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Date: Thursday, 04 December 2025

Governance Support
Town Hall
Castle Circus
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Dear Member

HEALTH AND WELLBEING BOARD - THURSDAY, 4 DECEMBER 2025

I am now able to enclose, for consideration at the Thursday, 4 December 2025 meeting of the Health and Wellbeing Board, the following reports that were unavailable when the agenda was printed.

Agenda No	Item	Page
10.	Torbay Better Care Fund - quarterly monitoring report	(Pages 3 - 18)

Yours sincerely

Governance Support
Clerk

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TORBAY COUNCIL

Title: Torbay Better Care Fund Quarter 2 Return 2025 – 26

Wards Affected: All

To: Torbay Health and Wellbeing Board

On: 4 December 2026

Contact: Justin Wiggin, Senior Locality Manager, NHS Devon

E-mail: justin.wiggin@nhs.net

1. Purpose

Torbay Better Care Fund (BCF) Plan 2025/26 was developed and submitted within nationally mandated timelines. Torbay's plan received approval from the regional BCF panel, progressed to the national panel where it was also endorsed. Torbay Health and Wellbeing Board signed off The Torbay Better Care Fund Plan, 19 June 2025 satisfying its role of BCF oversight in-line with national requirements.

The Health and Wellbeing Board has oversight of the BCF and is accountable for its delivery and monitoring of progress. This report:

- Provides an update on the BCF performance and spend for July – September, Quarter 2, 2025/26 (copy attached).

2. Analysis

2.1 Torbay BCF Quarter 2 return 2025/26

10 November 2025, Torbay's BCF Quarter 1 2025/26 template was submitted in accordance with national requirements.

National Better Care Fund planning guidance committed to less onerous monitoring of BCF plans for local Health and Wellbeing Boards. The quarter 2 return has therefore focused on:

- An overview of the 3 main metrics
- Assurance of local finances with high level summary of spend

In previous years, BCF capacity and demand plans have also required oversight. This continues not to be featured in the quarter reporting template.

2.2 Metric Targets

2.2.1 Emergency Admissions

The “Emergency Admissions” key performance indicator measures the number of admissions to hospital in people aged 65 and over within the Health and Wellbeing Board area. The aim being to reduce the total number of people and rate per 1000 population being admitted to ED.

This replaces the previous “avoidable admissions” metric which monitored unplanned hospitalisation for chronic ambulatory care sensitive conditions such as acute bronchitis, angina, ischaemic heart disease, heart failure, dementia, emphysema, epilepsy, hypertension, diabetes, COPD, and pulmonary oedema.

Performance for 2025/26:

Emergency Admissions		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
	Number of admissions 65+	622	634	602	633	616	602	659	621	653	640	630	620
	Rate (target)	1,640.6	1,672.2	1,587.8	1,669.6	1,624.8	1,587.8	1,738.2	1,638.0	1,722.4	1,688.1	1,661.7	1,635.3
	Rate Achieved	1635.0	1794.0	1807.0	1857.0	1707.0	1780.0						
	Population of 65+	37,913.0	37,913.0	37,913.0	37,913.0	37,913.0	37,913.0	37,913.0	37,913.0	37,913.0	37,913.0	37,913.0	37,913.0

Data at the time of submission indicates Torbay’s performance was “**not on track to meet goal**”. Further information is provided in the quarter 2 return.

Assurance

Work relating to reducing Emergency Admissions is undertaken by NHS Devon with TSDFT as part of a wider system programme group. The Emergency Department Demand Oversight Group monitors ED attendances and admissions and works with trusts to ensure targets are met. In addition, NHS Devon holds Contract Review Meetings with TSDFT where assurance is sought on key performance indicators.

