TORBAY COUNCIL

Title: **Torbay Better Care Fund End of Year Return 2024 – 25 &**

Torbay Better Care Fund 2025-26 Plan

Wards Affected: All

To: Torbay Health and Wellbeing Board **On: 19 June 2025**

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1. Purpose

Torbay Better Care Fund (BCF) Plan has been submitted in line with national timelines and requirements. Torbay's plan received approval from the regional BCF panel, progressed to the national panel where it has also been endorsed. The Torbay Better Care Fund Plan is being presented to Torbay Health and Wellbeing Board in-line with national requirements.

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

- Provides an update on the BCF performance and spend for 2024/25 (copy attached).
- Provides details of the BCF plan for 2025/26 (copy attached).

2. Analysis

2.1 BCF Outturn for 2024/25

In June, Torbay's End of Year 24/25 template return was submitted in accordance with national requirements.

2.2 Metric Targets

2.2.1 Avoidable Admissions

Definition: Unplanned hospitalisation for chronic ambulatory care sensitive conditions rate per 100,000 population – a set of conditions such as acute bronchitis, angina, ischaemic heart disease, heart failure, dementia, emphysema, epilepsy, hypertension, diabetes, COPD, and pulmonary oedema.

We measure this as we would expect to be able to manage these conditions without a need for hospital admission.

Performance for 2023/24:

		Quarter 1	Quarter 2	Quarter 3	Quarter 4
Torbay	2024/25 Target	172	172	172	172
	2024/25 actual	195.7	199.2	183.1	172.

Data at the time of submission indicates Torbay's performance was **on track** to meet the target in Quarter 4 and an improving position throughout the 2024/25 financial year. Further information is provided in the planning return.

2.2.2 Falls

Definition: Emergency hospital admissions due to falls in people aged 65 & over, directly standardised rate per 100,000.

Falls are the largest cause of emergency hospital admissions for older people and significantly impact on long term outcomes. This measure is an important measure around joint working between adult social care and health partners (e.g. urgent community response services) to prevent hospital admissions and reduce falls which will improve outcomes for older people and support independence. We measure this as with the right support in place we should be able to prevent falls in older people.

This was a new BCF indicator in 2023/24.

	2024/25 Plan for year	Outturn 2024/25
Torbay	1968.4	2144

Data at the time of submission indicates performance for the Local Authority area was **not on track** to meet the target. Whilst the target has not been met in 2024/25 this is an improved position from 2023/24 where the outturn achieved 2221.9 per 100,000 population. Further information is provided in the planning return.

2.2.3 Discharge to Usual Place of Residence

Definition: The percentage of people who are discharged from acute hospital to their usual place of residence.

We measure the number of people who return to their usual place of residence at the point of discharge to ensure as many people as possible are able to return to living independently at home.

Performance for 2024/25:

		Quarter 1	Quarter 2	Quarter 3	Quarter 4
Torbay	Planned	91.3%	91.3%	91.3%	91.3%
	Actual (est)	91.06%	89.8%	89.87%%	90.25%

Data at the time of submission indicates performance within Torbay was **not on track** to meet the target. Further information is provided in the planning return.

2.2.4 Residential Admissions

Definition: 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.

	2024/25 Plan	2024/25 Actual
Torbay	669	810

The metric has been classified as **"data not available"**. Draft data was included in the return to suggest 907 admissions per 100,000 population. 810 admissions per 100,000 population has been published.

There is a caveat in the application of this data. The target was set using SALT return methodologies. The methodology of data collection and breadth of information has changed. Local Authorities are now requested to use a Client Level Dataset (CLD). Due to differences in national guidance between previous and new data collection methodologies, this does not allow the 2024/25 actual performance to be measured against the 2024/25 plan.

3 Torbay HWBB BCF Plan 2025/26

3.1 Situation

The Department for Health and Social Care (DHSC) and NHS England (NHSE) published guidance, January 2025 for the development of Better Care Fund (BCF) Plans for the 2025-26 financial year.

BCF Plans require joint development between Integrated Care Boards, Local Authorities, NHS providers and voluntary, community and social enterprise sector to develop a joint plan to further support integration in local areas, address national objectives and work to achieve delivery against key performance indicators BCF seeks to positively impact.

Torbay's plan has been developed jointly with system partners, co-written and co-produced via BCF governance arrangements and planning meetings along with wider engagement via Local Care Partnership meetings where possible.

The 2025-26 planning guidelines outlines the need for Integrated Care Board and Local Authority Chief Executives to sign off plans. Local Health and Wellbeing Boards retains oversight and formal endorsement for BCF Plans to be "signed off" by local systems.

