

Health and Wellbeing Board

DATE	2 nd October 2025
REPORT OF	Councillor Shreeve Portfolio Holder for Health, Wellbeing and Adult Social Care
RESPONSIBLE OFFICER	Katie Brown, Director of Adult Services
SUBJECT	Better Care Fund (BCF)
STATUS	Open
FORWARD PLAN REF NO.	N/A

CONTRIBUTION TO OUR AIMS

The continued receipt of BCF monies contributes to the aims of stronger economy and stronger communities

EXECUTIVE SUMMARY

The Better Care Fund (BCF) is designed to promote integration between health and social care, and to create a local single pooled budget to incentivise the NHS and local government to work more closely together. BCF has not been the driver for integration in North East Lincolnshire (NEL), where an agreement under s75 of the NHS Act 2006, and pooled budget arrangements, have been in place since 2007.

Each area is required to produce a BCF plan annually, evidencing its progress towards integration since the last plan, and its focus during the coming year(s). Regular reports must be made to the Department of Health and Social Care (DHSC) and NHS England (NHSE). Local planning, reporting and spend is managed via the BCF Steering Group.

This report attaches the quarter one return submitted to NHSE on 7th August 2025, using Cllr Shreeve's delegated authority.

RECOMMENDATIONS

1. Approve the quarter one return.

REASONS FOR DECISION

It is a requirement of the BCF that local plans and reports are agreed by Health and Wellbeing Boards.

1. BACKGROUND AND ISSUES

- 1.1. BCF Q1 template was published on the Better Care Exchange at the end of June with the request that areas update the template and ensure sign off within their organisations prior to returning to NHSE by 15th August. It was noted that there is less data being collected in the quarterly reporting template in an attempt to reduce the burden/time required to complete. Therefore Capacity & Demand

data is no longer requested on a quarterly basis, however this may still be requested in the end of year submission for 2025/26 return.

- 1.2. The plan was sent to the relevant service leads for updating with the support from the ICB BI team who provided the data to support their narrative.

Areas of focus for quarter 1 report were:

- Emergency admissions to hospital for people aged 65+ per 100,000 population

Updated Plan	Apr 25 Plan	May 25 Plan	Jun 25 Plan	Jul 25 Plan	Aug 25 Plan	Sep 25 Plan	Oct 25 Plan	Nov 25 Plan	Dec 25 Plan	Jan 26 Plan	Feb 26 Plan	Mar 26 Plan
Rate	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Number of Admissions 65+												
Population of 65+	33,934.0	33,934.0	33,934.0	33,934.0	33,934.0	33,934.0	33,934.0	33,934.0	33,934.0	33,934.0	33,934.0	33,934.0
<p>If a goal has not been met please provide a short explanation, including noting any key mitigating actions.</p> <p>Key mitigating actions: Relaunched and refreshed the Primary Care Network Pro-Active Frailty specification and performance indicator metrics for 25-26 which will increase frailty assessments and care planning in community which will support a reduction in emergency admissions for those aged 65+ who are frail. Work underway in 25/26 to design and embed an Integrated Frailty model under the NEL Neighbourhood Health programme, which is anticipated to reduce unplanned demand due to better integrated care planning and an increase of upstream approaches to those with frailty.</p>												

- Average length of discharge delay for all acute adult patients

Updated Plan	Apr 25 Plan	May 25 Plan	Jun 25 Plan	Jul 25 Plan	Aug 25 Plan	Sep 25 Plan	Oct 25 Plan	Nov 25 Plan	Dec 25 Plan	Jan 26 Plan	Feb 26 Plan	Mar 26 Plan	What is the rationale behind the change in plan?
Average length of discharge delay for all acute adult patients	0.6	0.6	0.6	0.6	0.6	0.6	0.5	0.5	0.5	0.5	0.5	0.5	We believe the figures quoted within your template are including 'Null' value dates as 'Discharged on DRD' thus inflating the %. We have recalculated it by measuring locally following the same methodology of the other places within our ICB i.e. we have all adjusted 20% of the 'Null' values to UKH which in turn gives us a revised YTD figure (April - December 2024) of 0.6. Again, we have then followed the same methodology of the other places named within our ICB or uplating our YTD figure by 3% for March 2026 and applied 0.2% to April 2026 to February 2026. We will monitor this measure locally using the same methodology until such time as the coding issues are resolved.
Proportion of adult patients discharged from acute hospitals within discharge ready date	81.1%	81.1%	81.5%	81.7%	82.0%	82.2%	82.1%	82.6%	82.8%	83.0%	83.2%	83.4%	
For those adult patients not discharged on DRD, average number of days from DRD to discharge	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3.1	

2. RISKS AND OPPORTUNITIES

Risk mitigation will be delivered through active engagement of relevant staff members with specialist knowledge of each of the service areas.

2.1 Opportunities

Integrated working continues to provide opportunities to work more efficiently and effectively for the benefit of NEL.

3. OTHER OPTIONS CONSIDERED

N/a. Compliance with a national reporting schedule is mandated.

4. REPUTATION AND COMMUNICATIONS CONSIDERATIONS

The area would be likely to suffer some reputational damage if national requirements were not met.

Planning in the areas to which BCF relates or is linked are heavily reliant upon partnerships within and outside of the ICB and Council, and high levels of cooperation and communication.

5. FINANCIAL CONSIDERATIONS

There are no direct financial implications as a result of this report, which outlines spend for inclusion within a national return.

6. CHILDREN AND YOUNG PEOPLE IMPLICATIONS

The focus of the BCF is on adult services. There are no known implications arising from this report, for children and young people.

7. CLIMATE CHANGE AND ENVIRONMENTAL IMPLICATIONS

There are no known climate change or environmental implications arising from the matters in this report.

8. CONSULTATION WITH SCRUTINY

No consultation with Scrutiny has taken place.

9. FINANCIAL IMPLICATIONS

There are no direct financial implications as a result of this report, for the purposes of a national return. In general, spend against budgets and utilisation of available funding is reported as part of the Council's regular budget monitoring processes and through reports to Cabinet.

10. LEGAL IMPLICATIONS

The Care Act 2014 amended the NHS Act 2006 to provide the legislative basis for the BCF. The amended NHS Act 2006 gives NHSE powers to attach conditions to the payment of the BCF, and to withhold, recover or direct the use of funding where conditions attached to the BCF are not met. Compliance with BCF planning and reporting regimes is mandatory.

11. HUMAN RESOURCES IMPLICATIONS

There are no HR implications.

12. WARD IMPLICATIONS

There are no known individual ward implications. BCF monies are spent for the benefit of NEL as a whole.

13. BACKGROUND PAPERS

N/A

14. CONTACT OFFICER(S)

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**Councillor Stan Shreeve, Portfolio Holder for
Health, Wellbeing and Adult Social Care**

NO RESTRICTIONS