In response to growing demand on Emergency Departments (ED), NHS Devon has identified a set of strategic demand management priorities. These are focused on delivering sustainable reductions in avoidable ED attendances by aligning clinical interventions with improved access, care coordination, and patient behaviour change. Key projects within this programme include:

Same Day Primary Care Access - Diverting low-acuity patients from ED by offering timely, same-day primary care. The expected impact is to reduce ED demand from minor illness and non-urgent conditions. This will be achieved by:

1. Review current provision and expand local SDPC hubs.
2. Align operating hours with ED access times.

3. Work with PCNs to ensure equitable coverage.
4. Encourage use of Virtual wards to support with IC/UCR patients
5. Start the Frailty Hub (name to be decided) in the middle of November 2025 at Newton Abbot hospital to support GP's and SDEC

Acute Respiratory Model - Manage seasonal respiratory surges with community-based interventions. The expected impact is to reduce respiratory-related ED attendances and admissions. This will be achieved by:

1. Evaluating current respiratory hubs and identify high-impact cohorts.
2. Implement targeted interventions in advance of winter peaks. Children and Young People have a high rate of attendances without admission)
Implementation of 'Healthier Together', a tool which has been co-designed with service users and provides a digital solution for comprehensive information for children. National evidence to support significant reductions in ED attendances.
3. Link with innovations like remote monitoring for chronic conditions.
4. Encourage use of Virtual wards to support with IC/UCR patients

NHS 111 Disposition Validation - Objective: Minimise unnecessary ED referrals from 111. The expected impact is to increase validation from 40% to 50% could prevent 6 ED visits daily. This will be achieved by:

1. Expanding clinical validation of ED dispositions.
2. Strengthening redirection to primary, urgent, or respiratory care.
3. Audit outcomes to support continuous improvement.

Locality-Based Navigation - Improve patient access through local navigation and coordination. The expected impact is to improve care coordination and reduce repeat ED use. This will be achieved by:

1. Establishing Locality Navigation Hubs. Following the success and learning from the delivery of Care Coordination, a locality solution is being developed. The aim is to have in place a locally driven model that allows for a more fluid use of clinical pathways and management of risk. This would also need to link with Frailty hub for completeness to engage with community pathways.
2. Use real-time service directories and outreach to support patients.
3. Focus on frequent ED users and care planning.

2.2.2 Discharge Delays

The 2024/25 metric which measured the percentage of people who are discharged from acute hospital to their usual place of residence has been replaced in 2025/26. This key performance indicator now focuses on the length of time from a person's discharge ready date (DRD) to their actual point of discharge.

Within the BCF plan we continue to focus on people being discharged from acute hospital settings via a Home First approach and to their usual place of residence.

Performance for 2025/26:

Discharge Delays		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
Proportion of adult patients discharged from acute hospitals on their Discharge Ready Date (DRD)	Target	89.3%	89.3%	89.3%	89.3%	89.3%	89.3%	89.3%	89.3%	89.3%	89.3%	89.3%	89.3%
	Achieved	91.0%	92.0%	94.0%	89.0%	92.0%							
For those adult patients not discharged on DRD, average number of days from DRD to discharge	Target	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0
	Achieved	3.88	3.74	3.84	6.19	3.35							

Data at the time of submission indicates performance within Torbay was “**on track to meet the goal**”. Further information is provided in the quarter 2 return.

2.2.3 Residential Admissions

There has been no change to the residential admissions key performance indicator. The definition remains: Long-term support needs of older people (65 & over) met by admission to residential & nursing care homes per 100,000 population.

Avoiding permanent placements in residential and nursing care homes is a good measure of our ability to support people to live independently at home for as long as possible.

Performance for 2025/26

Residential Admissions		2023-24 Full Year Actual	2024-25 Full Year CLD Actual	2025-26 Plan Q1 (April 25- June 25)	2025-26 Plan Q2 (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	Rate	762.3	809.7	195.2	195.2	197.8	197.8

residential and nursing care homes, per 100,000 population	Number of admissions	289.0	307.0	74.0	74.0	74.0	74.0
	Achieved			75.0	66.0		
	Population of 65+	37,913.0	37,913.0	37,913.0	37,913.0	37,913.0	37,913.0

The residential admission target is an annual target and measured at year end. The 2025/26 target is 296 admissions per 100,000 population of people aged 65+. Quarter monitoring is being undertaken to review Torbay's current position. The metric has been classified as **"on track to meet goal"**.

