Report to the Hull Health and Care Partnership Joint Committee/Hull Health and Wellbeing Board

30 March 2026

Section 75 Agreement & Better Care Fund Plan 2026-2027

Report of the Executive Director of Adult Social Care & Health (DASS)

Report Status:
This item is not exempt
Therefore exempt reasons are not applicable

Click here to enter details relating to the Forward Plan

1. Purpose of the Report and Summary

1.1. This paper provides the Health and Wellbeing Board and the Health and Care Partnership Hull Place Committee with an overview of the Better Care Fund Plan for 2026-27 including changes to previous years plans and how this reflects the requirements of the Better Care Fund Policy and Planning Guidance. The Better Care Fund Plan requires sign off by Hull Health and Wellbeing Board and will be submitted for approval by regional and national BCF assurance teams at NHS (National Health Service) England[1]. To meet assumed deadlines this document will be updated as it progresses through committees.

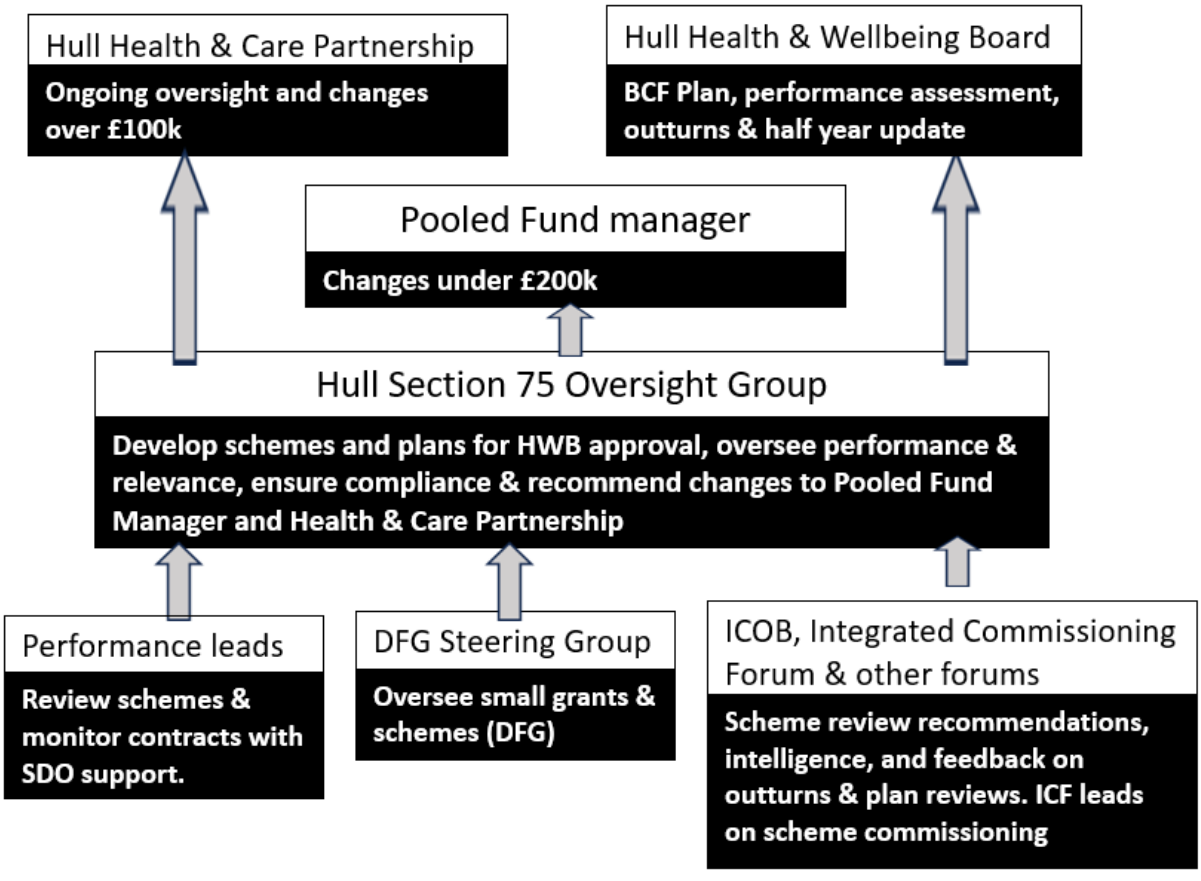
1.2. This report will outline the agreement of aligned funds and BCF monies that will be covered by the section 75 agreement and will be provided for Health and Wellbeing Board and the Health and Care Partnership Hull Place Committee. Detail on current aligned funds for 2025-6 are included at 6.8.

