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	