Bath & North East Somerset Council

Improving People's Lives

Health and Wellbeing Board

Date: Thursday 3rd July 2025
Time: 10.30 am
Venue: Brunswick Room - Guildhall, Bath

Members: Councillor Paul May (Bath and North East Somerset Council), Paul Harris (Curo), Laura Ambler (Integrated Care Board), Charles Bleakley (BEMs+ (Primary Care)), Councillor Alison Born (Bath and North East Somerset Council), Sophie Broadfield (Bath & North East Somerset Council), Becky Brooks (3SG), Cara Charles Barks (Royal United Hospitals Bath NHS Foundation Trust), Fiona Lloyd-Bostock (Oxford Health), Kevin Hamblin (Bath College), Scott Hill (Avon and Somerset Police), Sara Gallagher (Bath Spa University), Will Godfrey (Bath and North East Somerset Council), Amritpal Kaur (Healthwatch), Helen McColl (AWP), Lisa Miller (Oxford Health), Kate Morton (Bath Mind), Sue Poole (Healthwatch BANES), Stephen Quinton (Avon Fire & Rescue Service), Rebecca Reynolds (Bath and North East Somerset Council), Val Scrase (HCRG Care Group), Emma Solomon-Moore (University of Bath), Nic Streatfield (University of Bath), Suzanne Westhead (Bath and North East Somerset Council) and Christopher Wilford (Bath & North East Somerset Council)

Other appropriate officers
Press and Public

Corrina Haskins
Democratic Services
Lewis House, Manvers Street, Bath, BA1 1JG
Telephone: 01225 394357
Web-site - http://www.bathnes.gov.uk
E-mail: Democratic_Services@bathnes.gov.uk

NOTES:
1. **Inspection of Papers:** Papers are available for inspection as follows:

Council's website: https://democracy.bathnes.gov.uk/ieDocHome.aspx?bcr=1

Paper copies are available for inspection at the Guildhall - Bath

2. **Details of decisions taken at this meeting** can be found in the minutes which will be circulated with the agenda for the next meeting. In the meantime, details can be obtained by contacting as above.

3. **Recording at Meetings:-**

The Openness of Local Government Bodies Regulations 2014 now allows filming and recording by anyone attending a meeting. This is not within the Council's control. Some of our meetings are webcast. At the start of the meeting, the Chair will confirm if all or part of the meeting is to be filmed. If you would prefer not to be filmed for the webcast, please make yourself known to the camera operators. We request that those filming/recording meetings avoid filming public seating areas, children, vulnerable people etc; however, the Council cannot guarantee this will happen.

The Council will broadcast the images and sounds live via the internet www.bathnes.gov.uk/webcast. The Council may also use the images/sound recordings on its social media site or share with other organisations, such as broadcasters.

4. **Public Speaking at Meetings**

The Council has a scheme to encourage the public to make their views known at meetings. They may ask a question or make a statement relevant to what the meeting has power to do. They may also present a petition on behalf of a group.

Advance notice is required as follows:

Questions – close of business 4 clear working days before the day of the meeting to submit the wording of the question in full.
Statements/Petitions – close of business 2 clear working days before the day of the meeting to include the subject matter. Individual speakers will be allocated up 3 minutes to speak at the meeting.

Further details of the scheme can be found at:

https://democracy.bathnes.gov.uk/ecCatDisplay.aspx?sch=doc&cat=12942

5. Emergency Evacuation Procedure

When the continuous alarm sounds, you must evacuate the building by one of the designated exits and proceed to the named assembly point. The designated exits are signposted. Arrangements are in place for the safe evacuation of disabled people.

6. Supplementary information for meetings

Additional information and Protocols and procedures relating to meetings

https://democracy.bathnes.gov.uk/ecCatDisplay.aspx?sch=doc&cat=13505

Health and Wellbeing Board - Thursday 3rd July 2025

at 10.30 am in the Brunswick Room - Guildhall, Bath

A G E N D A

1. WELCOME AND INTRODUCTIONS

2. EMERGENCY EVACUATION PROCEDURE

   The Democratic Services Officer will draw attention to the emergency evacuation procedure.

3. APOLOGIES FOR ABSENCE

4. DECLARATIONS OF INTEREST

   At this point in the meeting declarations of interest are received from Members in any of the agenda items under consideration at the meeting.

   (a) The agenda item number in which they have an interest to declare.

   (b) The nature of their interest.

   (c) Whether their interest is a **disclosable pecuniary interest** or an **other interest** (as defined in Part 4.4 Appendix B of the Code of Conduct and Rules for Registration of Interests).

   Any Member who needs to clarify any matters relating to the declaration of interests is recommended to seek advice from the Council's Monitoring Officer or a member of his staff before the meeting to expedite dealing with the item during the meeting.

5. TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR

6. PUBLIC QUESTIONS, STATEMENTS AND PETITIONS

   Please see agenda note 4 overleaf.

7. MINUTES OF PREVIOUS MEETING (Pages 7 - 12)

   To confirm the minutes of the above meeting as a correct record.

ITEMS FOR COMMENT/SIGN OFF

8. BATH AND NORTH EAST SOMERSET HEALTH INEQUALITIES FUNDING (Pages 13 - 36)

   30 minutes

   The Health and Wellbeing Board is asked to consider performance of the Health Inequalities Network and the B&NES Health Inequalities Fund (BHIF) projects.

Sarah Heathcote, Health Inequalities Manager/Paul Scott, Consultant & Associate Director of Public Health

9. AWP - MENTAL HEALTH, LEARNING DISABILITY, AND AUTISM (MHLDA) INPATIENT QUALITY TRANSFORMATION PROGRAMME

30 minutes

The Board to receive a presentation from Holly Matthewman, Avon and Wiltshire Mental Health Partnership (AWP) to:

1. Provide an overview of the Mental Health, Learning Disability, and Autism (MHLDA) Inpatient Quality Transformation Programme.
2. Take to be Board through the Older Adults project and share a survey link to capture views, feedback and thoughts for the project.

Slides to follow.

10. ILACS (INSPECTION OF LOCAL AUTHORITY CHILDREN'S SERVICES)

10 minutes

The Board to receive initial feedback on the recent ILACS – verbal report.

Chris Wilford, Director – Education & Safeguarding (Interim DCS) B&NES

11. BETTER CARE FUND UPDATE (Pages 37 - 42)

15 minutes

The Board is asked to ratify the end of year Better Care Fund submission.

Laura Ambler Executive Director of Place – B&NES BSW ICB/Suzanne Westhead – Director of Adult Services, B&NES

12. CURRENT NHS REFORMS

10 minutes

The Board to be advised about current national and regional reforms in the NHS (including the ICB and NHSE) – verbal report.

Laura Ambler, Executive Director of Place – B&NES BSW ICB

13. OFFICE FOR HEALTH IMPROVEMENT AND DISPARITIES (OHID) SOUTH WEST ASSURANCE VISIT

5 minutes

The Board to be briefed on the recent OHID assurance visit – verbal report.

Rebecca Reynolds – Director of Public Health

The Democratic Services Officer for this meeting is Corrina Haskins who can be contacted on 01225 394357.

This page is intentionally left blank

Bath and North East Somerset Council

HEALTH AND WELLBEING BOARD

Minutes of the Meeting held

Thursday 1st May 2025, 10.30 am

Councillor Paul May	Bath and North East Somerset Council
Paul Harris	Curo
Laura Ambler	Integrated Care Board
Mandy Bishop	Bath and North East Somerset Council
Charles Bleakley	BEMs+ (Primary Care)
Councillor Alison Born	Bath and North East Somerset Council
Sophie Broadfield	Bath & North East Somerset Council
Jacqui Ford	Bath College
Sara Gallagher	Bath Spa University
Kate Morton	Bath Mind
Sue Poole	Healthwatch BANES
Stephen Quinton	Avon Fire & Rescue Service
Rebecca Reynolds	Bath and North East Somerset Council
Val Scrase	HCRG Care Group
Nic Streatfield	University of Bath
Suzanne Westhead	Bath and North East Somerset Council
Christopher Wilford	Bath & North East Somerset Council

57 **WELCOME AND INTRODUCTIONS**

The Chair welcomed everyone to the meeting.

