Classification Open / Closed	Item No.

Meeting:	Bury Health and Wellbeing Board
Meeting date:	10th November 2026
Title of report:	Better Care Fund (BCF) Quarter 2 (Q2) Reporting Template
Report by:	Hannah Dixon – Commissioning Manager – Bury Council
Decision Type:	**Decision**
Ward(s) to which report relates	N/A

Executive Summary:

This report provides a Q2 update on the delivery of the BCF 2026/27 plan across Bury. Overall, progress remains positive, with partners continuing to work collaboratively to deliver integrated, preventative services that support people to remain independent and reduce demand on hospital and long-term care services.

Performance against 2 of the 3 national BCF metrics are broadly in line with planned trajectories. Non-elective admissions for people aged 65 and over remain below the annual target despite some monthly variation, while residential admissions remain below target. Delayed discharge performance is a challenge, reflecting pressures experienced across Greater Manchester. However, this continues to be a key area of focus across the health and care system, with ongoing work to improve discharge pathways and intermediate care provision.

A forecast overspend of £191k relating to the Integrated Community Equipment Service is being reported by the Council. This overspend is unsustainable as the Council does not have sufficient alternative budgets or reserves to support this

pressure. The service budget will need to be considered as part of the BCF budget setting for 2027/28, or the level of service reduced to bring it back in line with budget.

Governance arrangements remain in place to oversee delivery, monitor performance and identify emerging risks.

Key messages for the Board

- Overall BCF delivery is progressing as planned.
- 190k forecast overspend in LA ICES.
- Delayed discharges remain an area of system-wide challenge and continued focus.
- Governance and oversight arrangements remain robust, supported by the BCF Performance and Monitoring Group.
- No significant risks or exceptions require Board intervention at this stage.

Recommendation(s)

That: The Bury Health and Wellbeing Board retrospectively approve the attached Better Care Fund Q2 reporting submission and ratify the decision to submit to the National Better Care Fund Team.

Key considerations:

1.0 Introduction/ Background:

1.1 The BCF is a national programme that supports integration between health and social care through pooled budgets and joint commissioning arrangements. The BCF enables partners to deliver more coordinated, preventative and person-centred services, supporting residents to remain independent for longer while reducing avoidable demand on hospital and long-term care services. The 2026/27 BCF Framework places a greater emphasis on neighbourhood health, intermediate care, reablement and improved system outcomes through collaborative delivery across NHS and local authority partners.

1.2 The BCF plan for 2026/27 was developed jointly by the Integrated Care Board and Local Authority and approved through the Health and Wellbeing Board in June 2026. The plan supports the delivery of integrated and preventative

services that improve outcomes for residents with health and care needs, whilst aligning with the national direction of travel set out in the Better Care Fund Framework and the development of neighbourhood health services.

1.3 Nationally, local systems are expected to demonstrate progress against a number of priority areas, including reducing non-elective admissions for people aged 65 and over, reducing delayed discharges and residential admissions, improving reablement outcomes and supporting people to live independently within their communities for longer. The framework also requires evidence of effective partnership working, robust governance arrangements and value for money in the use of pooled resources.

2.0 National Conditions

2.1 The BCF is subject to three national funding conditions outlined in the National BCF Framework and are relating to the delivery of integrated and preventative care, compliance with pooled budget and funding requirements and effective governance and reporting arrangements. Bury Health and Wellbeing Board remain compliant with all three national conditions.

3.0 National Metrics

3.1 The Better Care Fund framework requires local systems to monitor performance against three key outcomes: reducing non-elective hospital admissions (NEL) for people aged 65 and over, reducing delayed discharges from hospital and preventing admissions to long-term residential and nursing care. There is also a requirement to monitor locally the proportion of people aged 65+ who received reablement support and remained in the community within 12 weeks of discharge. Data is not available for this metric for 26-27 currently.

3.2 Using available data at the time of reporting, non-elective admissions (Figure 1.0) and residential admissions (Figure 3.0) metrics are reporting on track against plan, whereas delayed discharge (Figure 2.0) is reporting variance against plan.

3.3 Non-Elective Admissions Metric: NEL for people aged 65 and over per 100,000 population. Figure 1.0 demonstrates that NEL metric remains below the annual target despite some monthly variation. Achieving this target requires actual performance to be below plan.

