AGENDA ITEM
REPORT TO HEALTH AND WELLBEING BOARD
30th July 2025
REPORT OF: Better Care Fund (BCF)

STOCKTON-ON-TEES BETTER CARE FUND UPDATE
Stockton-on-Tees BCF Year End Report 2024/25

This report is presented to the Health and Wellbeing Board to provide an update on the submission of the 2024/25 year-end report for the Better Care Fund (BCF) to NHS England, which was completed on 3rd June 2025.

RECOMMENDATIONS

The Health and Wellbeing Board is requested to:

Acknowledge the submission of the Stockton-on-Tees BCF year-end report to NHS England in accordance with the reporting requirements stipulated in the Better Care Fund (BCF) Planning Requirements 2023–2025.

BACKGROUND

The BCF reporting requirements are outlined in the BCF Planning Guidance for 2023–2025. These requirements support the objectives of the BCF Policy Framework and programme, which is jointly led by national partners including the Department of Health and Social Care (DHSC), Department for Levelling Up, Housing and Communities (DLUHC), NHS England (NHSE), and the Local Government Association (LGA), in collaboration with the Association of Directors of Adult Social Services (ADASS). The primary purposes of BCF reporting are as follows:

1) To confirm ongoing compliance with the requirements of the Better Care Fund.

2) To detail progress in delivering approved plans, including financial expenditure and activity data.

SUMMARY

The year-end report was endorsed by the BCF Delivery Group and formally approved by the Pooled Budget Partnership Board on behalf of the Health and Wellbeing Board. It was submitted to NHS England on 3rd June 2025. The primary purpose of the report is to provide a comprehensive overview of year-end income, expenditure, and activities.

Key highlights of the report include:

National Conditions

The report affirms compliance with the four national conditions:

- Existence of a jointly agreed plan
- Implementation of BCF Policy Objective 1: Enabling individuals to remain well, safe, and independent at home for longer
- Implementation of BCF Policy Objective 2: Ensuring access to appropriate care in the right setting and at the right time
- Maintenance of NHS contributions to adult social care and continued investment in NHS-commissioned out-of-hospital services.

Metrics

The report details progress against the established metrics, summarising both challenges encountered, and achievements realised. At the time of submission, Q4 data remained outstanding; however, trajectories have been projected throughout the year based on historical trends. Ongoing efforts are underway to validate planning assumptions, which will inform future ambitions for the BCF plans in 2025/26. Multiple schemes have been commissioned to support performance against these metrics, with areas of concern closely monitored and mitigated through established processes. The table below presents a summary of progress across the four key metrics.

Table BCF Metric 24/25

Metric	Progress	Mitigation
Avoidable admission	Q4 data was unavailable at submission. The Q3 BCF report showed admissions exceeded plan by 37 in Q3. Annual trajectories were set according to historical trends.	Ongoing support will be provided through BCF-funded admission avoidance and prevention schemes, as well as broader initiatives such as UCR, Ageing Well, and virtual wards. Historical data and quality will be reviewed to ensure that previous planning assumptions were accurate. Depending on the findings, planning ambitions for 2025/26 may be revised.
Discharge to usual place of residence	Q4 data was unavailable at submission, but Q3 Business Intelligence showed we exceeded the target with a 93.7% metric.	Our 24/25 plan acknowledged that we already perform well against the national average and the North Yorkshire average from discharge ready to discharge reporting 2.9 days.

		We have several schemes and initiatives in place to support this including our Home First Service. Our ongoing agreement to continue to fund 4 weeks discharge to assess could potentially mean fewer people are discharged straight from hospital to 'home' but maximises their potential to do so
Emergency admission due to falls	Q4 data was not available at the time of submission. Q3 Business Intelligence suggested that we were on track to meet this target	Work is ongoing across the system to address and improve falls pathways across Stockton.
Admission to long term residential/nursing care	Target not met. The position at the end of Q4 2024-25 showed an increase in the number of permanent residential placements being made for the 24/25 financial year. This is being addressed with changes to the process for agreeing care and support.	Home First processes are ensuring short term / assessment beds are effective and permanent residential placements are appropriate (all other options, including technology, have been considered).

Further development to support the metrics

Further work has supported the metrics, including:

- Formation of the Stockton-on-Tees Health and Social Care Collaborative to bring system partners together to align the Better Care Fund goals and the ambitions of the NHS 10-Year Plan.
- Joint efforts to increase reablement service investment for improved hospital discharge.
- Use of processes to monitor and address capacity and demand in community services.

Capacity and demand activities

The report noted successful implementation of the Home First Approach in intermediate care, with increased resources to meet demand. Capacity and demand are tracked weekly by the local discharge group.

BCF pooled budget

The BCF pooled income totalled £30,951,567, all committed. £630,000 from Disabled Facilities Grants remains unspent but will be carried over to 2025/26 as funds are allocated and grant approvals issued.

Year end impact summary

The report outlined two main successes and challenges:

Successes:

- Integrated health and social care workforce, with Pathway 1 Intermediate care and Home First reducing urgent referrals, readmissions, and community bed use; more timely care package adjustments and resource allocation.
- Permanent Social Worker presence at Rosedale enables prompt collaborative discussions; reduced community bed admissions allowing therapy staff to support patients in Rosedale and shorten stays.

Challenges:

- Funding challenges persist due to rising demand and costs in health and social care.
- Ongoing workforce shortages across clinical and professional roles affect service delivery.

Full report

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