58 **EMERGENCY EVACUATION PROCEDURE**

The Democratic Services Officer drew attention to the emergency evacuation procedure.

59 **APOLOGIES FOR ABSENCE**

Apologies for absence had been received from:

Scott Hill - Avon and Somerset Police
Cara Charles Barks/Joss Foster – RUH
Will Godfrey Chief Executive, B&NES – Mandy Bishop Executive Director – Operations, B&NES was in attendance as substitute.

60 **DECLARATIONS OF INTEREST**

There were none.

61 **TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR**

The Chair gave the following announcements:

1. West of England Combined Authority Mayor Election

   The Chair reminded the Board that the election was taking place for the WECA Mayor, and he asked that no party-political comments be made during this meeting.

2. NHS England Letter

   The Chair advised that he had sent a response on behalf of the Board to NHSE to report on how the Board was working with ICB BSW. He undertook to circulate a copy of the response.

62 **PUBLIC QUESTIONS, STATEMENTS AND PETITIONS**

There were none.

63 **MINUTES OF PREVIOUS MEETING**

RESOLVED that the minutes of the meeting of 6 February 2025 be approved as a correct record and signed by the Chair.

64 **REVIEW OF HEALTH AND WELLBEING BOARD TERMS OF REFERENCE**

Becky Reynolds, Director of Public Health introduced the item and drew attention to the following:

1. There had been a few minor amendments including a request for presenters to consider how local people had been involved in their area of work.

2. There were also proposed changes to membership as follows:

    a. The 3SG representation would be increased with a place being given to the Chief Executive (in addition to the Chair).

    b. There would be 2 additional places for academic involvement from the University of Bath and Bath Spa University.

    c. There would be a representative from Oxford Health to cover children's mental health. This was in addition to the place for a representative from AWP.

In response to questioning, she confirmed:

1. The reason for academic representation was to give an academic perspective to health and wellbeing issues. It could also result in funding applications for research linked to issues being discussed.

2. The ICB would have 2 representatives, one of whom would vary depending on the items under discussion.

The following comments were also raised:

1. It was noted that meetings were only quorate when a representative of the Police or Fire Service was present, and this may be a challenge. Stephen Quinton undertook to ensure that Avon Fire and Rescue Service was represented at future meetings. Board Members were reminded that substitutes could attend.

2. There could be further representatives from other organisations such as schools and business. Representatives could be invited to attend for specific items of interest.

RESOLVED that the revised Health and Wellbeing Board Terms of Reference be approved.

65 SOCIAL PRESCRIBING PROJECT

David Jenkins, Social Prescribing Project Manager, 3SG gave a presentation in relation to social prescribing (circulated in advance of the meeting).

The Board raised the following comments/questions:

1. It was difficult to explain social prescribing in a way that was easily understood.

2. It was noted that this was a 2-year project. The first year to develop a framework and the second year to identify what needed to be in place to fill gaps and to make a business case for future funding.

3. The University of Bath was using social prescribing to support students and Nic Streatfield undertook to link in with David Jenkins. Links would also be made with Bath College.

4. The funding landscape was complex. If social prescribing was reliant on

existing budgets, this was not sustainable.

5. As well as formal work undertaken as part of the project there was informal work supporting the same aims. There needed to be a map of provision.

6. The project was originally focused on adults, but children and young people were now included e.g., the Wellbeing While Waiting programme being delivered by Off the Record.

The Board **RESOLVED** to request the Social Prescribing Steering Group to feedback to a future meeting.

66 **BETTER CARE FUND PLAN 2025/26**

Laura Ambler, (Executive Director of Place, B&NES BSW ICB) introduced the report and drew attention to the following:

1. The Better Care Fund (BCF) was owned by the Health and Wellbeing Board and Laura Ambler/Suzanne Westhead were the accountable officers.

2. There was a requirement to submit a plan with a list of schemes and KPIs.

3. The narrative plan had been circulated to the Board and more details could be provided on request.

4. This year's plan had objectives around sickness prevention and was clearer about the link with the NHS plan and how the BCF was making a difference.

5. The plan would see £27m of investment in various activities focused on prevention, effective hospital discharge and community/home care.

6. She asked that thanks be recorded to the team working on the BCF.

In terms of the future of the BCF, Suzanne Westhead reported that:

1. At a recent meeting of Directors of Adult Social Care, Stephen Kinnock MP had stressed the importance of the BCF but confirmed that it would be reviewed.

2. Baroness Casey would be leading a review of adult social care and there would be an opportunity to feedback views on the success of the B&NES integrated model. A further comment to feedback was the importance of investing in unpaid carers.

In response to questions, it was confirmed:

1. The BCF did not target schemes associated with children and young people. The Government channelled the Disabled Facilities Grant (DFG) through the BCF and there was a separate grant for children which was not funded through the BCF.

2. Health and reducing inequalities were embedded in the schemes.

The Board **RESOLVED** to;

(1) Approve B&NES BCF plan for 2025 to 2026.

(2) Recognise the contribution of the Disabled Facilities Grant (DFG), an integral element of the Better Care Fund, which enabled people to remain in their own homes.

67 **WINTER PLANNING**

Laura Ambler gave a presentation summarising the key learning points for 24/25 and outlining the plan for 25/26 (slides circulated in advance of the meeting).

She confirmed there had been an exceptional challenge with a 10% increase in demand, however, B&NES locality consistently delivered the target of no more than 20 patients with “No Criteria to Reside” status in the RUH.

In response to questions, it was confirmed:

1. The definition of “No criteria to reside” was a person who was fit to be discharged from hospital.
2. The 10% increase in demand was over and above what had been predicted. There were various improvements and learnings which would be taken forward to further improve resilience next winter, including a deeper understanding of demand, and considering how the HWB could support the analysis of risk.
3. There was always a level of unexpected events, but there was support across partners, such as the emergency planning team in the Council and Avon Fire and Rescue Service (AF&RS). AF&RS would often be involved in triaging people with mental health issues.
4. Access to pharmacies was continually reviewed. There was a pharmaceutical needs assessment every three years and the next was due in Autumn 2025.
5. In relation to the risks for 25/26 due to the proposed changes to the structure of ICBs, an operational plan had been submitted and this would be delivered. ICB BSW was cautiously optimistic that it had a robust plan and enough involvement from other partners to take this forward.
6. It was noted that the list of Acute Respiratory CYP Illness Hubs (ARIs) did not include the rural areas of B&NES and LA undertook to check if there were ARIs located in rural areas.
7. There could be more consistency between services provided in B&NES, Wiltshire and Swindon as there was a variation between the different localities.

The Board welcomed the assurance and visibility that lessons had been learnt from 24/25 and would be fed into the plan for next winter and requested early sight of the 25/26 plan.

68 **PUBLIC HEALTH, SOCIAL CARE AND MENTAL HEALTH PROCUREMENTS**

1. Mental Health

Laura Ambler gave a short presentation and undertook to circulate the slides after the meeting.

The following comments were raised:

1. It was important to consider people using the services and evaluate how new contracts were working.
2. A concern was raised that national organisations with resources to prepare bids were winning contracts at the expense of smaller local organisations.
3. A concern was raised about the loss of services at the weekend, in particular, there was only a facility for referrals rather than a walk-ins and 111-2 only offered triage rather than interventions. Laura Ambler responded that the ICB had taken the view that there was now a 7 day a week service including crisis houses and places of calm.

The Chair undertook to continue to discuss this with the ICB.

2. Public Health

In view of time restrictions, it was agreed that the slides be circulated after the meeting.

69 **ACTIVE TRAVEL MASTERPLAN/CREATING SUSTAINABLE COMMUNITIES IN NORTH EAST SOMERSET: THE JOURNEY TO NET ZERO**

The Board noted the following documents:

https://www.bathnes.gov.uk/active-travel-masterplan
https://www.bathnes.gov.uk/creating-sustainable-communities-programme

The meeting ended at 12.30 pm

Chair .....

