition 3: complying with grant conditions and BCF funding conditions - including maintaining the NHS minimum contribution to adult social care**
The NHS minimum contribution to adult social care must be met and maintained by the ICB and will be required to increase by at least 3.9% in each HWB area.

Local authorities must comply with the grant conditions of the Local Authority Better Care Grant and of the Disabled Facilities Grant.

BCF plans will also be subject to a minimum expectation of spending on adult social care, which will be published alongside the BCF planning requirements. HWBs should review spending on social care, funded by the NHS minimum contribution to the BCF, to ensure the minimum expectations are met, in line with the national conditions.

**National Condition 4: complying with oversight and support processes**
Local areas and HWBs are required to engage with BCF oversight and support processes, which include:

- a regionally led oversight process
- enhanced oversight where there are performance concerns

Further detail regarding the BCF oversight and support processes are set out in the BCF planning requirements.

2.4 The BCF funding received may only be used for the purposes of:

- meeting adult social care needs
- reducing pressures on the NHS, including seasonal winter pressures
- supporting more people to be discharged from hospital when they are ready
- ensuring that the social care provider market is supported.

2.5 Working collaboratively across health and social care, the funding has been prioritised for Oldham to focus on residents to support the following initiatives and services:

| **Examples of Services funded** | **Outcomes for people** | **Outcomes for the Oldham system** |
|---|---|---|
| Residential enablement at Butler Green and Medlock Court | • Supported to relearn or build daily living skills<br>• Allows people to return home and live independently | • Reduces long-term care needs<br>• Smooths the transition home from hospital (it can also be used to step up from the hospital to prevent further deterioration). |
| Falls prevention services | • Improved strength, mobility and stability<br>• Less injuries<br>• Increased confidence to cope safely at home | • Reducing the number of falls which in turn reduces the number of hospital admissions. |
| Dementia support services | • Improved quality of life and wellbeing for the person and their family, | • Reduced unplanned hospital admissions. |
| Community Occupational Therapy | • Increased independence and quality of life | • Prevention of crisis and delaying / preventing care home admissions<br>• Avoiding hospital discharge delays |
| Community equipment and wheelchair services | • Providing people with the right equipment at the right time to maintain independence | • Avoids unnecessary hospital admissions<br>• Facilitates timely hospital discharge<br>• Reduces strain on informal or professional care givers |
| Disabled Facilities Grant services (including both minor | • Increased independence<br>• Improved safety and accessibility | • Prevention of crisis by delaying or preventing the need for major structural home |

| Examples of Services funded | Outcomes for people | Outcomes for the Oldham system |
|---|---|---|
| and major home adaptations) | • Enhanced wellbeing by allowing people to stay in their own familiar local community | alterations, emergency hospital admissions or moving into a care setting |
| Alcohol liaison | • Improved physical and mental wellbeing | • Reduce emergency hospital admissions |
| Carers' support | • Improved physical and mental wellbeing,<br>• Financial resilience | • Prevention of crisis caused by carer breakdown, in turn reducing emergency hospital admissions or long term care home admissions |
| Range of hospital discharge services | • People are supported home as quickly as possible<br>• People feel confident and supported | • Improved hospital flow, freeing up hospital beds<br>• Reduced hospital readmissions |
| Adult Referral Contact Centre | • Supported to maintain independence for as long as possible | • People are not pulled into long-term care before they need to be<br>• Reduced care home admissions |

2.6 For 2026-27 there has been a change to the reporting requirements, with no template in place for Quarterly reporting, the national team have confirmed there will be a template for Year End Reporting only.

2.7 Monitoring quarterly will be via the Regional BCF Team. For the North-West they have indicated that this will focus on providing information in the format which localities already report, so long as this provides sufficient information, with the focus on spend information in quarterly reporting and escalating any risks. Meetings are due to take place with the Regional team but have been delayed by summer leave. Dates have now been issued for reporting (to note there does not appear to be a requirement for a formal submission for Quater 1, this is consistent with previous years:

Quarter 2 – Submission deadline 30th October 2026
Quarter 3 – Submission deadline 29th January 2027
Quarter 4 – Submission deadline 30th April 2027

HWB will be updated as this progresses and provided with any reports submitted.

2.8 A BCF Collaborative Assurance and Development Group, attended by officers from the local authority and ICB Locality Teams (who have contract management

responsibility for services commissioned under BCF) meets regularly to review performance and spend information and will provide quarterly highlight and exception reporting into the Health and Wellbeing Board. It is anticipated that this will provide sufficient information for the Regional BCF Team's requirements and we will ensure that this is reported to HWB.

2.9 Work is taking place to review the section 75 agreement for it to be in place as soon as possible as per the national BCF deadline.

## 3. Key Areas for the Health and Wellbeing Board to Discuss

3.1 a) Note the content of the Year End Report
b) Provide retrospective approval for their submission to the Regional Better Care Fund panel

3.2 a) Note the content of the 2025-26 BCF Planning Template, and
b) Provide retrospective approval for its submission to the Regional Better Care Fund Panel

3.3 Agree to delegate the decision to submit quarterly reporting templates (including the year-end report) to the Place-Based Lead and Oldham Council's Chief Executive, in consultation with the Director of Adult Social Care (DASS).

## 4. Recommendation

4.1 It is recommended that the Health and Wellbeing Board agree to sign off:

a) the Better Care Fund 2025-26 End of Year Submission
b) the Better Care Fund Planning Template 2026-27
c) approve to delegate the decision to submit quarterly reporting templates (including the year end report) to the Place-Based Lead and Oldham Council's Chief Executive in consultation with the Director of Adult Social Services (DASS).

## 5. Appendices

1. End of Year Report 2025-26

Oldham HWB BCF 2025-26 EOY Reportir

2. Numerical Plan 2026-27

Oldham BCF 2026-27 Numerical Template -

3. Narrative Plan 2026-27

Oldham HWB BCF 2026-27 Narrative Ret