



BRIEFING	TO:	Health and Wellbeing Board
	DATE:	Wednesday 25 th June 2025
	LEAD OFFICER	Steph Watt Health and Care Portfolio Lead, SYICB/RMBC E-mail: steph.watt@nhs.net
	TITLE:	Better Care Fund (BCF) Year End Template 2024/25
Background		
1.1	The purpose of this report is to agree the contents of the BCF Year End Template (Q4) Template which will be submitted to NHS England regarding the performance, expenditure, capacity and demand and actual activity of Rotherham’s Better Care Fund Plan for 2024/25.	
1.2	The overall delivery of the Better Care Fund continues to have a positive impact and improves joint working between health and social care in Rotherham.	
Key Issues		
2.1	The BCF Quarter 4 template covers reporting on: national conditions, metrics, actual activity in relation to hospital discharges and the community, expenditure and outputs.	
2.2	Below is a summary of information included within the BCF submission:	
2.3	National Conditions There are a total of 4 national conditions for 2024/25 which continue to be met through the delivery of the plan as follows: <ul style="list-style-type: none">• A plan has been jointly agreed between both partner organisations.• Implementation of BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer.• Implementation of BCF Policy Objective 2: Providing the right care in the right place at the right time.• Maintaining NHS’s contribution to adult social care and investment in NHS commissioned out of hospital services.	
3.	BCF Metrics There is a total of four BCF metrics within the BCF Q4 Template for 2024/25 which measures the impact of the plan as follows:	

3.1	<p>Avoidable Admissions – Indirectly standardised rate (ISR) of admissions per 100,000 population – On track to meet target.</p> <p>Achievements - Avoidable admissions in Q4 2024-25 are currently forecasted to be on target at 237.8 vs a plan of 296.0 admissions per 100,000 population.</p> <p>Challenges and any support needs – A key priority for the Rotherham urgent and emergency care recovery plan in 2024-25 is to reduce avoidable conveyances and admissions in order to meet the national 4-hour standard, G&A occupancy levels and no criteria to reside.</p> <p>Variance from Plan – Avoidable admissions decreased in Q4 and is below the planned figure.</p> <p>Mitigation for Recovery - Provisional figures for Q4 show a downtrend. This suggests that the work on alternative pathways on ED is beginning to have an impact. This includes developing alternative out of hospital pathways and four high impact change projects relating to frailty, ambulatory care and respiratory and diabetes pathways which are associated with high levels of admission. The growth of the virtual ward including frailty, respiratory and, most recently, the new heart failure pathway, are contributing to reducing avoidable admissions.</p>
3.2	<p>Falls – Emergency admissions due to falls in people aged 65 and over directly age standardised rate per 100,000 population – Not on track to meet target.</p> <p>Achievements - Q4 data shows a rate of 505.3, which is higher than the quarterly target of 456.0 (set as 25% of our annual target).</p> <p>Challenges and any support needs – A key priority area for Rotherham in 2024/25 is frailty, which is expected to impact this indicator. A small increase in admissions due to falls in people aged over 65 years has been planned, as previous years trend expected to continue.</p> <p>Variance from Plan – Q4 data shows an estimated rate of 505.3, the rate decreased compared to Q3 but remains higher than the planned figure 456.0 (set as 25% of our annual target).</p> <p>Mitigation for Recovery – The Rotherham High Impact Frailty Project includes a review of the care homes falls pathway.</p>
3.3	<p>Discharge to normal place of residence - Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence – Not on track to meet target.</p> <p>Achievements - Provisional Q4 figures, with February and March data still incomplete, are estimated at 93.7%, below the target of 95.4%. A full review will be conducted once the complete data is available.</p> <p>Challenges and any support needs – Q4 figures show a slight decrease in rates, with the latest data from March showing 93.7% against a target of 95.4%. Rotherham Place is currently reviewing the falls and frailty pathway for care homes to reduce avoidable conveyances and discharges.</p> <p>Variance from Plan – Provisional Q4 estimates (93.7%) show decrease in the rate but, remains below the Q4 planned figure (95.4%).</p>