Date Confirmed and Signed .....

Prepared by Democratic Services

Bath & North East Somerset Council	
MEETING:	Health and Wellbeing Board
MEETING DATE:	3 July 2025
TITLE:	B&NES Health Inequalities Funding
WARD:	All
AN OPEN PUBLIC ITEM	
List of attachments to this report: • Appendix One – Full Report	

1 THE ISSUE

The B&NES health inequalities core network team was established in May 2023 through the B&NES locality portion of the NHS England (NHSE) health inequalities funding allocated to B&NES, Swindon and Wiltshire (BSW) Integrated Care Board (ICB) 2022-23. B&NES Integrated Care Alliance (ICA) invested the funding to create a network approach to addressing health inequalities facilitated by dedicated posts in different parts of the local system.

From 2023/24 NHSE added the additional health inequalities funding allocation into ICB baseline funding and subsequently £357,896.74 was allocated recurrently to B&NES ICA over the next 5 years. The allocation was deferred to begin from April 2024. The health inequalities manager has worked with local partners and the wider network to develop and oversee a process for allocation of the B&NES Health Inequalities Fund (BHIF). This process has been in line with the Core20PLUS5 priority criteria as set out by BSW ICB (See appendix One).

2 RECOMMENDATION

2.1 The Health and Wellbeing Board is asked to consider performance of the Health Inequalities Network and the B&NES Health Inequalities Fund (BHIF) projects. The Board is invited to note the risks to the Health Inequalities work going forward and to consider its role in advocating and championing a continued focus on Place-Based work to address health equity.

3 THE REPORT

3.1 See Full Report at Appendix One.

4 STATUTORY CONSIDERATIONS

4.1 Health and Wellbeing Boards were required to be established in all local authorities under the Health and Social Care Act 2012 as a key mechanism for driving joined up working at a local level.

4.2 As a statutory function the Board must prepare and publish a Joint Health and Wellbeing Strategy (JHWS), setting the vision, strategic direction and high-level priorities for system partners to work together on.

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

5.1 The direct resource implications of this work have been through the time and capacity involved from the B&NES Health Inequalities Group members, from Council, NHS and Third Sector.

6 RISK MANAGEMENT

6.1 The Health and Wellbeing Board is requested to note the risks to continuation of the Health Inequalities Network and focus beyond April 2026

7 EQUALITIES

7.1 A cross cutting theme of the B&NE Joint Health and Wellbeing Strategy is to tackle inequalities in B&NES. Through monitoring progress against this ambition, the strategy seeks to promote equity of opportunity, of service provision and to reduce inequalities in experiences and outcomes.

8 CLIMATE CHANGE

The B&NES Health Inequalities Core20PLUS5 Delivery Plan seeks to address wider socio-economic and environmental factors affecting health equity including poor air quality, transport and housing in consideration of the climate and ecological emergency.

9 OTHER OPTIONS CONSIDERED

9.1 None.

10 CONSULTATION

10.1 This report has been considered and cleared for sign off by the S151 Officer and Monitoring Officer. Public engagement is one of the core objectives of the B&NES Health Inequalities Group (BHIG)

Contact person	Sarah Heathcote, Health Inequalities Manager Paul Scott, Associate Director of Public Health, Public Health & Prevention, B&NES Council
Background papers	

This page is intentionally left blank

B&NES Health Inequalities Funding

Health and Wellbeing Board 3/7/25

Sarah Heathcote, Health Inequalities Manager
Paul Scott, Associate Director of Public Health

Bath & North East Somerset Council
Improving People's Lives

NHS
Royal United Hospitals Bath
NHS Foundation Trust

NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

BEMS

Introduction

This report summarises how the health inequalities funding has been allocated in B&NES with outcomes and impact to date. The investment in B&NES supported system and place-based strategic objectives including implementing:

- The BSW Together Integrated Care Strategy
- The three phases of the BSW Inequalities Strategy and
- The B&NES Joint Health and Wellbeing Strategy

The report structure

1. Overview of the Health Inequalities Profile and funding allocation in B&NES
2. B&NES Health Inequalities Fund Projects
3. The B&NES Health Inequalities Network
4. Consideration of the role of the Health and Wellbeing Board in sustaining progress on Health Inequalities in B&NES

1. Overview of the Health Inequalities Profile in B&NES

Data shows that our health and wellbeing in B&NES is generally good in comparison to England. However, two areas (Twerton West and Whiteway) are within the 10% (IMD) most deprived nationally, with some other areas in B&NES among the 20% most deprived. Mirroring the national picture premature mortality is closely associated with deprivation across B&NES. It is encouraging that recent data shows a slight narrowing this life expectancy gap:

- Female life expectancy gap narrowed between 2010-12 to 2018-20. Mainly due to improvements for females in most deprived decile
- Male life expectancy gap narrowed between 2010-12 to 2018-20 With a fall in the least 2 deprived deciles and rise in more deprived deciles, particularly in the most recent 2018-20 period

There are particular areas where B&NES has significant inequalities. This includes the highest excess under 75yrs mortality rate in adults living with severe mental illness (SMI) in England. Adults with SMI are one of our locally defined 'PLUS' groups as are those who experience homelessness. B&NES has a higher number of rough sleepers relative to its population size compared to Swindon and Wiltshire, with much lower life expectancy than general population for people sleeping rough. Another area where we see particular local inequality is in relation to the education attainment gap between children eligible for free school meal (FSM) and non-FSM pupils at key stage 2.

Core determinants of health

Wider determinants impact on our health and wellbeing. For example in B&NES:

- Demand for social housing outstrips supply, quality and affordability and continues to be a challenge
- Increasing numbers of children and young people receiving support for social, emotional and mental health needs. (similar to national trends).
- Pressures on health and social care system have caused challenges with access to services.

The ratio of house prices to earnings (residence-based) in B&NES continues to be higher than national, CIPFA and West of England levels

Refer to B&NES Strategic Evidence Base https://beta.bathnes.gov.uk/strategic-evidence/document-library/strategic-evidence-base-summary-and-full-report

1. Overview of the B&NES Health Inequalities Funding Allocation

Establishing the Health Inequalities Network

The Health Inequalities (HI) network team was established in May 2023 with NHSE inequalities funding which BSW ICB allocated to 'Place'. The posts formed a 'network' to link with local partners and work across the system:

- One post hosted by the public health team at B&NES Council
- One post based at the RUH
- 2x Health Inequalities and Population Health Management (PHM) Facilitator** based within Banes Enhanced Medical Services (BEMS)

A portion of the B&NES Health inequalities funding was allocated to Community Wellbeing Hub Outreach Coordination and improved data infrastructure. Part of the funding originally allocated to support data analysis was redirected to support Core20PLUS5 projects in primary care.

Health Inequalities Projects

2024/25

B&NES received an additional allocation of NHSE health inequalities funding (HIF) from BSW ICB in 2023/24 to further action on addressing healthcare inequalities. A multi-agency task and finish group formed to develop criteria, application, scoring and moderation process.

Twelve projects were selected reflecting a range across adult and children and young people healthcare inequality priority areas. The projects mobilised January-April 2024.