Figure 1.0: Non-Elective Admissions Metric Performance

	Apr-26	May-26	Jun-26	Jul-26	Aug-26
Plan	505	539	485	501	473
Actual	492	520	474	518	482
Variance	13.00	19.00	11.00	-17.00	-9.00

3.4 Delayed Discharge: Average length of discharge delay (LDD) for all acute adult patients (calculates the % of patients discharged after their discharge ready date (DRD), multiplied by the average number of days). Figure 2.0 demonstrates that the delayed discharge metric is experiencing variance against plan. Achieving this target requires actual performance to be below plan.

Figure 2.0: Delayed Discharge Metric Performance

	Apr-26	May-26	Jun-26	Jul-26
Plan	1.07	1.05	0.7	0.9
Actual	0.85	1.18	1.07	1.29
Variance	0.22	-0.13	-0.37	-0.39

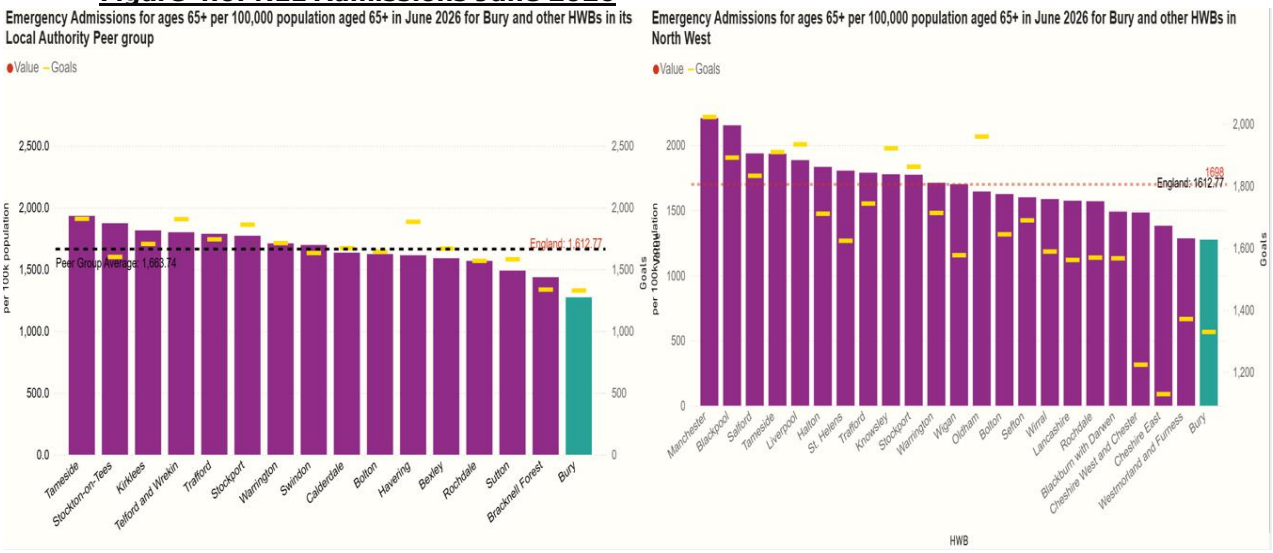
3.5 Residential Admissions **-** Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population. Figure 3.0 demonstrates that the residential admissions metric is below plan. Achieving this target requires actual performance to be below plan.

