Health and Wellbeing Board

DATE	12th February 2026
REPORT OF	Councillor Shreeve Portfolio Holder for Health, Wellbeing and Adult Social Care
SUBJECT	Better Care Fund (BCF) Quarter 3 Report
STATUS	Open

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 regularly, evidencing its progress towards integration since the last plan, and its focus during the coming year(s). Plans are expected to be a continuation of previous plans, and must be produced in accordance with each year's BCF guidance issued by the Department of Health and Social Care (DHSC) and NHS England (NHSE). Local planning and spend is managed via the NEL HCP Formal Senior Management Team Meeting.

This report attaches the quarter three return submitted to NHSE on 30th January 2026, using Cllr Shreeve's delegated authority.

MATTERS FOR CONSIDERATION

It is a requirement of the BCF that local plans and reports are agreed by Health and Wellbeing Boards. Please note the attached plan which was submitted to NHSE on 30th January 2026.

1. BACKGROUND AND ISSUES

BCF Q3 template was published on the Better Care Exchange in mid December 2025 with the request that areas update the template and ensure sign off within their organisations prior to returning to NHSE by the 30th January 2026 deadline.

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 3 report were:

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

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
Emergency admissions to hospital for people aged 65+ per 100,000 population	Rate	1,564.0	1,457.1	1,491.8	1,575.6	1,645.0	1,393.5	1,523.6	1,552.5	1,442.6	1,555.4	1,543.8	1,572.7
	Number of Admissions 65+	541	504	516	545	569	482	527	537	499	538	534	544
	Population of 65+	34,590.0	34,590.0	34,590.0	34,590.0	34,590.0	34,590.0	34,590.0	34,590.0	34,590.0	34,590.0	34,590.0	34,590.0

Assessment of whether goal has been met in Q3:	On track to meet goal
You may use this box to provide a very brief explanation of overall progress if you wish.	Published data on BCF exchange is only up to September 2025 so we have had to use local data which at present we only have up to November 2025. Based on local data for April to November we have had 4076 admissions against the plan of 4221 for April to November 2025 so at present we're on track to meet goal.

- Average length of discharge delay for all acute adult patients

Original 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
Average length of discharge delay for all acute adult patients (this calculates the % of patients discharged after their DRD, multiplied by the average number of days)	0.59	0.58	0.58	0.57	0.56	0.56	0.55	0.55	0.54	0.53	0.53	0.52
Proportion of adult patients discharged from acute hospitals on their discharge ready date	81.1%	81.3%	81.5%	81.7%	82.0%	82.2%	82.4%	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	3.13	3.13	3.13	3.13	3.13	3.13	3.13	3.13	3.13	3.13	3.13	3.13

Assessment of whether goal has been met in Q3:	On track to meet goal
You may use this box to provide a very brief explanation of overall progress if you wish.	BCF Published data is only up to October (and shows on track) so we have had to use local data which at present we only have up to November 2025. Based on local data for April to November we have 1. Date of discharge is same as Discharge Ready Date shows performance April - November at 89.48% against plan of 81.8%. 2. Average days from Discharge Ready Date to date of discharge (exc 0 day delays) shows performance April- November at 3.11 against plan of 3.13. 3. Average days from Discharge Ready Date to date of discharge (inc 0 day delays) shows performance April - November at 0.33 against plan of 0.57.

- Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population

Actuals + Original Plan		2023-24 Full Year Actual	2024-25 Full Year CLD Actual	2025-26 Plan Q1 (April 25-June 25)	2025-26 Plan Q3 (July 25-Sept 25)	2025-26 Plan Q3 (Oct 25-Dec 25)	2025-26 Plan Q4 (Jan 26-Mar 26)
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Rate	668.9	800.8	247.2	214.2	197.7	164.8
	Number of admissions	227.0	277.0	85.5	74.1	68.4	57.0
	Population of 65+*	34590.0	34590.0	34590.0	34590.0	34590.0	34590.0

Assessment of whether goal has been met in Q3:	On track to meet goal
You may use this box to provide a very brief explanation of overall progress if you wish.	Local performance April - December 2025 shows we have had 189 admissions against the plan of 228 and as such therefore means we are on target.

2. RISKS, OPPORTUNITIES AND EQUALIY ISSUES

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

Opportunities

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

3. 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.

4. FINANCIAL CONSIDERATIONS

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

5. 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.

6. CLIMATE CHANGE, NATURE RECOVERY AND ENVIRONMENTAL IMPLICATIONS

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

7. PUBLIC HEALTH, HEALTH INEQUALITIES AND MARMOT IMPLICATIONS

NEL continues to demonstrate a commitment to reducing health inequalities in line with the Marmot principles, with BCF-funded activity focused on supporting ageing well, improving access to timely care, and strengthening prevention across the system.

8. 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.

9. 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.

10. HUMAN RESOURCES IMPLICATIONS

There are no HR implications.

11. WARD IMPLICATIONS

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

12. BACKGROUND PAPERS

N/A

13. CONTACT OFFICER(S)

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