2025/26

Seven of the above projects are continuing in 2025/26 and a further three projects will commence soon. The remaining allocation has been used to extend the RUH and Local Authority HI posts for a further year

**The posts were 0.8wte fixed term to April 2025.The HI manager hosted by B&NES Council and the RUH HI Lead posts have been extended to April 2026 ** One PHM Facilitator left Dec 2023, funds were redeployed by BEMS to secure wider primary care expertise from GP, and programme support*

2. Overview and Evaluation of the B&NES Health Inequalities Fund (BHIF) Projects 2024/25 and BHIF 2025/26 project overview

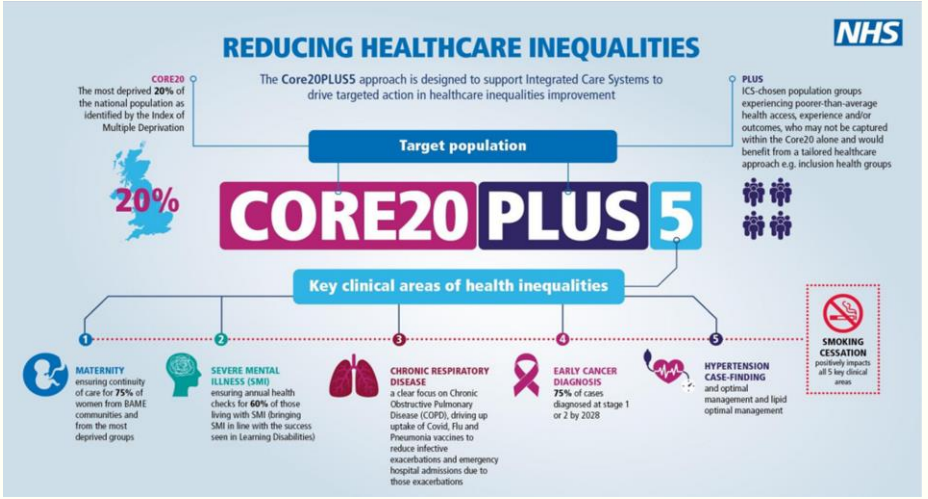
2. BHIF 2024/25: Addressing Healthcare Inequality

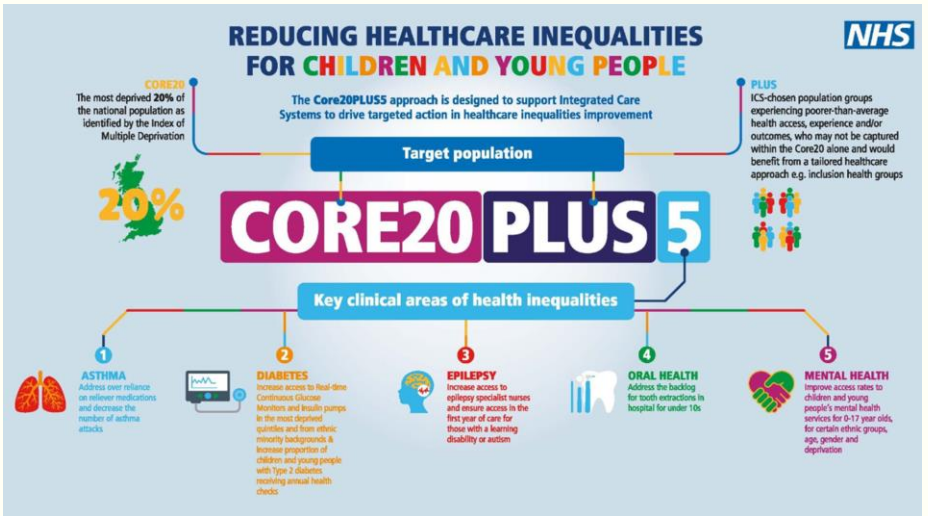
The B&NES Health Inequalities Fund (BHIF) Projects have addressed inequalities through the Core20PLUS5 approach.

Based on the NHS Health Inequalities priorities, BSW ICB Population Health Board agreed the 5 priorities for the funding (Prevention, Restore Services inclusively, Data and intelligence, Core 20 Plus 5 for adults and Core 20 Plus 5 for Children and Young People).

Core20PLUS5 is NHS England approach to support the reduction of healthcare inequalities. The approach defines a population cohort and identifies '5' focus clinical areas requiring accelerated improvement.
Core20 cohort refers to the most deprived 20% of the national population as identified by the Index of Multiple Deprivation (IMD)
PLUS Groups cohort are identified at Place and include inclusion health population and protected characteristic groups

B&NES PLUS groups
Adults: ethnic minority backgrounds, homelessness, SMI
Children BSW: SEND, excess weight/obesity, Children Looked After & care experienced, Early Years, Adverse Childhood Experiences. Additionally for B&NES: CYP PLUS groups are children eligible for free school meals





BHIF Projects (2023/24) – Selection Process

Criteria

Following the 2022/23 HI infrastructure funding to address health inequalities, NHSE allocated £2.057m to the B&NES, Swindon and Wiltshire (BSW) Integrated Care System (ICS) in 2023/24. The funding was aligned to the three localities and B&NES ICA was allocated **£357,896** by BSW ICB to address health inequalities.

In addition to the NHS priorities of: **Prevention; Restoring Services Inclusively** and **Data and Intelligence** BSW ICB Population Health Board identified the following priority areas for this 2023/24 health inequalities funding:

Core20PLUS 5 for adults

- Smoking cessation
- Cardiovascular disease
- Serious mental illness

Core20PLUS5 for children and young people (focus on early years)

- Mental health and wellbeing
- Asthma
- Oral Health

Oversight, Monitoring and Evaluation

The ICA delegated a task and finish group comprising representation from primary and secondary care, BSW ICB, Local Authority and Third Sector to develop a robust and transparent application, scoring and decision-making process for allocation of the funding.

Twelve successful BHIF projects mobilised between January and March 2024. At System level a BSW group has had oversight of performance and quarterly monitoring. At locality level, regular reports have been shared with the B&NES Health Inequalities Group (BHIG).

The following pages provide a high-level overview of some of the outputs, outcomes and impact of the 12 BHIF projects. A more in-depth evaluation to include interviews with BHIF Project leads is underway to inform future learning. This report can be shared later in the year.

BHIF 2024/25 Project Summary (7 projects* continuing 25/26)

Organisation	Project	Who benefits
Bath City FC Foundation*	***Off the Pitch*** **Health and lifestyles interventions workshops and 1-1 support**	**20% most deprived Severe mental illness**
Bath Rugby Foundation*	**Hi5! Inclusive after school clubs for children with SEND**	**Children with special educational needs 20% most deprived**
BEMSCA*	**Community Connector at Community Wellbeing Hub Support BAME community after hospital discharge**	**BAME**
Bright Start Children's Centres*	**Perinatal mental health support for families facing MH challenges**	**Mothers/babies**
Developing Health & Independence	Homeless Hospital Discharge Service at RUH Providing MH support for those leaving hospital	Homeless
Dorothy House*	**Palliative and EoL care for people experiencing homelessness**	**Homeless**
HCRG Care Group	LD nursing Oral Health Support for CYP with disability/autism	Children & young people Special educational needs
Mental Health Motorbike	Providing community base MH support for motorcyclists	Males
Off The Record	1:1 MH/listening support for CYP in Twerton and Whiteway	20% most deprived
Southside Family Project*	**Targeted family support worker for vulnerable families in Twerton**	**20% most deprived**
Soundwell Music Therapy	Music therapy / art therapy for people with psychosis or schizophrenia	Severe mental illness
Voices *	**Trauma informed recovery for domestic abuse survivors**	**Domestic abuse survivors**

BHIF Projects 2024/25 – Metrics

The tables below and overleaf capture high level summary activity and outcomes as individual projects have specific indicators. There are issues in capturing impact due to the wide scope of the projects, and variation in evaluation tools and scales and what was reported. Projects covered localities across B&NES including rural communities.