[1] On the 13th March 2025, the abolition of NHS England was announced with a planned deadline of two years for functions to be absorbed within the Department of Health and Social Security.

2. Recommendations

2.1. The Better Care Fund Plan 2026-27 has been developed in partnership with the local authority and Integrated Care Board (ICB). It is recommended that the Humber and North Yorkshire Health and Care Partnership Hull Place Committee (Hull Health and Care Partnership) agree with the proposal to spend the pooled resource for 2026-27 in line with the Better Care Fund Plan for 2026-27, developed by the Section 75 Oversight group.

2.2. Throughout the period of the BCF Plan 2026-27, there will be national reporting requirements, but to add strength of depth to the overall monitoring of the plan, it is essential to have governance at a local level. This includes an oversight group to oversee of all aspects of the plan and to ensure regular monitoring of activity within schemes funded by the plan, alongside expenditure updates. The group includes the ICB place director, Executive Director of Adult Social Care, Strategic Lead for Integration & Wellbeing, and ICB Assistant Directors for Transformation.



2.3. Progress on work undertaken by the Section 75 oversight group will report to the Hull Health and Care Partnership to improve visibility of the plan and to ensure wider scrutiny that the aims and objectives of the plan are being achieved.

2.4. To note the requirement that to ensure robustness within a legal setting, the s75 agreement will need revising and updating to fully incorporate the Better Care

Fund Plan 2026-27. The Better Care Fund Planning Requirements for 2026-27 call for s75 agreements to be in place by 30 September 2026.

2.5. That agreement to support the Better Care Fund Plan for 2026-27 is supported by the Hull Health and Wellbeing Board and assurance is given so that the Board can be confident that the plan meets the criteria set out in the planning requirements:

- The plan is jointly agreed.
- The plan implements the objectives of the Better Care Fund
- The plan complies with grant and funding conditions – including maintaining the NHS minimum Contribution to Adult Social Care
- The plan complies with oversight and support processes – including the BCF metrics and governance to timely & appropriately address variances.

3. Reasons for Recommendations

3.1. It is recommended that the Hull Health and Care Partnership and the Health and Wellbeing Board agree with the proposal to spend the pooled resource for 2026-27 in line with the outline Better Care Fund Plan for 2026-27 as the plan supports a broad range of schemes and posts across health and social care and meets the criteria outlined in the national policy guidance.

3.2. The Better Care Fund Plan 2026-27 national conditions outlined in paragraph 2.5 above and this report is intended to assure Health and Wellbeing Board members and key ICB and Local Authority staff that these expectations for assurance are met.

3.3. All schemes contained within the Better Care Fund Plan 2026-27 will be reviewed during the year to ensure they are delivering the aims and objectives of the BCF and are providing value for money and good outcomes for people. Each scheme review report considers whether the scheme is meeting its objectives and how the scheme is impacting on the BCF Metrics, NHS Plan Priorities and the Health and Wellbeing Strategy. BCF schemes reviews are scheduled to be completed by the end of November 2026.

4. Key Organisational Impacts

4.1. <u>Impact on other Executive Committees (including Area Committees) and decision makers:</u>

4.1.1. The section 75 oversight group reports to the Health and Care Partnership and the Health and Wellbeing board. Ongoing reporting will be provided throughout 2026-27 via quarterly reporting.