3 Torbay BCF Expenditure Q2 2025/26

3.1 Finance overview

Reporting requirements for monitoring BCF expenditure has been simplified. 2024/25 reporting required expenditure to be reported on for each budget line or area of investment. The national reporting for 2025/26 requires HWBB areas to:

1. Re-confirm the level of investment made into local BCF schemes
2. Provide a single year to date spend position
3. Provide assurance on the accuracy of spend if reporting exactly 50% of overall spend
4. Provide context if spending levels have a variance of +/-5%

Local monitoring of each investment line continues within TSDFT with additional oversight by NHS Devon and Torbay Council.

Torbay BCF has reported a Q2 position of £13,918,248 representing an expenditure of 46% of overall Torbay BCF investment.

Better Care Fund 2025-26 Q2 Reporting Template

5. Income & Expenditure

Selected Health and Wellbeing Board:

Torbay

Source of Funding	2025-26		DFG Q2 Year-to-Date Actual Expenditure
	Planned Income	Updated Total Plan Income for 25-26	
DFG	£2,641,358	£2,641,358	£500,238
Minimum NHS Contribution	£16,724,252	£16,724,252	
Local Authority Better Care Grant	£10,902,595	£10,902,595	
Additional LA Contribution	£0	£0	
Additional NHS Contribution	£0	£0	
Total	£30,268,205	£30,268,205	

	Original	Updated	% variance
Planned Expenditure	£30,268,205	£30,268,205	0%

		% of Planned Income
Q2 Year-to-Date Actual Expenditure	£13,918,248	46%

4. Recommendations

- Torbay Health and Wellbeing Board approves the Q2 2025/26 Torbay BCF Report.

Appendices

Background Papers:

The following documents/files were used to compile this report:

Appendix

Torbay HWBB Q2 Return FINAL 2025-26

Better Care Fund 2025-26 Q2 Reporting Template

0

1. Guidance

Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements for 2025-26 (refer to link below), which supports the aims of the BCF Policy Framework and the BCF programme; jointly led and developed by the national partners Department of Health and Social Care (DHSC), Ministry for Housing, Communities and Local Government (MHCLG), NHS England (NHSE).

<https://www.england.nhs.uk/long-read/better-care-fund-planning-requirements-2025-26/#introduction>

<https://www.gov.uk/government/publications/better-care-fund-policy-framework-2025-to-2026/better-care-fund-policy-framework-2025-to-2026>

As outlined within the planning requirements, quarterly BCF reporting will continue in 2025-26, with areas required to set out progress on delivering their plans by reviewing metrics performance against goals, spend to date as well as any significant changes to planned spend.

The primary purpose of BCF reporting is to ensure a clear and accurate account of continued compliance with the key requirements and conditions of the fund. The secondary purpose is to inform policy making, the national support offer and local practice sharing by providing a fuller insight from narrative feedback on local progress, challenges and highlights on the implementation of BCF plans and progress on wider integration.

BCF reporting is likely to be used by local areas, alongside any other information to help inform HWBs on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including ICBs, local authorities and service providers) for the purposes noted above.

In addition to reporting, BCMs and the wider BCF team will monitor continued compliance against the national conditions and metric ambitions through their wider interactions with local areas.

BCF reports submitted by local areas are required to be signed off HWB chairs ahead of submission. Aggregated data reporting information will be available on the DHSC BCF Metrics Dashboard and published on the NHS England website.

Note on entering information into this template

Please do not copy and paste into the template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background, as below:

Data needs inputting in the cell

Pre-populated cells/Not required

Note on viewing the sheets optimally

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.

The row heights and column widths can be adjusted to fit and view text more comfortably for the cells that require narrative information.

Please DO NOT directly copy/cut and paste to populate the fields when completing the template as this can cause issues during the aggregation process. If you must 'copy and paste', please use the 'Paste Special' operation and paste Values only.

The details of each sheet within the template are outlined below.

Checklist (2. Cover)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF Team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'
3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
5. Please ensure that all boxes on the checklist are green before submission.

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. Once you select your HWB from the drop down list, relevant data on metric goals from your BCF plans for 2025-26 will pre-populate in the relevant worksheets.

2. HWB Chair sign off will be subject to your own governance arrangements which may include a delegated authority.

3. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to:
england.bettercarefundteam@nhs.net

(please also copy in your respective Better Care Manager)

4. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

3. National Conditions

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2025-26 (link below) continue to be met through the delivery of your plan. Please confirm as at the time of completion.