Core20/ PLUS GROUP	No of Projects
Core20	5
SEND	2
Homeless	2
BME	1
SMI	2
FSME	1
Young Carers	1
ACE's	2

Activity	No of participants
Engaged mental health promotion events	200
Engaged in CYP lifestyle activities	25
Engaged in family support	133
Engaged in domestic abuse support	21
Engaged in homeless healthcare and homeless support services	188
Referral to further support for families (Core 20)	63

Theme	No of projects
Adult mental wellbeing	3
Adult lifestyle interventions	1
CYP mental health	2
CYP lifestyle interventions	1
Oral Health	1
Family support	2
Homeless healthcare	2
Domestic abuse survivor support	1

Outcome	Individuals reporting improved outcomes
Improved mental wellbeing adult	44
Improved mental wellbeing CYP	142
Improved outcomes relating to family life	30
Improved scores on one or more measures regarding safety and resilience (DA)	21
Homelessness prevented	34
Improved toothbrushing	44
Improved dental health outcomes after referral to specialist dental healthcare	13

BHIF Projects 2024/25 – Metrics

Organisation	Project	Engagement & Impact
Bath City FC Foundation	*Off The Pitch*, Health and lifestyle interventions	Warwick Edinburgh scale - 66% of participants with better wellbeing. 2 safeguarding referrals, 29 hrs of out of session support, 47 sessions. Average attendance of 54 people (target groups) per week
Bath Rugby Foundation	Inclusive clubs for children with SEND	241 attendances from 25 participants (across 25 sessions totalling 361.5 hours). Legacy increased engagement in sports
BEMSCA	Community Connector at the Community Wellbeing Hub to support ethnic minority groups at hospital discharge (RUH)	Supported 148 people, 62 referrals made and received 19 referrals. Legacy: training and engagement with RUH staff to ensure more equitable service
Bright Start Children's Centres	Perinatal Mental Health Support	Referrals: 92; 1:1 support: 44 Referral to other services: 83 (e.g. Trauma Counselling Service); Light touch: 138 Sessions for dads: 2 Increased support for fathers. Positive reduction in mental health score in 1:1 support, parents reported lower levels of anxiety and increased confidence around accessing peer support, domestic abuse disclosure
DHI	Homeless Hospital Discharge (HHD) Service RUH	As a result of funding from Health Inequalities a total of 76 individuals who were homeless at point of admission had their homelessness situation relieved. Many of these would have been rough sleeping and relief would have been to emergency night shelter accommodation, bed and breakfast or on occasions to stay with family or friends. 152 individuals who were at risk of homelessness because of being in hospital were prevented from becoming homelessthe team completed a total of 175 duty to refer to housing options teams. The majority of these would have been to B&NES and Wiltshire but would also have included other local authorities throughout the country. BHIF funding provided an opportunity to identify more sustained funding for the project going forward.
Dorothy House	Creation of pathway for people experiencing homelessness to access palliative and EoL care	Outreach across communities - received 14 referrals/enquiries. people with a palliative diagnosis -Stakeholder engagement 17 new stakeholders contacted & met, 7 service users or family/friends supported, 12 total referrals into HLW service.

Organisation	Project	Engagement & Impact
HCRG Care Group	Community LD nursing capacity to support children's oral health	56 children had Oral Health Assessments completed, 46 children enrolled and completed support (44 with improved outcomes in toothbrushing). Equipment to help children with techniques and access to dental care (13 children referred to Special Care Dentist) - 98% with improved outcomes for oral health. Legacy of project includes equipment purchased and nurses trained and skilled to continue supporting oral health of CYP with SEND
Mental Health Motorbike	Community based mental health support for motorcyclists (MHFA training and support)	Engaged with over 200 individuals at 16 events; provided information on mental health support and resources. Conducted 12 outreach activities, including attending events like the Kingswood Bike. Legacy: 4 bikers trained in MHFA, Increased links with social prescribers and primary care providing gateway to is group. Awareness raising of men's health issues
Off the Record	1-2-1 mental health/listening service for CYP in Twerton and Whiteway	Improvements in the MH and wellbeing for 125 CYP who engaged aged 10-25 years 90% of whom are living in T&W. Using Core 10 measurement scores the average reduction was from 22.4 (moderate to severe psychological distress) before the support, to 16.1 (mild/moderate level distress) at the end of the support. 100% young people who fed back would rate the service very good or excellent 98% of young people who fed back would recommend the service to a friend
Southside Family Project	Targeted family support worker for vulnerable families in Twerton	37referrals for Family Support for families in Twerton with needs including mental ill-health, special educational needs and disabilities, experience of racism and discrimination, trauma and experience of domestic abuse, attachment disorders, learning disabilities, physical health challenges and disability, issues with school attendance and risk of exclusion, food and energy poverty, social isolation and a child at risk of exploitation. Supported through targeted whole family support case work, home visits, mentoring, coaching, practical food and other support and engagement e.g. Community Hub Group at Bath City Farm. Good progress made on 'distance travelled' outcomes assessment
Soundwell Music Therapy	Music/art therapy for people with psychosis and/or schizophrenia	Overall, 14 attendees to group session and 14 to open group support. 100% with positive personal change, 92% with improved social connections, 92% increased resilience and 100% proactive engagement for 20 week engagement with 92% meeting goals in open group sessions
VOICES	Trauma informed recovery service for domestic abuse survivors	two group work courses, three times per year. Promotion of domestic abuse resources and health education. Running the Freedom Course with 21 participants and Recovery Toolkit sessions. 21 women started the Freedom course and 31 in one-to-one support.

Children and Young People (CYP)
Adults
Adults and CYP

Case studies

Soundwell Music Therapy

Music therapy gave me a sense of being heard and seen without having to always verbalise or intellectualise my feelings into thoughts and language. I saw my confidence grow, felt myself connect with a freedom to allow myself to be playful and explorative without being an expert. It made me think differently about myself in ways in which I can express feelings and traumas.

Off the Record

SS said “he found sessions really useful and to have a safe space to come to check in each week” in sessions he felt “comfortable talking about his challenges without worrying or burdening his already stretched family” and know “he could be completely open”

Brightstart

I feel that it helped to make me a better parent, feeling calmer, lighter and more productive. It was a great point during my week to be able to reset and calm any anxiety I was feeling. Practically, I was really supported in getting organised at home which in turn helped my mental health state to improve.

BEMSCA

Mr J was referred via the CWH to the MDT and have had support from other partners. He came by the CWH hub as he knew I worked there, he had had a message from his GP on his phone and was unable to respond in making the appointment.

A member of the digital inclusion team was then able to come and support him to make the appointment and set it on his diary reminder on his phone. She offered him the training could attend in the atrium. He accepted and will bring his laptop to the appointment. He stayed on to have a chat, 40 minutes, he shared as an old person and not understanding technology he felt left out.

Hi5

L faces significant challenges, including learning disabilities, autism, anxiety, hypermobility, auditory hypersensitivity, and visual perception difficulties. She also navigates a complex family dynamic, with her father managing significant physical disabilities and her brother living with a rare disorder.

In the face of these hurdles, Hi5! Clubs and the additional sporting opportunities have provided L with a lifeline, empowering her to manage her anxiety, build confidence, and foster a sense of belonging. Now L continues to thrive, playing for the Bath Ladies Trojans.

Southside

D continues to engage with weekly support and there has been a noticeable improvement in his confidence and ability to support the children. We hope this will enable D to encourage J to engage with support, and again, model to J that change is possible

BHIF Projects 2024/25 - Legacy and Learning

Opportunities
The application process raised awareness around health inequalities, and the 12 successful project have formed a community of practice as projects have made cross-referrals and promotion of services and a wider public health agenda.

The funding has supported development of an evidence base of 'what works' as well as a chance to innovate, pilot and develop a service e.g. *Bright Start children's centres & development of a PIMH network; Oral health project; Dorothy House co-creation of EoL pathway*

Sustainability
Seven of the projects have had funding agreed for two or three years and will be continuing into 25/26. Some projects with no additional legacy are BAU services and will be seeking funding elsewhere to allow for continuation of the service. One project has secured sustained alternative funding. Some projects are ending but will be leaving a legacy Including: Training tools, Health information literature and equipment (e.g. the CYP oral health project); Increased visibility of services in communities; Research to inform future ways of working/engaging; networks and collaborative working arrangements

Challenges
- Delays in process of grant agreements and getting funds out impacted project delivery and stakeholder relationships
- Short term funding presents difficulties in having time to demonstrate impact; mobilisation & building trust takes time.
- Risk of losing staff if additional funding not secured as fixed term contracts nearing end dates

Learning
- Other funding streams have impacted on financial viability and stability of other services
- Unanticipated factors led to change in delivery models in some cases so that less individuals supported, but those supported are supported for longer while other services had high demand and needed to adapt including signposting to other organisations where possible
- Signposting and follow on services are a challenge as the landscape of services 'shrinks' in response to less resource in the system

Primary Care Based Projects 2024-25 (Total value £36k)

In addition to the BHIF projects the following **primary care focused** projects have been funded from the initial 2022/23 health inequalities funding allocation for B&NES. It was deemed appropriate to fund these projects as there were very few BHIF applications from primary care – these were the highest scoring from the sector.