3.4	<p>Mitigation for Recovery - Provisional figures for Q4 show a downtrend. There has been a sustained increase in demand to A&E resulting in increased admissions, with escalation beds open over the summer. This has impacted on discharge pathways, particularly enablement. At times it has been necessary to place people in short term bedded community care in order to release acute bed capacity. Work continues to increase capacity in enablement, which has improved over recent weeks.</p> <p>Residential Admissions – Long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care home, per 100,000 population – Not on track to meet target.</p> <p>Achievements - BCF monies are funding services that support out of hospital delivery of care and reduce admissions to 24-hour care including short-term packages of social care, reablement, rehabilitation, intermediate care, home from hospital, assistive technology, equipment and adaptations and other community services which are financed by the discharge fund.</p> <p>Challenges and any support needs – Increased demand across the system, acuity and also linked to the journey of people who previously were in short stay placements that move to long-term.</p> <p>Variance from Plan – 2024/25 Year End admissions are 3.1% above target due to increased demand across the service.</p> <p>Mitigation for Recovery - A task and finish group are looking at better health and social care linkages and solutions for people being discharged from hospital to ensure people are being supported to home first. Quality Assurance processes are in place to ensure lesser restrictive options are always exhausted before a long-stay placement considered / agreed.</p>
4.	<p>Capacity and Demand – Assumptions</p>
4.1	<p>Estimates for capacity and demand changed since last quarter.</p>
	<p>Activity has increased for rehabilitation at home in the community to support hospital avoidance. Activity has decreased for rehabilitation at home (Pathway 1) to support hospital discharge. This is because, it is the same team of staff who support admission avoidance and discharge.</p> <p>As a result of pressures on Pathway 1, there has been a slight increase in short-term bedded care (Pathway 2). Although BCF winter monies had been made available for additional enablement and social worker resource recruitment challenges meant that this could not be fully utilised. BCF money was used to recruit a Place system flow capacity manager, but this role did not start until January 2025, so there was a delayed impact.</p>
4.2	<p>Capacity Concerns for Q4</p>
	<p>We have seen unprecedented levels of demand in our Emergency Department in quarter 4 2024-25. Our 2024-5 plans were based on 260 attendances, but the average was over 300 in practice. We are therefore revising capacity and demand plans based on this. It is anticipated that ED demand will be reduced in 2025-6 as work continues on our alternative pathways to ED which will capitalise on a £7M capital build to develop our Same Day Emergency Care offer.</p>

	<p>In addition, we are carrying out a deep dive into attendances to better understand those presenting in an attempt to reduce avoidable activity.</p> <p>However, we have seen very high levels of acuity of those who were admitted, this has played out into discharge pathways with the need for higher levels of support. Given the aging population and home first approach where more people are successfully being supported in the community this is to be expected. We are therefore reviewing the capacity in each of our discharge pathways.</p>
4.3	<p>Actual demand exceeds capacity for a service type, our approach in ensuring that people are supported to avoid admission to hospital and to enable discharge</p> <p>Work is underway at Place to review capacity and demand across all admission avoidance and discharge pathways to ensure we have the right level of resource in the right place according to need.</p> <p>The next phase of the Transfer of Care/Discharge to Assess Model will be implemented in the first half of the year which will reduce pressure points in system flow and enable a more flexible allocation of resource across pathways. The Council have conducted a review of its enablement and integrated discharge service which will increase capacity in 2025-6.</p>
4.4	<p>Capacity and Demand - Actual Activity</p> <p>Actual activity to support hospital discharges and admission avoidance is included within the Q4 template from 1st January to 31st March 2025.</p>
4.5	<p>Expenditure and Outputs</p> <p>Expenditure and outputs for BCF funded schemes has been included in the Q4 template from 1st January to 31st March 2025.</p>
Key Actions and Relevant Timelines	
5.1	<p>The Better Care Fund Executive Group held on Friday 30th May 2025 approved (on behalf of the Health and Wellbeing Board) the:</p> <p>(i) Documentation for submission to NHS England (NHSE) on Friday 6th June 2025.</p>
Implications for Health Inequalities	
6.1	Addressing health inequalities is integral to the allocation of BCF resource and funded schemes. This includes contributing to achieving the strategic aims of developing healthy lifestyles and prevention pathways, supporting prevention and early diagnosis of chronic conditions and targeting variation.
6.2	BCF funded schemes which reduce health inequalities include carer support, social prescribing, Breathing Space and project support for the implementation of Population Health Management (PHM) priorities.
Recommendations	

7.1	<p>That the Health and Wellbeing Board notes the:</p> <p>(ii) Documentation for submission to NHS England (NHSE) on Friday 6th June 2025.</p>
-----	--