Figure 3.0: Residential Admissions Metric Performance

	26-27 Q1	26-27 Q2
Plan	55	55
Actual	51	47
Variance	4	8

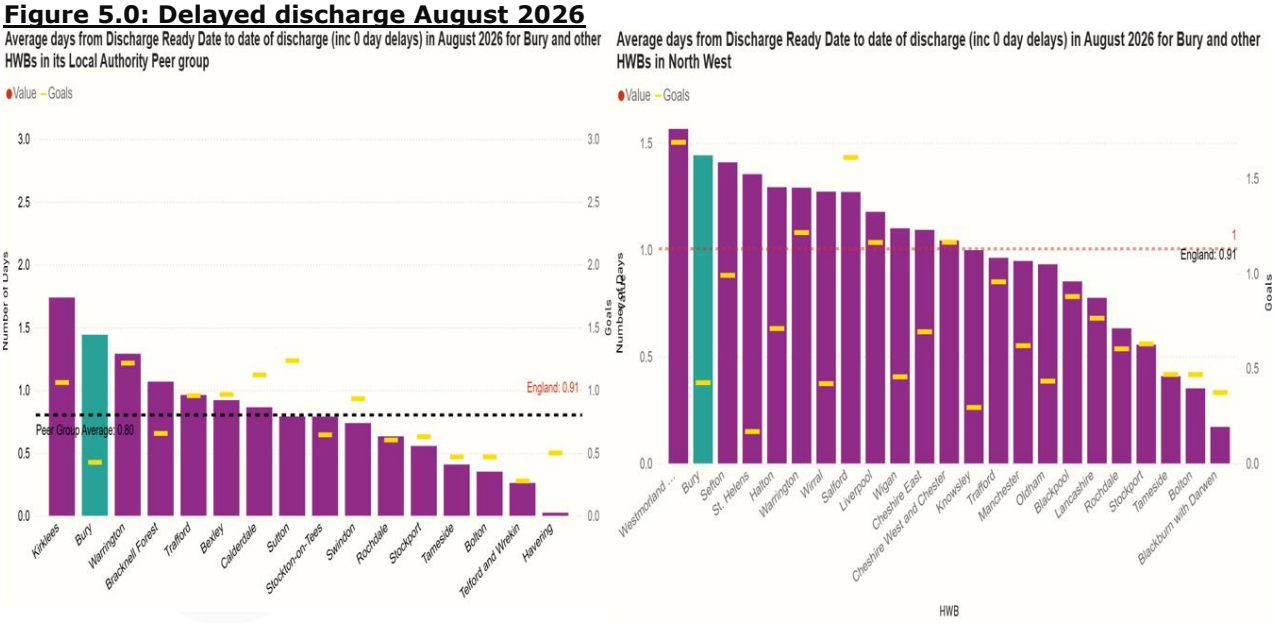
3.6 Peer Comparison: NEL. Figure 4.0 shows that in the month of June, Bury has lower NEL admissions than the locality peer group, region and England as a whole.

Figure 4.0: NEL Admissions June 2026



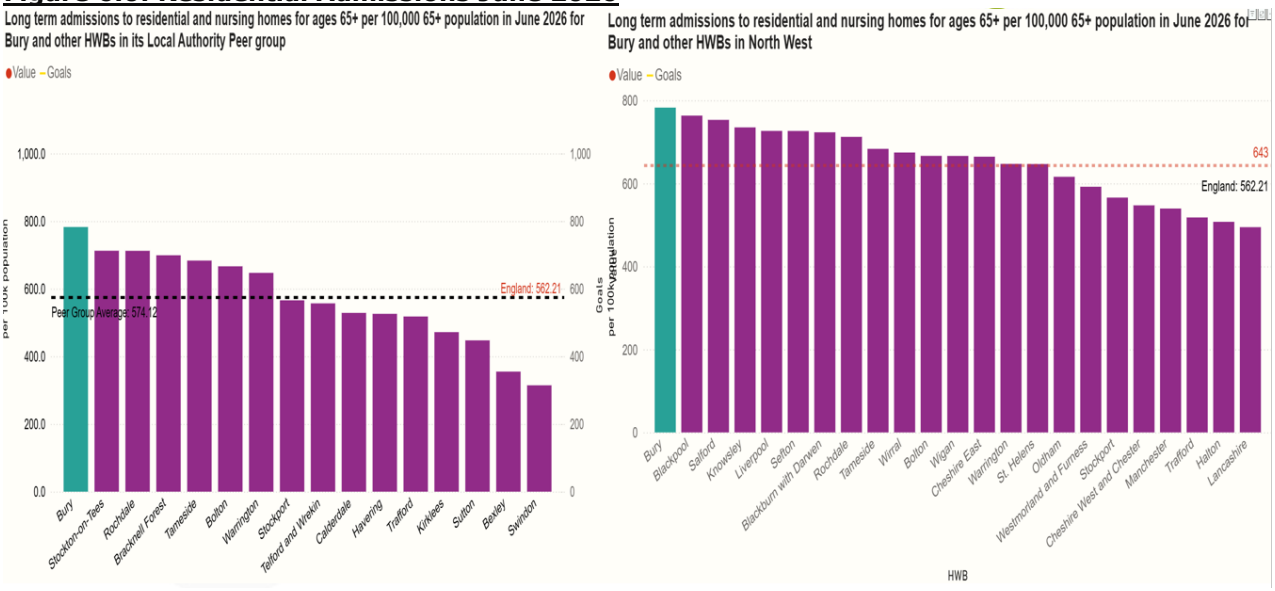
3.7 Peer Comparison: Delayed discharge. Figure 5.0 shows that in the month of August, Bury had higher average days from DRD to date of discharge (including 0 days) than the locality peer group, region and England as a whole.