Autism Spectrum Disorder (ASD) Friendly GP Project (underway) Development of a Toolkit to include resources and a Training and awareness Programme for primary care teams to support them provide a more inclusive service

Primary Care Outreach at Pennard Court in Twerton & Whiteway (core20) (Completed) Partnership approach to increasing access and taking services to people in a manner that is acceptable to them. The residential setting is located within the most deprived (core 20% IMD) locality within B&NES. This project arose from engagement with the local GP Practice to understand what support they needed and the challenges they faced when providing services for their LD population. Learning is informing further targeted outreach with other underserved communities.

Targeted Smoking Cessation Project (underway) Identifying cohorts within target practices to run searches and explore innovative ways to engage patients to consider a quit journey, utilising the Swap to Stop programme The targeted smoking cessation project aimed at promoting the swap to stop initiative for patients of 6 GP Practices in B&NES within a defined cohort focusing on areas of higher deprivation by IMD. The project involves liaison with Practices, local voluntary, community and faith groups to provide smoking cessation, and other healthy lifestyle, advice, and to offer smokers a free vaping kit as a first step towards stopping smoking.

B&NES Health Inequalities Fund Projects 25/26

2025/26 Health Inequalities Grant Funding Programme

B&NES stakeholders were invited to submit bids to address prioritised health inequalities in Core20 areas and PLUS groups in B&NES.

The areas of inequality were chosen following a workshop with Core BHIG members to prioritise across the10 clinical areas using a template which captured public health intelligence, service data, wider determinants and community voice. The priorities selected were:

Adults

- Low uptake of annual physical health checks for those with severe mental illness (SMI)

Children and Young People

- Improving mental health in children and young people who are more at risk of developing poor mental health
- Address over reliance in children and young people on asthma reliever medications and decrease the number of asthma attacks.

Projects (approx. £92K)

The three projects selected are

- PCN/AWP: Outreach to promote physical health checks among people living with SMI
- B&NES YJS/Forensic CAMHS: Enhanced Case Management service
- Bath Mind: CYP Early Connections

3. The B&NES Health Inequalities Network

The B&NES network team have worked as ‘connectors’ working with existing partnerships across B&NES. Following the steer from BSW ICB the main focus has been on addressing Healthcare Inequalities’. The headline progress of the Council’s HI Manager are set out below. The work of the leads in Primary Care and the RUH is covered in the subsequent slides.

Oversight of B&NES allocation of Health Inequalities Funding (BHIF)

- The B&NES HI Manager led the 2024/25 funding process, developing supporting guidance, communicating with local stakeholders and facilitating the scoring and decisions process. The HI Manager also supported mobilisation and effective delivery of the 12 BHIF and primary care projects funded for 2024/25
- By linking with HI leads across the system, the HI Manager was able to learn from and collaborate with Health Inequalities partners within B&NES and across BSW
- Liaising with local funded projects and the ICB to ensure monitoring was in place and there was good reporting on delivery/impact against spend for the ICB

The B&NES HI Manager established the B&NES Health Inequalities Group (BHIG) and Dynamic Core20PLUS5 Delivery Plan, gaining good engagement. This built on local engagement at community events, relationship building and mapping of positive assets in local communities. They supported development of the Whole Systems Health Improvement Framework ensuring HI are prioritised and were involved in the commissioning process for the Healthwatch Tender and for B&NES Community Services ensuring that addressing health inequalities is a ‘golden thread’ in service specifications and throughout the commissioning cycle. They also presented, networked and linked with Third Sector colleagues through the 3SG Integrated Care network providing updates and engagement.
They ensured the HWB is focused on inequalities by contributing to the outcomes framework and implementation plan

3. Network: Addressing HI at the RUH - Highlights

Strategic Focus on Inequalities

An interdepartmental Steering Group has been established to oversee the Health Inequalities Programme. HI metrics have been integrated into all service evaluation frameworks. There have been awareness raising campaigns and training for staff. Work is in progress to improve ethnicity data capture.

Treating Tobacco Dependency

The service is delivered by Health Coaches who work holistically tackling the core determinants of health, adopting Personalised Care principles to support inpatients to quit smoking. Since September 2024:

354 patients have been offered the service with 100% ward coverage. Approx 35% patients who engaged with the service remained smoke-free at 28 days

53 community referrals made (addressing wider wellbeing) including OT, alcohol dependency, weight management, older adults support, mental health, digital support and social prescribing

Digital Inclusion Project

The service is delivered by Digital Navigators who work holistically tackling the core determinants of health Since October 2024:

203 patients have accessed the service, 29% of whom needed help to use the NHS app. 77% of service users felt more confident and motivated to use technology or doing things online after accessing the service

38% patients were signposted to community services and organisations e.g. Age Concern, libraries, One Stop centres

Barriers to attendance (DNAs)

Between December 24 and April 25, 300+ pts who missed their appt were contacted to understand and help overcome barriers to attending. The University of Bath and RUH are working together to analyse the data and a report will be available in Autumn 2025

3. Network: Supporting Primary Care (BEMS) - highlights

Engaging with Primary Care

- Aligning health inequalities work with the Primary Care Network (PCN) contract and finding 'common ground' – there is now a regular standing agenda item on HI at PCN managers meetings.
- Representing and providing an interface to primary care and HI outreach e.g. childhood immunisations in Twerton; Care Home Vaccination Project
- BEMs have supported negotiation of activity-based payment structure for Practices to encourage increased engagement in smoking cessation work in primary care.
- Intelligence support for funding bids to address HI

Population Health Management

HI Data Packs for all 6 PCNS across Core20PLUS5 topic areas (adults) have supported identification of key priorities

High Intensity Users Project responding to PCN manager concerns about freeing up appointments to address inequalities involved undertaking analysis and strengthening links with social prescribing

Outreach Projects

Example: Cancer care for boaters and travellers – increasing GP registration through working with practices to make the process easier. Enhancing data capture so that this population can be identified and targeted e.g. for screening. An extension of the project has been social media campaigns and resources to engage target groups.

Learning Disability Care Home outreach event in Core20 area

Cancer Screening BEMS secured £25k SWAG funding to support early diagnosis through HI targeted social media campaigns

Linking with Hope House Surgery to support the Pain Café (self management and peer support to free up appointment time and support those managing pain)

Community and stakeholder engagement

- Community Asset mapping in Twerton and supporting Bath City Farm linking with primary care
- Supporting digital inclusion and increased use of the NHS app in primary care.

3. Reflections on the B&NES Health Inequalities Network Approach

Opportunities

The creation of posts in different parts of our local system has supported creation and development of relationships across organisations and sectors. Momentum needs to continue to ensure that relationships with our PCNs, practices, secondary care, community partners, 3rd sector organisations are maintained and strengthened.

BEMS has been effective in facilitating connections with primary care (it was noted that other HI teams across BSW struggled significantly more with engagement). Specialist understanding of the PCN contract created opportunities to find 'common ground

The HI Lead at the RUH has created a sustained approach through establishing a steering group and strategic leadership ensuring that HI is embedded into the culture of the Trust.