<https://www.england.nhs.uk/long-read/better-care-fund-planning-requirements-2025-26/>

This sheet sets out the four conditions and requires the Health & Wellbeing Board to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met for the year and how this is being addressed. Please note that where a National Condition is not being met, an outline of the challenge and mitigating actions to support recovery should be outlined. It is recommended that the HWB also discussed this with their Regional Better Care Manager.

In summary, the four National conditions are as below:

National condition 1: Plans to be jointly agreed

National condition 2: Implementing the objectives of the BCF

National condition 3: Complying with grant and funding conditions, including maintaining the NHS minimum contribution to adult social care (ASC) (and section 75 in place)

National condition 4: Complying with oversight and support processes

4. Metrics

The BCF plan includes the following metrics (these are not cumulate/YTD):

1. Emergency admissions to hospital for people aged 65+ per 100,000 population. (monthly)
 2. Average number of days from Discharge Ready Date to discharge (all adult acute patients). (monthly)
 3. Admissions to long term residential and nursing care for people aged 65+ per 100,000 population. (quarterly)
- Plans for these metrics were agreed as part of the BCF planning process outlined within 25/26 planning submissions.
Populations are based on 2023 mid year estimates

Within each section, you should set out how the ambition has been reached, including analysis of historic data, impact of planned efforts and how the target aligns for locally agreed plans such as Acute trusts and social care.



The bottom section for each metric also captures a confidence assessment on achieving the locally set ambitions for each of the BCF metrics.

The metrics worksheet seeks a short explanation if a goal has not been met - in which case please provide a short explanation, including noting any key mitigating actions. You can also use this section to provide a very brief explanation of overall progress if you wish.

In making the confidence assessment on progress, please utilise the available metric data via the published sources or the DHSC metric dashboard along with any available proxy data.

https://dhexchange.kahootz.com/Discharge_Dashboard/groupHome

5. Expenditure

This section requires confirmation of an update to actual income received in 2025-26 across each fund, as well as spend to date at Q2. If planned expenditure by activity has changed since the original plan, please confirm that this has been agreed by local partners. If that change in activity expenditure is greater than 5% of total BCF expenditure, please use this box to provide a brief summary of the change.

On the 'DFG' row in the 'Source of Funding' table, 'Updated Total Planned Income for 25-26' this should include the total funding from DFG allocations that is available for you to spend on DFG in this financial year 2025-26. 'Q2 Year-to-Date Actual Expenditure' should include total amount that has been spent in Q2, even if the application or approval for the DFG started in a previous quarter or there has been slippage.

The template will automatically pre-populate the planned income in 2025-26 from BCF plans, including additional contributions. Please enter the update amount of income even if it is the same as in the submitted plan.

Please also use this section to provide the aggregate year-to-date spend at Q2. This tab will also display what percentage of planned income this constitutes; [if this is 50% exactly then please provide some context around how accurate this figure is or whether there are limitations.]



Better Care Fund 2025-26 Q2 Reporting Template

2. Cover

Version 1.0

Please Note:

- The BCF quarterly reports are categorised as 'Management Information' and data from them will be published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.

- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.

- All information will be supplied to BCF partners to inform policy development.

- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Torbay	
Completed by:	Justin Wiggan	
E-mail:	justin.wiggan@nhs.net	
Contact number:	01803 396 332	
Has this report been signed off by (or on behalf of) the HWB Chair at the time of submission?	No	
If no, please indicate when the report is expected to be signed off:	Thu 04/12/2025	<< Please enter using the format, DD/MM/YYYY

Checklist

Complete:

Yes
Yes
Yes
Yes
Yes
Yes

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'.

Complete

	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5. Expenditure	Yes

For further guidance on requirements please refer back to guidance sheet - tab 1.

