

BRIEFING	TO:	Health and Wellbeing Board
	DATE:	Wednesday, 24 <sup>th</sup> September 2025
	LEAD OFFICER	Steph Watt Health and Care Portfolio Lead, SYICB/RMBC E-mail: <a href="mailto:steph.watt@nhs.net">steph.watt@nhs.net</a>
	TITLE:	HWBB Report for Rotherham BCF 2025/26 Quarter 1 Reporting Template
Background		
1.1	The purpose of this report is to agree the contents of the BCF Q1 Reporting Template which will be submitted to NHS England regarding the metrics and expenditure of Rotherham’s Better Care Fund Plan for 2025/26.	
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 1 template covers reporting on: national conditions, metrics and expenditure.	
2.2	Below is a summary of information included within the BCF submission:	
2.3	<b>National Conditions</b>  There are a total of 4 national conditions for 2025/26 which continue to be met through the delivery of the plan as follows: <ul style="list-style-type: none"><li>Plans to be jointly agreed.</li><li>Implementing the objectives of the BCF.</li><li>Complying with grant and funding conditions, including maintaining the NHS minimum contribution to adult social care (ASC).</li><li>Complying with oversight and support processes.</li></ul>	
3.	<b>BCF Metrics</b>  There is a total of three BCF metrics within the BCF Q1 Template for 2025/26 which measures the impact of the plan as follows:	
3.1	<b>Emergency admissions to hospital for people aged 65+ per 100,000 population –</b> Not on track to meet goal.	

	<p><b>Achievements</b> - This is the first quarter of 2025–26 for reporting this data. The national SUS data shows that in the first quarter there has been some month-on-month variation. In April, the actual figure was 2,034.7 compared to the planned 1,943.3, slightly above the plan. In May, the actual was 2,122.5 against a planned 2,103.8. June recorded 2,081.4, which was slightly above the planned 2,062.7. Overall, the quarter 1 figures are slightly higher than the planned values across all three months.</p> <p><b>Challenges and any support needs</b> - A key priority for the Rotherham urgent and emergency care recovery plan in 2025-26 is to reduce avoidable conveyances and admissions in order to meet the national 4-hour standard, G&amp;A occupancy levels and no criteria to reside.</p> <p><b>Variance from Plan</b> – This is the first quarter of 2025–26 for reporting this data. Overall, the quarter 1 figures are slightly higher than the planned values across all three months.</p> <p><b>Mitigation for Recovery</b> - 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><b>Average length of discharge delay for all acute adult patients, derived from a combination of:</b></p> <ul style="list-style-type: none"> <li>• <b>proportion of adult patients discharged from acute hospitals on their Discharge Ready Date (DRD)</b></li> <li>• <b>for those adults patients not discharged on their DRD, average number of days from the DRD to discharge</b> - Not on track to meet goal.</li> </ul> <p><b>Achievements</b> - This is the first quarter of 2025–26 for reporting the Discharge Ready Date (DRD) metric, data shows that in April, the recorded average was 0.69 compared to a planned 0.65, May was 0.77 against the plan figure 0.72. June saw a slight decline to 0.67, above the planned figure of 0.65.</p> <p><b>Challenges and any support needs</b> – Whole system flow is a key priority in the Place urgent and emergency care programme. Targeted activity includes increasing same day discharges and improving system flow to reduce discharge delays. BCF funding including winter monies are being used to support this.</p> <p><b>Variance from Plan</b> – Q1 figures show the average length of discharge delay for all acute adult patients was higher than planned.</p> <p><b>Mitigation for Recovery</b> - There has been a sustained increase in demand in the Emergency Department resulting in increased admissions, with escalation beds remaining 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, as there has been insufficient capacity to support people at home, in order to release acute bed capacity. Work continues to increase capacity in enablement, with waiting lists having been halved. A redesign of adult social care pathways and formation of the multi-disciplinary transfer of care hub is facilitating a more integrated approach to system flow.</p>
3.3	<p><b>Long-term admissions to residential care homes and nursing homes for people age 65 and over per 100,000 population</b> – Not on track to meet goal.</p>

	<p><b>Achievements</b> - The 2025-26 BCF target has been set to a population rate of 563.6, which equates to 317 admissions over the year. During Quarter 1 there have been 122 new admissions against a target of 82. At the end of Quarter 1, we are 40 over target, resulting in a population rate of 227.74 (per 100,000), against a Quarter 1 target population rate of 153.07.</p> <p><b>Challenges and any support needs</b> – Increased demand across the system and higher levels of acuity has resulted in pressure on services supporting people at home. There has been an increase in placing people in short-term care beds which has in turn impacted on longer term placements.</p> <p><b>Variance from Plan</b> – At the end of Quarter 1, we are 40 over target, resulting in a population rate of 227.74 (per 100,000), against a Quarter 1 target population rate of 153.07. Based on previous learning, it is anticipated that Q1 figures will reduce following data validation and mitigation activity.</p> <p><b>Mitigation for Recovery</b> - 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 home first. Quality Assurance processes are in place to ensure less restrictive options are always utilised before a long-stay placement considered / agreed. Adult Social Care are working with health on a project to reduce short term placements in care homes, many of which translate into long term stays. The Council also continues to closely monitor the rates of admission with a focus on home first and residential care being only considered where there are no other appropriate alternatives to meeting needs. BCF monies are being used to support more people being cared for at home.</p> <p><b>4. Expenditure</b></p> <p>4.1 The Q1 Year-to-Date Actual Expenditure for BCF funded schemes. covering the period from 1st April to 30th June 2025, has been included in the Q1 template.</p>
<b>Key Actions and Relevant Timelines</b>	
5.1	<p><b>The Better Care Fund Executive Group held on Monday 11<sup>th</sup> August 2025 approved (on behalf of the Health and Wellbeing Board) the:</b></p> <p><b>(i) Documentation for submission to NHS England (NHSE) on Friday 15<sup>th</sup> August 2025.</b></p>
<b>Implications for Health Inequalities</b>	
6.1	<p>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.</p> <p>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.</p>

## Recommendations

7.1

**That the Health and Wellbeing Board notes the:**

**ii) Documentation for submission to NHS England (NHSE) on Friday 15<sup>th</sup> August 2025.**