Challenges

Challenges in engaging front line primary and secondary care due to competing pressures – difficult to truly 'left shift'

Primary Care – took time to effectively engage PCNs and practices in HI work initially. HI work is often targeted and requires a lot more initial resources from the practice. It is a challenging time for primary care in terms of workload and staff retention

Pressure on services, Loss of QOF indicators relating to health inequalities

Focus on healthcare inequality has meant reduced focus on the core determinants (wider socio-economic and environmental factors) in line with Marmot principles for health equity

Risks

Vulnerability of inequalities workstream in context of system pressures and organisational change
Continuity and consistency could be affected by current climate of uncertainty in BSW and nationally.
A long term view and focus is required to create a more equitable B&NES – it will take a generation to address the root causes of health inequalities
There is a need for continued focus on Population Health Management and HI intelligence

4. The role of the Health and Wellbeing Board in sustaining progress on Health Inequalities

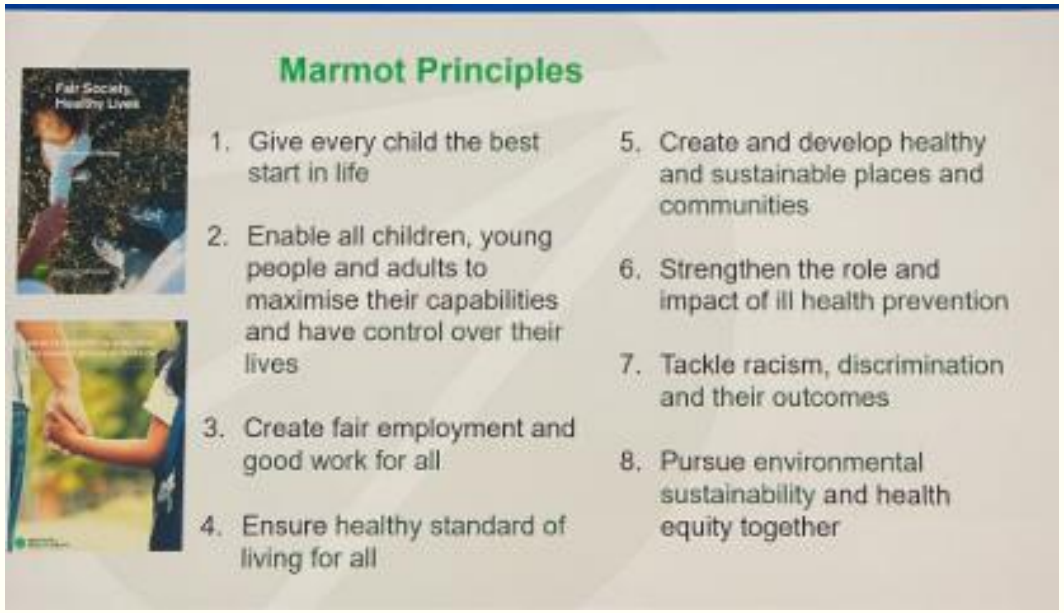
The Health and Wellbeing Board is asked to consider how it can advocate for the need for continued prioritisation and governance arrangements (or at least assurance on alignment) for work on health equity going forward.

Place-Based Approach

The Health and Wellbeing Board is uniquely placed to champion a **'Place Based Approaches for Reducing Health Inequalities'** through its role in oversight of collaborative action across a number of important elements to reduce inequalities at civic and community level and through service-based interventions

A 'Marmot Place'

To date the steer for the HI work programme has been predominantly focused on reducing healthcare inequalities which are important, but this does not address the root causes of ill health and inequality. Through its role the Health and Wellbeing Board could advocate for a broader approach focusing more explicitly on the Marmot Principles for Health Equity



https://www.instituteofhealthequity.org/taking-action/marmot-places

The Health and Wellbeing Board are invited to consider the following questions

1. What is the role of the Health and Wellbeing Board in sustaining progress on Health Inequalities in B&NES? Is there a way of keeping the HI Delivery Plan and BHIG/Network going with reduced coordination capacity?

2. Consider what can be built on in the JHWS strategy objectives as we refresh the actions for 2025/26 as part of the implementation plan refresh? Are the B&NES Core20 + PLUS groups widely known and considered across the 4 priority theme areas of the JHWS?

3. The JHWS provides a vehicle for addressing wider social, economic and environmental determinants of inequality. In line with Marmot Principles for Health Equity can the Board make the contribution more explicit e.g. transport and housing impact on childhood asthma? More explicit focus on addressing Child Poverty (which has increased)**?**

Bath & North East Somerset Council	
MEETING/ DECISION MAKER:	**Health and Wellbeing Board**
MEETING/ DECISION DATE:	**03 July 2025**
TITLE:	**Bath and North East Somerset Better Care Fund Quarter 4 End of Year National Data Return**
WARD:	All
AN OPEN PUBLIC ITEM	
List of attachments to this report: BCF Return Excel Document (On Request)	

1 THE ISSUE

1.1 Bath and North East Somerset Council with the Integrated Care Board (ICB) has a statutory duty, through the Health and Wellbeing Board to approve activity related to the Better Care Fund as defined in the requirements of the central Government allocation of these funds. For the period 2024 to 2025, these include a two-year narrative and activity plan, a mid-point planning update and quarterly reports throughout the years. The End of Year report is now being submitted and requires approval from the Health and Wellbeing Board.

2 RECOMMENDATION

The Board is asked to;

2.1 Ratify the BCF Quarter 4 End of Year return.

3 THE REPORT

3.1 The Health and Wellbeing Board agreed the proposed plan and narrative explanation for the Better Care Fund 2023-2025 prior to submission in June 2023 and to the planning addendum for 24/25 in July 2024.

3.2 Quarterly reporting is required by national partners which require consultation, agreement, and ratification in line with the agreed governance process.

3.3 The report has been compiled by the Better Care Fund Manager in consultation with relevant senior partners within B&NES Council and BSW ICB, following the agreed governance process.

3.4 Requirements for the submission are pre-defined and the BCF manager is provided with templates with prepopulated fixed cells. This does not form or change our published Narrative plan which has been renewed and approved for 25-26.

3.5 Requirements for the submission include reporting against key metrics specific for the 2023 to 2025 period, which apply to varying degrees to work funded partly or wholly by BCF pooled funding, as well as capacity and demand for hospital and community discharge services for the year.

3.6 The spreadsheet return also requires reporting final spend and activity against specific defined categories related to schemes. These categories of reporting have been defined by the NHS England BCF team and schemes are allocated to categories at a local level on a best fit basis.

3.7 Data has been verified via relevant Business Intelligence teams and aligned with other data sets and submissions including Market Sustainability planning and the previously the system led Winter Plan.

3.8 The report has been approved by Laura Ambler (ICB Place Director) and Suzanne Westhead (B&NES Director of Adult Social Care) and was submitted according to the deadline of the 5th June 2025.

3.9 It should be noted that Health and Wellbeing Board meetings do not always precisely align with BCF returns. The National BCF guidelines accept that returns may be given approval, via delegated responsibility by officers and can then be given formal approval via the Health and Wellbeing Board both before and after submission.

RETURN SUMMARY

3.10 The 4 National Conditions to produce a jointly agreed plan, to Implement BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer, to implement BCF Policy Objective 2: Providing the right care in the right place at the right time and to maintain NHS's contribution to adult social care and investment in NHS commissioned out of hospital services **have all been met.**

3.11 National Metric 1 Avoidable Admissions (Unplanned hospitalisation for chronic ambulatory care sensitive conditions)

Target trajectory: Lower is positive	
Planned performance for each quarter 152	**Target Met**
Actual performance up to Q3 41.7	

Challenges: Increasing demand and complexity in attendances, which in turn places higher demand on community services and reduces capacity to support anticipatory care approaches to support people to remain at home.

Achievements: Care co-ordination promoting out of hospital pathways and access to services. The teams in B&NES continue to work flexibly, to ensure

that we use all of our available capacity flexibly across community services, to meet any peaks in demand. Respiratory hubs were enacted building on last year's success and ran from November 24 to March 25, targeting known areas of deprivation.

3.12 National Metric 2 Discharge to normal place of residence (Percentage of people who are discharged from acute hospital to their normal place of residence)

Target trajectory: Higher is positive	
Planned performance 91.5%	**Target Met**
Actual performance 91.49%	

Challenges: Ongoing work to ensure efficiencies are maximised and processes are aligned to ensure smooth and timely discharge.

