

| Bath & North East Somerset Council | |
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| MEETING/DECISION MAKER: | Health and Wellbeing Board |
| MEETING/DECISION DATE: | 5th February 2026 |
| TITLE: | Bath and North East Somerset Better Care Fund Quarter 3 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 2025 to 2026, these include a single year narrative and activity plan and quarterly reports throughout the year. The Quarter 3 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 3 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 Lucy Baker (Director of Learning Disability, Autism and Neurodivergence, Children and Young People and the Combined Place Team, BSW ICB) and Suzanne Westhead (B&NES Director of Adult Social Care) and was submitted according to the deadline of the 30th January 2026.

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 grant 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 | On track to meet goal |
| Actual performance up to Q2 1789/100000 | |

Increasing demand and complexity in attendances which presents challenge and in turn places higher demand on community services and reduces capacity for 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. Planned performance is ambitious and actual performance is close to this planned figure and an average across the year. Overall goal on track to be met with an anticipated reduction for Q4 with continued focus on respiratory hubs and anticipatory care.

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 0.49 | Actual to date 0.7 | Not currently on track to meet goal |
| 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 for length of stay related data at surface level, the goals set for planned performance are very ambitious and local validation suggests the performance 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 from B&NES VCSE via BCF funded hospital connector roles.

Other BCF-funded schemes, such as Trusted Assessors and interim homecare continue to make a measurable contribution to supporting timely, safe discharge

for people requiring supported pathways, manage surge demand and deliver during the winter period.

3.13 Positive progress has been made in the delivery of Adult Social Care assessments which continues to support the overall system flow. Adult Social Care receive on average 255 requests for Care Act assessments/reassessments per month and have reduced waiting lists for Care Act Assessments from 255 (January 2025) to 65 (October 2025). Occupational therapy assessment waiting have reduced from 229 (January 2025) to 45 (October 2025).

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 489.1 (to Q3), annual 639.6 | On Track to Meet Goal |
| Q1 102.3 (below plan) | |
| Q2 161.2 (above plan) | |
| Q3 102.3 (below plan) | |
| Overall YTD 365.9 | |

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 alongside new ASC teams aligned to enable effective discharge from acute and community hospitals. Outcomes of frailty project for early identification and support is positive and being integrated into planning for Neighbourhood Health. The impact of preventive community support such as CWH support of Wellbeing Courses, 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 69% of funding commitment spent at end of Q3, 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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| Background papers | |
| Please contact the report author if you need to access this report in an alternative format | |