[<< Link to the Guidance sheet](#)
[^^ Link back to top](#)

Better Care Fund 2025-26 Q2 Reporting Template

3. National Conditions

Selected Health and Wellbeing Board:

Torbay

Confirmation of Nation Conditions		
National Condition	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in the quarter and mitigating actions underway to support compliance with the condition:
1) Plans to be jointly agreed	Yes	
2) Implementing the objectives of the BCF	Yes	
3) Complying with grant and funding conditions, including maintaining the NHS minimum contribution to adult social care (ASC) and Section 75 in place	Yes	
4) Complying with oversight and support processes	Yes	

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Checklist

Complete:

Yes

Yes

Yes

Yes

Better Care Fund 2025-26 Q2 Reporting Template

4. Metrics for 2025-26

Selected Health and Wellbeing Board:

Torbay

For metrics time series and more details:

[BCF dashboard link](#)

For metrics handbook and reporting schedule:

[BCF 25/26 Metrics Handbook](#)

4.1 Emergency admissions

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	1,640.6	1,672.2	1,587.8	1,669.6	1,624.8	1,587.8	1,738.2	1,638.0	1,722.4	1,688.1	1,661.7	1,635.3
	Number of Admissions 65+	622	634	602	633	616	602	659	621	653	640	630	620
	Population of 65+	37,913.0	37,913.0	37,913.0	37,913.0	37,913.0	37,913.0	37,913.0	37,913.0	37,913.0	37,913.0	37,913.0	37,913.0

Assessment of whether goal has been met in Q2:	Not on track to meet goal
If a goal has not been met please provide a short explanation, including noting any key mitigating actions.	<p>Current nationally reported data is only available up to July 2025 via the DHSC Exchange. Local SUS data has been used to monitor current performance. Torbay continues to perform higher than target with an expected rate of 1780 against target of 1587.8 (September 2025).</p> <p>For mitigations, please see below text.</p>
You can also use this box to provide a very brief explanation of overall progress if you wish.	<p>In response to growing demand on Emergency Departments (ED), NHS Devon has identified a set of strategic demand management priorities. These are focused on delivering sustainable reductions in avoidable ED attendances by aligning clinical interventions with improved access, care coordination, and patient behaviour change. Key projects within this programme include:</p> <p>Same Day Primary Care Access - Diverting low-acuity patients from ED by offering timely, same-day primary care. The expected impact is to reduce ED demand from minor illness and non-urgent conditions. This will be achieved by:</p> <ol style="list-style-type: none">1. Review current provision and expand local SDPC hubs.2. Align operating hours with ED access times.3. Work with PCNs to ensure equitable coverage.4. Encourage use of Virtual wards to support with IC/UCR patients5. Start the Frailty Hub (name to be decided) in the middle of November 2025 at Newton Abbot hospital to support GP's and SDEC

Did you use local data to assess against this headline metric?	Yes
If yes, which local data sources are being used?	SUS data

Checklist

Complete:

Yes

Yes

Yes

Yes

4.2 Discharge Delays

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)	0.43	0.43	0.43	0.43	0.43	0.43	0.43	0.43	0.43	0.43	0.43	0.43
Proportion of adult patients discharged from acute hospitals on their discharge ready date	89.3%	89.3%	89.3%	89.3%	89.3%	89.3%	89.3%	89.3%	89.3%	89.3%	89.3%	89.3%
For those adult patients not discharged on DRD, average number of days from DRD to discharge	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00

Assessment of whether goal has been met in Q2:	On track to meet goal
If a goal has not been met please provide a short explanation, including noting any key mitigating actions.	
You can also use this box to provide a very brief explanation of overall progress if you wish.	<p>Torbay continues to perform above target for the proportion of adult patients discharged from acute hospitals on their discharge ready date. The latest available data show Torbay discharging 92% of clients on their discharge ready date. The average number of days from DRD to discharge remains above target at 3.35 days (excluding 0 days) and 0.26 days (including 0 days).</p> <p>A Devon wide Improvement and transformation project has been established as part of the hospital discharge programme. Key projects include:</p> <ul style="list-style-type: none">•Hospital Discharge Demand & Capacity. To develop a consistent demand and capacity tool / modelling for each acute hospital site, by Local Authority. To develop and implement consistent format / template for demand and capacity assumptions for local commissioning plans, taking into account surge planning during winter.•P1 provision. Development of a single P1 strategic commissioning vision to ensure consistent principles and outcomes within local commissioning plans. Developing a more reablement focus on P1 patients•P2 provision. Development of a single P2 strategic commissioning vision to ensure consistent principles and outcomes within local commissioning plans.