Achievements: The success of the Home First pathway and the implementation of the Transfer of Care Hub (TOCH) has accelerated the numbers of people being discharged to their usual residence, avoiding assessments being conducted in the acute. In B&NES, we continue to provide P0 and 1 support in the acute alongside care journey co-ordination and spot purchased interim home care which enables more people to return home with additional care, allowing ongoing assessments to take place in the community. This approach has led to positive outcomes, helping to avoid unnecessary inpatient stays and ensuring people receive the right support in their own homes.

3.13 National Metric 3 Falls (Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000)

Target trajectory: Lower is positive	
Planned performance 1926.4	**Target Met**
Actual performance 1812.7	

Challenges: The BSW UCR Steering Group is working to improve responses to falls and reduce any misunderstanding re which service can respond, and when and how this is communicated to all services

Achievements: Care co-ordination promotes out of hospital pathways e.g. UCR, H@H to avoid unnecessary conveyance. The Frailty and Falls project works to deliver a joined up and early assessment approach which has enabled effective and targeted support.

3.14 National Metric 4 Residential Admissions (Rate of permanent admissions to residential care per 100,000 population (65+))

Target trajectory: Lower is positive	
Planned performance 642	**Target Met (within 2% variation due to peak in Q3)**
Actual performance 686	

Challenges: Continued pressure on care home admissions for older people due to complexity of need and ageing population where supply of beds for high and complex needs is limited.

Achievements: Wider support achieved through community partners, is helping to ensure that services are provided to meet the individual's specific needs and that they are regularly reviewed. Development of hospital connector and community connector models supporting knowledge of care needs. Frailty project for early identification and support awaiting development into BSW planning. The impact on permanent admissions may be a longer-term benefit.

3.14 Capacity and Demand

Areas are required to reflect on changes to understanding of demand and available capacity for admissions avoidance and hospital discharge since the completion of the original BCF plans.

Question 1 How have your estimates for capacity and demand changed since the last reporting period? Please describe how you are building on your learning across the year where any changes were needed.
Our capacity and demand estimates have been updated to reflect both national trajectories and local modelling adjustments, particularly in response to the 9% NCTR requirement by September and associated discharge targets. We have worked closely with Business Intelligence colleagues to incorporate refined assumptions on growth, acuity, and the impact of backlog clearance on discharge planning.

Learning from Q3 and throughout 24/25 has reinforced the importance of real-time data, flexible community service deployment, and the need for dynamic discharge planning to meet daily throughput expectations. We've applied this to our planning for 25/26, with strengthened escalation frameworks and clearer locality-level alignment on discharge prioritisation. A revised demand profile underpins a shared understanding of what is required, and partners are clear that this trajectory is tight but necessary.

The comprehensive system-wide plan to meet these targets is now in the final stages of agreement. Learning from the analysis of last year’s 24/25 additional capacity schemes has directly informed our approach to commissioning for 25/26, focusing on value, effectiveness, and sustainability.

Question 2 Do you have any capacity concerns for 25/26? Please consider both your community capacity and hospital discharge capacity.
Meeting the required 9% NCTR target will require continued focus on effort to deliver what works especially during periods of seasonal pressure. Our biggest risks are aligned to community capacity to absorb increased flow, especially for complex patients requiring reablement or home-based support.

However, locality colleagues continue to work collaboratively to manage and mitigate these risks through enhanced oversight of jointly commissioned and funded services. The lessons from Q3 and 2425 delivery have allowed for earlier identification of pinch points and targeted investment in priority areas such as Hospital@Home, Care Coordination, and 111 validation and streaming.

We are actively refining workforce deployment and scaling up key discharge enablers ahead of winter 25/26. Continued monitoring and agility in commissioning responses will be vital.

Question 3 Where actual demand exceeds capacity what is your approach to ensuring people are supported to avoid admission or to enable discharge? Please describe how this improves on your approach from the last reporting period.
We continue to apply a whole-system approach rooted in Home First principles, supporting individuals to remain at home or return home as soon as clinically appropriate. In situations where demand exceeds available capacity, we use coordinated multi-agency responses to flex resources across the care continuum.

We have refined our escalation and surge planning protocols, strengthened by the 111 ED validation pilot and enhanced Care Coordination capacity. These have contributed to more appropriate streaming of patients, reducing pressure on front-door services and improving patient flow.

Compared to Q3, there is now stronger alignment between operational teams and commissioning intent, with better use of real-time data, daily tracking against discharge targets, and increased maturity in place-based joint working. The approach for 25/26 will also benefit from the system-wide governance and accountability framework established to oversee NCTR and ED reduction trajectories.

Question 4 Do you have any specific support needs to raise? Please consider any priorities for 25/26 planning
Please note due to major cyberattack and subsequent data outage issues within the provider lines 15,16, 32 and 33 are estimated activity data based on system understanding known data.

Our main support need relates to sustaining momentum on delivery against the NCTR trajectory and ED attendance reduction, especially through the transition to new contract arrangements and pressures on workforce availability.

Support would be welcomed on:

- Continuing national visibility of the challenges associated with tight NCTR timescales and seasonal fluctuations.

- Access to regional insights and peer learning from systems ahead on discharge to assess impact and replicability.

- Greater flexibility in funding mechanisms to allow for rapid in-year adjustments where schemes demonstrate high impact.

Planning for 25/26 is well progressed and in the delivery phase, with refinement of schemes based on 2425 delivery, and a shared system-wide understanding that delivery against these targets is a collective priority.

3.15 Expenditure Summary

Areas are required to report overall spend of allocated funding and against the plan. B&NES reported 100% of funding commitment spent as planned.

4 STATUTORY CONSIDERATIONS

4.1 The statutory considerations are set out in section 1 of this report.

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

5.1 No specific resource implications are identified in this report, as commitments have already been made through previous approvals.

6 RISK MANAGEMENT

6.1 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council and ICA's decision making risk management guidance.

7 EQUALITIES

7.1 The joint Health and Wellbeing Strategy for B&NES is in operation supporting aims to improve health and wellbeing outcomes for low-income households, vulnerable groups, and people with specific accessibility needs. An Equalities Impact Assessment (EQIA) has been carried out in relation to the BCF schemes and the schemes have been agreed previously by the HWB to fulfil commitments in the Health and Wellbeing and Inequalities strategies.

8 CLIMATE CHANGE

8.1 This report does not directly impact on supporting climate change progress.

9 OTHER OPTIONS CONSIDERED

9.1 None

10 CONSULTATION

10.1 Appropriate consultation has taken place in the construction and development of this return as mentioned in 3.3.

Contact person	Lucy Lang Lucy_lang@bathnes.gov.uk
Background papers	
Please contact the report author if you need to access this report in an alternative format	

Ongoing Reporting

Our proposed changes to the BCF reporting process in 2025-26 are designed to:

a. enable local authority and NHS partners focus on the achievement of outcomes, supporting meaningful planning and adapting services and resource allocations where needed.

b. ensure that nationally, we are able to gain clearer insights into the performance of local areas, including being able to better identify, more quickly, those areas who are performing well and those who are facing challenges.

c. reduce overall burdens, with a focus on collecting genuinely useful data and information.

Reporting will commence in Q1 of 2025 and each HWB area will be expected to submit a signed off report to the national Better Care Fund team.

Further details on the reporting requirements will be shared with local areas ahead of 2025-26.

Quarter	Template available to HWB areas	Signed off HWB submission date
Quarter 1	16 June 2025	15 August 2025
Quarter 2	15 September 2025	31 October 2025
Quarter 3	15 December 2025	30 January 2026
End of Year	12 March 2026	29 May 2026

All templates will be available on the Better Care Exchange

HWB submissions once signed off must be emailed to the national Better Care Fund team england.bettercarefundteam@nhs.net and to the regional Better Care Manager by noon on the submission date.

This page is intentionally left blank