Figure 5.0: Delayed discharge August 2026



3.8 Peer Comparison: Residential Admissions. Figure 6.0 shows that in the month of June, Bury had higher long-term admissions to residential and nursing home for ages 65+ per 100,000 than the locality peer group, region and England as a whole.

Figure 6.0: Residential Admissions June 2026



4.0 Finance

4.1 Figure 4.0 demonstrates the planned BCF income against expenditure. Bury Council Integrated Community Equipment Service (ICES) has been included from Q1 in "Additional LA Contribution" for consistency as NHS GM ICB include ICES as an NHS additional contribution. There is a forecast overspend of £191,000 for LA ICES.

Figure 4.0: BCF Q2 2026-27 Income and Expenditure

	2026-27		
Source of Funding	Planned Income	Updated Planned Expenditure	Actual Expenditure at Quarter End
DFG	£2,669,235	£2,669,235	£1,334,618
Minimum NHS Contribution	£20,235,160	£20,235,160	£10,117,580
Local Authority Better Care Grant	£9,410,943	£9,410,943	£4,705,472
Additional LA Contribution	£0	£253,800	£222,350
Additional NHS Contribution	£9,303,814	£9,303,814	£4,651,907
Total	**£41,619,152**	**£41,872,952**	**£21,031,926**

5.0 Reporting and Checkpoints

5.1 It is expected that performance on spend and the metric goals aligned to the BCF programme will be reported on a quarterly basis. The reporting requirements have now been finalised for Q2 and have been submitted to NHSE Better Care fund Team.

6.0 Key Issues for the Board to consider:

6.1 There are no significant issues requiring escalation to the Board at this time. A forecast overspend of £191k relating to the Integrated Community Equipment Service is being reported by the Council. This overspend is unsustainable as the Council does not have sufficient alternative budgets or reserves to support this pressure. The service budget will need to be considered as part of the BCF budget setting for 2027/28, or the level of service reduced to bring it back in line with budget. Delayed discharge performance remains a challenge and is consistent with pressures experienced across Greater Manchester; however, work continues through established discharge and intermediate care improvement programmes. All other Better Care Fund metrics remain broadly on track, noting that national Q2 data remains incomplete for some measures.

Community impact/links with Community Strategy

N/A

Equality Impact and considerations:

Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

> *A public authority must, in the exercise of its functions, have due regard to the need to -*
>
> (a) *eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;*
>
> (b) *advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;*
>
> (c) *foster good relations between persons who share a relevant protected characteristic and persons who do not share it.*

The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services.

Equality Analysis	*Please provide a written explanation of the outcome(s) of either conducting an initial or full EA.*
N/A	

**Please note: Approval of a cabinet report is paused when the 'Equality/Diversity implications' section is left blank and approval will only be considered when this section is completed.*

Legal Implications:

To be completed by the Council's Monitoring Officer

Financial Implications:

To be completed by the Council's Section 151 Officer

Report Author and Contact Details:
Contact Officer: Hannah Dixon

Email Address: h.dixon@bury.gov.uk
Date: 26th October 2026

Background papers:

Bury HWB BCF
2026-27 Q2 Reportin

Please include a glossary of terms, abbreviations and acronyms used in this report.

Term	Meaning
BCF	Better Care Fund
Q2	Quarter 2
NEL	Non-elective admissions
LDD	Length of discharge delay
DRD	Discharge ready date
ICES	Integrated Community Equipment Service
NHS GM ICB	National Health Service Greater Manchester Integrated Care Board