

City of London Corporation Committee Report

Committee: Health and Wellbeing Board	Dated: 04/02/2026
Subject: Better Care Fund 2025/26 Q2 progress report	Public report: For Decision
This proposal: <ul style="list-style-type: none">• delivers Corporate Plan 2024-29 outcomes• provides statutory duties	Delivers excellent services
Does this proposal require extra revenue and/or capital spending?	No
If so, how much?	N/A
What is the source of Funding?	N/A
Has this Funding Source been agreed with the Chamberlain's Department?	N/A
Report of: Judith Finlay Executive Director, Community and Children's Services	
Report author: Zoe Dhami Strategy and Projects Officer	

Summary

The Better Care Fund programme supports local systems to deliver the integration of health and social care in a way that supports person centred care, sustainability and better outcomes for people and carers.

The Fund is based on a pooled budget of funding from Integrated Care Boards and local authorities. Local systems are required to produce plans for the BCF which must be signed off by local Health and Wellbeing Boards.

The plans are governed by a policy framework and requirements set out by the Department of Health and Social Care (DHSC). Quarterly reports on progress of the plans and metrics are required and these must be signed off by the Health and Wellbeing Board.

This report seeks approval for the 2025/26 Q2 progress report.

Recommendation(s)

Members are asked to:

- Approve the Better Care Fund Quarter 2 2025/26 progress report.

Main Report

Background

1. The Better Care Fund (BCF) was established in 2013 and encourages integration by requiring Integrated Care Boards (ICBs) and local authorities to enter into pooled budget arrangements and agree an integrated spending plan.
2. Each year, local systems agree how the money will be spent within criteria set out by the DHSC and produce plans in accordance with BCF policy and requirements. A key component of the requirements focus on supporting hospital discharge and out of hospital care.
3. The City Corporation is required to report quarterly on progress with the plans and these progress reports must be approved by the Health and Wellbeing Board (HWBB).

Current Position

4. Summary table of funding for 2025/26

Year	Total pooled budget	Amount spent on ASC services (excluding iBCF and DFG)	Minimum amount required to be spent on ASC services
2025/26	£1,505,755	£374, 076	£175,544

2025/26 Q2 return

5. The Q2 return (Appendix 1) provides an update on delivery of the agreed 2025/26 Better Care Fund plan. It focuses on confirming continued compliance with the national BCF mandatory conditions, reviewing expenditure against plan, and assessing whether any changes are required to the agreed targets, metrics, or demand assumptions approved by the HWBB.
6. All Better Care Fund mandatory conditions are met. The Section 75 agreement between the City of London Corporation and NHS partners has now been signed and is fully in place. There are no outstanding issues in relation to governance, pooled budget arrangements, or compliance with national BCF requirements.
7. Performance against the national Better Care Fund metrics, as reported in the Q2 return, indicates that delivery in the City of London remains broadly on track, with no material concerns identified at this stage.
8. Emergency admissions to hospital for people aged 65 and over are in line with plan and compare favourably with national performance. The City's four-month

average rate (April–July) of approximately 1,162 per 100,000 is slightly below typical England averages, which generally range between 1,200 and 1,300 per 100,000 for the same cohort (NHS England – Better Care Fund Metrics Dashboard).

9. Discharge performance shows continued improvement. While the proportion of adult patients discharged on their discharge ready date (82%) remains slightly below the locally agreed ambition (86%), the average number of days from discharge ready date to discharge (4.67 days, excluding same-day discharges) is lower than national averages, which typically range between six and eight days (NHS England – Discharge SitRep and Discharge Data Collections). This reflects a small number of complex cases and outliers, which can have a disproportionate impact in a system with a relatively small resident population.
10. Admissions to long-term residential and nursing care for people aged 65 and over are assessed as on track against the locally set plan for Q2. The underlying rate remains low compared with England and London averages (NHS Digital / OHID Fingertips – Adult Social Care Outcomes Framework); however, small absolute changes in placement numbers continue to have a significant impact on quarterly rates given the City's small population size.
11. Overall, benchmarking against national data indicates stable performance across the core BCF metrics, with City of London outcomes comparing well to national trends.
12. Members of the Health and Wellbeing Board are asked to approve the Q2 return.

Corporate & Strategic Implications

Strategic implications

The BCF aligns with our corporate priorities of:

- Providing Excellent Services

It also sits within a wider strategic context of health and social care integration and policies driving hospital discharge work.

Financial implications

The City Corporation only contributes required funding to the pooled budget and does not contribute any additional funding but this year (2025/26) included £100,000 which was funding carried forward from the previous year under iBCF.

In terms of expenditure on schemes within the plan, City Corporation schemes are funded above the minimum required from the pooled budget.

Resource implications

None

Legal implications

None

Risk implications

None

Equalities implications

All schemes which are funded through the BCF and commissioned or delivered by the City Corporation are subject to Equality Impact Assessments.

Climate implications

None

Security implications

None

Conclusion

13. The Q2 Better Care Fund return confirms that the City of London Corporation continues to meet all mandatory requirements, with pooled budget arrangements now fully in place and services delivering as planned.
14. Performance against national metrics remains stable, with emergency admissions and discharge outcomes comparing favourably to England averages, and residential admissions remaining low despite expected volatility linked to small population size.
15. No changes to agreed schemes, targets or funding allocations are proposed at this stage. Members of the Health and Wellbeing Board are asked to note the contents of the Q2 return and approve its submission.

Appendices

- Appendix 1 – BCF 2025/26 Q2 report

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