

AGENDA ITEM
REPORT TO HEALTH AND WELLBEING BOARD
17th December 2025
REPORT OF: Better Care Fund (BCF)

STOCKTON-ON-TEES BETTER CARE FUND UPDATE
Stockton-on-Tees BCF Quarter 2 25/26 report

This report is presented to the Health and Wellbeing Board to provide an update on the submission of the Quarter (QTR) 2 25/26 report for the Better Care Fund (BCF) to NHS England, which was completed on 11th November 2025.

RECOMMENDATIONS

The Health and Wellbeing Board is requested to:

Acknowledge the submission of the Stockton-on-Tees BCF QTR 2 report to NHS England in accordance with the reporting requirements stipulated in the Better Care Fund (BCF) Planning Requirements 2025-26.

BACKGROUND

The BCF reporting requirements are outlined in the BCF Planning Guidance for 2025-2026. 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 QTR 2 report was completed in collaboration with system partners. It was endorsed by the BCF Assurance 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 11th November 2025. The primary purpose of the report is to provide a comprehensive overview of income, expenditure, and activities in QTR 2.

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 Objectives:
 - Support the shift from sickness to prevention
 - Support people living independently and the shift from hospital to home
- Maintenance of NHS contributions to adult social care and continued investment in NHS-commissioned out-of-hospital services
- Oversight and support processes are in place

Metrics

The report details progress against the established metrics and the actions that have been put in place to support their delivery. Summary of the progress on the 4 key metrics in Q2 was as follow:

- Discharge Ready Date – available data showed it was on track to meet the target
- Average number of Delayed Discharge Days from DRD – available data showed it was slightly higher than planned figure but was lower than Northeast region and England
- >65 Reduction in Non-Elective Admission – available data showed it was lower than planned
- Admission to long term residential/nursing care – not on track to meet the target, full Q2 data was higher than planned

Table below presents more details on the progress across the four BCF key metrics for QTR 2.

Table BCF Metrics Q2 25/26

Metric	Progress	Actions
Adult patients discharged from an Acute Hospital on their Discharge Ready Date	QTR 2 from the available published data the ambition of 82% of adults discharged on their discharge ready date is currently being met in Stockton. This is only slightly	1. Continue to focus on discharge collaboratively through local weekly Transfer of Care meeting with system partners to discuss discharge position and work

	lower than the Northeast Region and lower than for England 86%. Stockton remains on course to meet 82% target for the end of the financial year 25/26	towards proactively mitigating any issues highlighted 2. Ongoing work around reablement provision of wraparound support for discharge 3. BCF funded Trusted Assessors and Additional therapy workforce continue to provide support for timely discharge, promotion of health and independence via rehabilitation to patients at home or in a residential setting, reduction of readmission and length of stay 4. MDT meetings for complex case management to support effective and appropriate proactive discharge planning
Average number of Delayed Discharge Days from DRD	In the month of August 2025 Stockton-on-Tees there were 0.64 average days from discharge ready date (DRD) to date of discharge (including 0 delays) for residents of Stockton-on-Tees. This is lower than the Northeast Region (0.77) and lower than for England as a whole (0.85). Local provisional data (September) suggests -0.01 days variance between plan (0.56) and actual (0.55) in the latest month (NECS BI). Close monitoring of this metric continues if Stockton on-Tees is to meet their ambition of 0.52 for the end of the financial year.	
>65 Reduction in Non-Elective Admission	QTR 2 Local provisional data suggests there is a -1% variance between plan (1842) and actual (1824) in the latest month (Sep25) for Headline Metric: Emergency admissions to hospital for people aged 65+ per 100,000 population - Stockton-on-Tees LA.	1. System partners remain committed to the reduction of emergency admissions utilising a range of approaches. 2. Single Point of Access - System partners continue to promote the integrated Single Point of Access (iSPA) for referrals to support non elective admissions to hospital for adults and predominantly older people. 3. Urgent and Community Response - new pathways such as Long Lie, Head Injury and Acute Urinary retention have all been introduced through 2025 supporting moving care closer to home. 4. Virtual Wards 5. Call before Convey Pilot - Work with NEAS over the past 8 months has demonstrated referral flow has more

		<p>than quadrupled indicating improved connectivity between community health services and NEAS.</p> <p>6. Pilot sites for Acute Respiratory Infection (ARI) hubs in County Durham and Tees Valley will potentially have a positive impact on admissions.</p> <p>7. There will be a NENC-wide drive to increase immunisations such as flu, COVID and RSV in 2025/26. This will be particularly aimed at frontline healthcare workers but ultimately should have a positive impact on admissions.</p>
Admission to long term residential/nursing care	<p>Q2 data was not on track to meet goal. There were 73 admissions, higher than the planned number of admissions of 66. Q2 2025/26 admissions of 73 equates to a rate per 100k population of 185.7, higher than the rate for the same period in 2024/25 of 167.9 (66 admissions).</p> <p>We have seen an increased in acuity and complexity of clients being discharged from hospital as well as carer breakdown. This led to an increase in demand on assessment beds which may have a negative impact on the need for long term residential and nursing placements.</p>	<p>1. Ongoing work to understand the trend to identify gaps in provision</p> <p>2. Continuation of the Home First Processes to ensure short term/assessment beds are effective and permanent admissions are appropriate</p> <p>3. Additional therapy to provide rehabilitation in D2A beds to delay the needs for LT placements</p> <p>4. Development of new approaches to the Adult Social Care Front door and deployment of tech enabled care and support</p> <p>5. Reviewing the OneCall Overnight Scheme to ensure carers are receiving sufficient support and reassurance</p> <p>6. Reviewing the skills of Care at Home staff to meet the needs of complex clients in the community</p>

Expenditure

The actual expenditure incurred by the end of Qtr 2 was £14,493,775 as reported on the Better Care Fund 2025-26 Q2 Reporting Template. This represents 46% of the £31,533,190 pooled budget. The forecast position is for the full £31,533,190 to be spent by the end of the financial year.

Appendix 1: Full report



BCF%202025-26%20
Q2%20Reporting%20

Yvonne Cheung, Transformation Manager, Stockton-on-Tees Borough Council,
yvonne.cheung@stockton.gov.uk

Rob Papworth, Strategic Development Manager, Stockton-on-Tees Borough Council,
rob.papworth@stockton.gov.uk

Paula Swindale, Head of Commissioning, Community & UEC, North East & North
Cumbria Integrated Care Board paulaswindale@nhs.net