4.2. Contribution to the delivery of the Community Plan, the Council Plan and/or Area Plans:

4.2.1. The 2026-7 BCF plan will support Hull's Community Plan objectives of "A healthier and fairer Hull" and "Safe and welcoming neighbourhoods" by encouraging better health and supporting neighbourhoods through Integrated Neighbourhood Teams.

4.3. Impact on other key strategies/business plans:

4.3.1. The 2026-7 BCF plan will support Hull's Community Plan objectives of "A healthier and fairer Hull" and "Safe and welcoming neighbourhoods" by encouraging better health and supporting neighbourhoods through Integrated Neighbourhood Teams.

4.4. Equalities Impact Information

4.4.1. As part of each scheme review equalities information is sought to understand the impact and use of services. This information is used to understand how the services are supporting objectives of the Health and Wellbeing strategy including supporting Health inclusion groups.

5. Consultation

5.1. The Better Care Fund Plan 2026-7 has been developed in consultation with a broad range of partners. Consultation has been undertaken through Adult Social Care management team meetings, Cabinet Working Group, Overview and Scrutiny Management Committee, and Hull Health and Care Partnership Joint Committee. Additionally, the plan has been compiled after oversight of the Section 75 Oversight group of the existing schemes through performance submissions, scheme reviews and input from existing providers.

5.2. The Section 75 Oversight Group held a planning meeting in December 2025 to review the 2025-6 programme.

6. Background

6.1. This report provides updated information and ensures the robustness in a legal setting, for the Better Care Fund 2026/27 and those funds aligned between ICB Hull Place[2] and the council by updating the section 75 agreement for 2026/27.

[2] Proposals about future structures of the ICB are out for consultation.

6.2. This paper provides an overview of the BCF plan for 2026-27 including changes to the previous year's plan and how this reflects the requirements of the Better Care Fund Policy and Planning Guidance. The Better Care Fund Plan requires sign off by Health and Wellbeing Board and will be submitted for approval by regional, by 17th April 2026, and national BCF assurance teams at NHS England by 19th May 2026.

6.3. Updated policy guidance was published on the 25th of February 2026, outlining what is expected from this years' BCF plan. Along with a numerical template including targets for metrics and financial planning, each area is required to submit a narrative plan. The Narrative template and numerical template are provided as appendices.

6.4. As the deadline for BCF submission comes after the scheduled Health and Wellbeing Board, the BCF metrics will be set after the Board Meeting. The metric areas for 2026-7 are the same as for 2025-6 with the optional addition of a quarterly not reportable count of "The proportion of people aged 65 and over who were discharged from hospital into reablement and who remained in the community in the 12 weeks following discharge", sometimes referred to as reablement. The council's Business Intelligence Unit is looking into whether we will collect and provide this. In respect of the other metrics, "stretch" targets will be set on the other areas of emergency hospital admissions (65 plus), people discharged on their ready date, discharge delay waits and long term residential/nursing admissions.

6.5. The total pooled budget for the BCF has increased year on year and has increased by £26.4m between 2017/18 and 2026/27:

Year	Total pooled fund	Annual Percentage change
2017/18	£37,684,298	-
2018/19	£42,270,893	12.2%
2019/20	£47,386,760	12.1%
2020/21	£49,499,513	4.5%
2021/22	£50,954,266	2.9%
2022/23	£56,532,129	9.5%
2023/24	£59,973,157	9.5%
2024/25	£63,955,895	6.6%
2025/26	£63,222,717	-1.1%
2026/27	£64,099,790	1.38%

6.6. Funding sources to the Better Care Fund pool:

Sources of Funding	25-6 Plan	26-7 Plan	Change
DFG	£3,566,504	3,694,532	128,028
Minimum NHS Contribution	£31,308,963	£32,249,138	£940,175
Local Authority Better Care Grant	£22,107,781	£22,107,781	0
Additional LA Contribution	£4,447,588	£4,273,409	(174,179)
Additional ICB Contribution	£1,791,881	£1,774,932	(16,949)
Plan Total	£63,222,717	£64,099,792	877,075

6.7 The overall pooled budget between the council and ICB in the Better Care Fund Plan for 2026-27 is estimated at £64,099,792, and is applied by the Partners to fund or part fund a broad range of schemes across social care and health services including residential placements, home care packages, dementia services, mental health services, and support to specific teams such as the Early Supported Discharge Team, Supporting Independence Team, and the Brokerage Team. Details of the confirmed spend for 2026-7 will be added to this report in future iterations. Details of the plan are included in Appendix 1 – Activities to be funded in 2026-7.

