

<b>Bath &amp; North East Somerset Council</b>	
MEETING/ DECISION MAKER:	<b>Health and Wellbeing Board</b>
MEETING/ DECISION DATE:	<b>6<sup>th</sup> November 2025</b>
TITLE:	<b>Bath and North East Somerset Better Care Fund Quarter 2 National Data Return</b>
WARD:	All
<b>AN OPEN PUBLIC ITEM</b>	
<b>List of attachments to this report:</b> 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 2025 to 20256, these include a single year narrative and activity plan and quarterly reports throughout the year. The Quarter 2 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 2 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 2025-2026 prior to submission in April 2025.
- 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 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 approved for 25-26.
- 3.5 Requirements for the submission include reporting against key metrics specific for the 2025 to 2026 period, which apply to varying degrees to work funded partly or wholly by BCF pooled funding.
- 3.6 The spreadsheet return also requires reporting spend against sources of funding pooled in the BCF.
- 3.7 The report has been approved by Laura Ambler (ICB Place Director) and Suzanne Westhead (B&NES Director of Adult Social Care) and will be submitted according to the deadline of the 11<sup>th</sup> November 2025.
- 3.8 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**

3.9 The 4 National Conditions are to:

(1) Have a jointly agreed plan -

- a) Local health and social care commissioners must agree to a plan, which is then signed off by the Health and Wellbeing Board (HWB).
- b) The plan should set out a joined-up approach to person-centred services, including joint commissioning and arrangements for embedding the discharge policy.

(2) Meet Policy objectives –

- a) Objective 1: Shift from sickness to prevention: Support people to stay healthier and more independent for longer.
- b) Objective 2: Shift from hospital to home: Provide the right care in the right place at the right time, focusing on enabling people to stay at home.

(3) Comply with gran funding conditions -

- a) The NHS must continue its contribution to adult social care.
- b) Funding must be used in accordance with the BCF plan,
- c) Pooled into a single fund under a section 75 agreement to be used for the local BCF plan.

(4) Comply with oversight and reporting processes

3.10 **These conditions have all been met.**

3.11 National Metric 1 Emergency Admissions (for age 65+ per 100,000 of population)

Target trajectory: Lower is positive	
Planned performance 1720/100000 avg	<b>On Track to Meet Goal</b>
Actual performance up to Q2 1701/100000	

Increasing demand and complexity in attendances which presents challenge and in turn places higher demand on community services and reduces capacity to support anticipatory care approaches to support people to remain at home. However care co-ordination promoting out of hospital pathways and access to services is in place. The teams in B&NES continue to work flexibly, to ensure that we use all of our available capacity flexibly, to meet any surges in demand. Respiratory hubs are planned building on last year's success, targeting known areas of deprivation.

3.12 National Metric 2 Average length of Discharge Delay for all acute adult patients (including proportion discharged on their planned discharge day and for those delayed the average number of days delay)

Goal trajectory: Lower is positive			
Avg Discharge Delay for all (days)	Planned 0.5	Actual to date 0.6	<b>Not currently on track to meet goal</b>
Proportion discharged at Discharge Ready Date	88.5%	88%	
Avg delay for those discharged after DRD (days)	4.29	4.84	

Overall, discharge performance remains consistent with the direction of travel identified in the NCTR data. While the Bath and North East Somerset position appears not on track at surface level, local validation suggests this is partly attributable to data recording variation. The locality team is working with acute flow leads to refine discharge readiness recording and locally work on improving P0 performance is continuing led by RUH with support by B&NES VCSE. BCF-funded schemes continue to make a measurable contribution to supporting timely, safe discharge for people requiring supported pathways, manage surge demand and prepare for the winter ahead.

3.14 National Metric 3 Residential Admissions (Rate of permanent admissions to residential care per 100,000 population (65+))

Goal trajectory: Lower is positive	
Planned performance 325.2 (to Q2), annual 650.4	<b>On Track to Meet Goal</b>
Actual performance 285.7  (Q1 on track, Q2 over planned = overall on track)	

There is continued pressure on care home admissions for older people due to complexity of need and ageing population where options for continued care at home due to complex needs is not always most appropriate option. However wider support is achieved through effective support from community partnerships, which is helping to ensure that services are provided to meet the individual's specific needs and that they are regularly reviewed. Hospital connector and community connector models support knowledge of care needs and ASC restructure will continue to support this. Outcomes of frailty project for early identification and support positive and being integrated into BSW wide planning. The impact of preventive community support on permanent admissions may be a longer-term benefit, but current position is positive.

### 3.15 Expenditure Summary

Areas are required to report overall spend of allocated funding and against the plan. B&NES report 47% of funding commitment spent at end of Q2, with planned spend on track for 100% at year end.

## 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 is in place, 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.

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<b>Background papers</b>	
<b>Please contact the report author if you need to access this report in an alternative format</b>	