Did you use local data to assess against this headline metric?	No
If yes, which local data sources are being used?	

Yes

Yes

Yes

Yes

4.3 Residential Admissions

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 Q2 (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	762.3	809.7	195.2	195.2	197.8	197.8
	Number of admissions	289.0	307.0	74.0	74.0	75.0	75.0
	Population of 65+*	37913.0	37913.0	37913.0	37913.0	37913.0	37913.0

Assessment of whether goal has been met in Q2:	On track to meet goal
If a goal has not been met please provide a short explanation, including noting any key mitigating actions.	
You can also use this box to provide a very brief explanation of overall progress if you wish.	<p>At the time this return was completed, the nationally reported data was not available, via DHSC Exchange. Locally reported data has been used to assess progress against this metric. Torbay is currently reporting a rolling 12 month rate per 100k of 687.9. The actual number of admissions over the same 12 month period was 263, resulting in 66 admissions in quarter 2 against a target of 74. To support and sustain an improved position against the long-term care metric, two new contracts are now being let. These include reablement care and respite care.</p> <p>Increase Reablement Capacity and Reach Rapidly scale access to reablement interventions by expanding external delivery capacity through the market (initially through our existing Living Well@Home domiciliary care framework providers). Ensure that all new referrals into adult social care are assessed for reablement potential as a first-line response.</p> <p>Demonstrate Strategic Impact at Scale Generate evidence of reablement's effectiveness in reducing long-term care needs and associated costs through targeted tracking of outcomes, costs and customer journeys, to inform future commissioning and procurement decisions.</p> <p>Increase Replacement Care Capacity and Reach Domiciliary Care It is proposed to vary the LivingWell@Home contract to include the specification for replacement care so that the full range of providers can offer this service via the Arranging Support Team. The specification will be circulated to the providers with a time limited period for response to ensure that providers are aware of the requirement and have the opportunity to comment.</p> <p>Residential Care Undertake a procurement process to identify the provider(s) able to commit to supplying 2 block beds, one for planned and one for unplanned care.</p> <p>Social Work Operational Activity Within Torbay Social Care has been focusing on ASC Transformation, ensuring less hand off's between teams, supporting people at earliest stage to meet need quickly, resolving issues at first contact and seeking support from the VCSE sector where support is best placed. There has been an increased focus on the used of technology to manage care needs and keep people independent. Culturally, there is also a shift to focus on reablement. The social care</p>

Yes
Yes
Yes

Did you use local data to assess against this headline metric?	Yes
if yes, which local data sources are being used?	Following published Department of Health and Social Care Guidance, May 2025 which encouraged Health and Wellbeing Boards to set goals against this measure using either CLD or local intelligence. Torbay is using local residential and nursing admission data based on contractual information and mirrors CLD methodology. This allows Torbay to monitor progress on a monthly basis rather than the quarterly CLD reporting periods.

Yes

Better Care Fund 2025-26 Q2 Reporting Template

5. Income & Expenditure

Selected Health and Wellbeing Board:

Torbay

Source of Funding	2025-26		DFG Q2 Year-to-Date Actual Expenditure
	Planned Income	Updated Total Plan Income for 25-26	
DFG	£2,641,358	£2,641,358	£500,238
Minimum NHS Contribution	£16,724,252	£16,724,252	
Local Authority Better Care Grant	£10,902,595	£10,902,595	
Additional LA Contribution	£0	£0	
Additional NHS Contribution	£0	£0	
Total	£30,268,205	£30,268,205	

Planned Expenditure	Original	Updated	% variance
	£30,268,205	£30,268,205	0%

Q2 Year-to-Date Actual Expenditure	% of Planned Income	
	£13,918,248	46%

If Q2 year to date actual expenditure is exactly 50% of planned expenditure, please confirm this is accurate or if there are limitations with tracking expenditure.

If planned expenditure by activity has changed since the original plan, please confirm that this has been agreed by local partners. If that change in activity expenditure is greater than 5% of total BCF expenditure, please use this box to provide a brief summary of the change.

Not applicable.

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

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