6.8 That the NHS Place Director of the ICB and the Portfolio Holder for Public Health and Adult Social Care note and agree the estimated budgets that constitute the Aligned Funds included within the s75 agreement, below are the funds that flow between the ICB and HCC and vice versa:

ICB funding flows to HCC	2026/27 estimated budget
	£m
CYPFS Children's residential placement budget	0.400
CYPFS Care in the Community – Limetree court	0.101
CYPFS Youth Commissioning service	0.133
CYPFS YOT funding	0.092

CYPFS – Pause Project	0.146
CYPFS – Children Safeguarding Board Contribution	0.096
CYPFS – SEND Lead Performance, Compliance and Commissioning Officer	0.049
CYPFS – Whole School approach – MHST	0.069
PH – Care in the Community	0.019
PH – Care in the Community Substance Misuse	0.044
PH - Health Inequalities Funding	0.690
ASC – Adult Safeguarding Board Contribution	0.036
ASC – Adult Care in the Community	1.187
ASC – Continuing Health Care (CHC)/Funded Nursing Care (FNC)/s117/Transforming Care Partnership (TCP) health contributions	18.084
ASC – Extra Care contribution	1.500
ASC – Wilberforce Health Centre	0.470
Community Budget[3]	0.060
City safe – hospital homeless discharge service	0.162
Community Navigation and advice service	0.548
Total income to HCC from ICB	**23.886**

[3] HCC will also make a contribution of £60k re the Sector Connect scheme in the year.

HCC funding flow to ICB	2026/27 estimated budget
	£m
Sexual Health Clinical Services (Community Contract)	3.000
Sexual Health Community GP Services (Community Contract)	0.150
Funding for HIV Pre-exposure prophylaxis (Community Contract)	0.060
Agenda for Change element (Community Contract)	0.028
Sensory processing hub	0.031
Total income to ICB from HCC	**3.269**

7. Issues for Consideration

7.1 The Disabled Facilities Grant (DFG) is ring fenced within the overall BCF plan. It is planned that the majority will go to mandatory disabled facilities grant requests[4], and there will be schemes supporting purchasing single person hoists, stair climbers and adjustable ramps. There will be some capitalisation of salaries and contribution to projects such as the purchase of digital Lifeline units.

7.2 The 2026-7 plan is a mainly a continuation of activities funded in 2025-26. In reviewing the plan, some schemes were proposed as being more appropriately included in Hull's section 75 agreement within the aligned funds because they are not primarily associated with the aims and objectives of the Better Care Fund. The section 75 Oversight group rejected these proposals, alongside proposals to reconsider the inclusion of some back-office functions and a proposal to review residential and nursing care funding. The group, including the Place Director and the Executive Director of Social Services, felt that consolidation of the plan was important given proposed structural reorganisation of the ICB and the reforms to the Better Care Fund proposed for 2027-28.

[4] Grants to enable disabled people to make changes to their home such as widening doorways, improving access including stairlifts, level access showers and ramps

7.3 The changes to the plan for the LA voluntary contributions have reduced as the 2 psychology posts funded from the Changing Futures Grant are no longer required and a post relating to the Under 19 therapies is invoiced directly to CYPFS from the Humber Foundation Trust and not via the BCF plan. The ICB reduction in voluntary contributions has changed slightly due to a change in funding streams. 7Funding originally included within the 2025-6 plan for block contracts for beds (£189k in 25-6) will be redesignated within a more generic discharge-based spot purchased activity to better provide personalised support.

7.4 Funding for the support of avoiding hospital admissions within the Frailty pathway has been identified for 2026-27.

8.0 Comments of the Monitoring Officer (Town Clerk)

8.1 The recommendations in this report are noted and supported. The Council utilises the Section 75 NHS Act 2006 to create a pooled fund between the Council and the ICB. The Council's legal team will draft the Section 75 Agreement in consultation with the service area and the ICB. (PG)

9.0 Comments of the Section 151 Officer (Director of Finance and Transformation)

9.1 The s151 officer notes the report and the Better Care Fund (BCF) plan for 2026-27. The financial figures will be updated in due course as noted in the report and will align to the councils MTFP 2026/27 and the ICB financial plan 2026/27.

10. Comments of the Assistant Director OD & HR and compliance with the Equality Duty

10.1 The content of the report is noted. There are no staffing issues arising for the council from this decision. Individual schemes should be supported by an equality impact assessment to ensure that the distribution of resources achieves the aims of the equality act. KH

11. Comments of Overview and Scrutiny

11.1 This report is due to be considered by the Health and Wellbeing Overview and Scrutiny Commission on the 13th of March 2026. Any comments or recommendations agreed by the Commission, will need to be included in the final report, before it is considered by the Hull Place Health and Care Partnership Joint Committee, on the 30th of March 2026. (Sc9150 – AS).

12. Comments of the Humber and North Yorkshire Integrated Care System Hull Place Director

12.1 The ICB supports the Better Care Fund Plan 2026–27 and the proposed use of the pooled resource, noting alignment with national conditions and local priorities. It is assured that the plan meets the required assurance criteria and provides a strong basis for integrated working across health and social care and welcomes the planned approach to in-year scheme review and performance monitoring to ensure value for money and positive outcomes. (ED)

13. Comments of the Portfolio Holder Adult Services & Public Health

13.1 I support the decision to maintain our current activities in the section 75 agreement and Better Care Fund Plan for 26-7. As the local health and social care system reorganises and plans for proposed reform of the BCF are published we can plan to develop our neighbourhood health models from a secure place. (LC) PF1147

Tracy Meyerhoff

Executive Director of Adult Social Care & Health (DASS)

Contact Officer: John White, Service Development Officer

Officer Interests: None

Background Documents: - Appendix 1 – Activities to be funded in 2026-7, Appendix 2 – BCF Narrative Template (Draft v1), Appendix 3 – Numerical Template (Draft)

Implications Matrix

This section must be completed, and you must ensure that you have fully considered all potential implications

This matrix provides a simple check list for the things you need to have considered within your report

If there are no implications please state

I have informed and sought advice from HR, Legal, Finance, Overview and Scrutiny and the Climate Change Advisor and any other key stakeholders i.e. Portfolio Holder, relevant Ward Members etc prior to submitting this report for official comments	Yes
I have considered whether this report requests a decision that is outside the Budget and Policy Framework approved by Council	Yes
Value for money considerations have been accounted for within the report	Yes
The report is approved by the relevant Director/Assistant Director	Yes
I have included any procurement/commercial issues/implications within the report	N/A
I have considered the potential media interest in this report and liaised with the Media Team to ensure that they are briefed to respond to media interest.	Yes
I have included any equalities and diversity implications within the report and where necessary I have completed an Equalities Impact Assessment and the outcomes are included within the report	Yes
Any Health and Safety implications are included within the report	N/A
Any human rights implications are included within the report	N/A

I have included any community safety implications and paid regard to Section 17 of the Crime and Disorder Act within the report	N/A
I have liaised with the Climate Change Advisor and any environmental and climate change issues/sustainability implications are included within the report	Yes
I have considered how the decision may contribute or impact on culture and heritage within the city.	N/A
I have included information about how this report contributes to the Community Plan/ Area priorities within the report	Yes
I have considered the impact on air quality, carried out an appropriate assessment and included any resulting actions or opportunities necessary to improve air quality in the report.	N/A