3.2 Background

The Better Care Fund (BCF) is the only mandatory policy to facilitate integration between Health and Social Care, providing a framework for joint planning and commissioning. The BCF brings together ring-fenced budgets from NHS allocations, ring-fenced BCF grants from Government, the Disabled Facilities Grant, and voluntary contributions from local government budgets. Each Health and Wellbeing Board has responsibility for the oversight of the BCF and is accountable for its delivery.

3.3 National Policy and Planning

National planning requirements for the BCF are set out within The Better Care Fund (BCF) Policy Framework and was published on January 2025 by DHSC & DLUHC. The Policy Framework set out the Government's objectives for 2025-26 including:

Objective 1: reform to support the shift from sickness to prevention

- Local areas must agree plans that help people remain independent for longer and prevent escalation of health and care needs, including:
- timely, proactive and joined-up support for people with more complex health and care needs
- use of home adaptations and technology
- support for unpaid carers

Objective 2: reform to support people living independently and the shift from hospital to home

- Local areas must agree plans that:
- help prevent avoidable hospital admissions
- achieve more timely and effective discharge from acute, community and mental health hospital settings, supporting people to recover in their own homes (or other usual place of residence)
- reduce the proportion of people who need long-term residential or nursing home care

The following table provides an overview of planning timescales. BCF plans are expected to be submitted 31 March 2025. Due to NHS Devon Executive Committee, meeting 1 April 2025, NHSE BCF Leads have approved and extension of Devon's submission date to 1 April 2025.

Date	Publication/key milestone
30 January 2025	Better Care Fund planning requirements published • submission guidance, metrics handbook and headline frequently asked questions available on Better Care Exchanges • planning template HWB submission templates available to systems on Better Care Exchange. • HWB areas allocations available on Better Care Exchange
3 February 2025 onwards	Webinar series to support local planning – full details to be shared via BCF bulletin and Better Care Exchange.
Week commencing 27 January 2025	Functional template issued followed functional testing.
February	Proactive and supportive discussions with HWB areas or groups of areas at risk of facing higher challenge to successful delivery.
3 March 2025	Draft headline HWB submissions to be made to regional better care managers for feedback and discussion.
31 March 2025 (noon)	Full HWB submission to be made to the national Better Care Fund team and regional better care managers.
May	Outcome letters to HWB areas.
30 September 2025	Section 75 agreements must be in place across HWB areas.

Three documents form the combined elements of a Better Care Fund Plan. These are:

1. Narrative Plan
2. Planning Template – focusing on utilisation of finance and targets aligned to key performance indicators
3. Demand and Capacity Plans – focusing on complex discharge (pathway 1-3 discharges) and community capacity to avoid admission

Devon, Plymouth and Torbay plans are included in the appendix of this report.

3.4 Monitoring Better Care Fund

Monitoring of Better Care Fund plans will be undertaken on a quarterly basis, and will commence in quarter 1 2025-26. These reports will need to be signed off by HWB chairs ahead of submission. Reporting will be streamlined from previous years and include:

- a short narrative on progress against metrics
- spend to date
- where planned expenditure has changed, a summary of important changes and confirmation that these have been agreed by local partners and continue to meet national conditions
- A full end-of-year report will also be required to account for spend and this report will also be required to include a comparison with the intermediate care demand and capacity plan.

3.5 Enhanced support and oversight

Where Better Care Fund plans are adrift from agreed trajectories including both finance and performance, local areas will be required to engage in enhanced support and oversight from NHSE.

The reason for enhanced support and oversight may include, but not be limited to:

- current performance against headline metrics (2024-25) – and therefore risks to performance in 2025-26
- the identification of significant risks through the assurance process
- failure of HWB areas to agree a plan
- not meeting BCF national conditions across the 2025-26 delivery cycle

4 Key Focus of BCF Activity

Torbay's BCF plan has been developed locally, however ensures consideration is given to strategic commissioning and delivery across the wider Devon ICS footprint. This has ensured an element of consistency across Torbay, Devon and Plymouth. Where programmes of activity apply solely to Torbay HWBB area this has been clearly outlined to provide a Torbay specific BCF plan. The plan also reflects local variation and nuances in how services are delivered.

The below table provides an overview of the three main themes which BCF plans described in terms of activity. BCF plans form part of wider system delivery and investments. The below outlines areas where BCF investments are being directly made along with activity funded and delivered via alternative sources and aligns where possible to delivery described within the NHS Operating Plan 2025-26 and Torbay Adult Social Care Transformation Programmes.

Shift from sickness to prevention	Support people living independently and the shift from hospital to home	Achieve more timely and effective discharge from acute
Timely, proactive and joined-up support for people with more complex health and care needs – **Neighbourhood Health Teams** • Population health management • Modern general practice • Standardising community health services • Neighbourhood multidisciplinary teams (MDT) • Integrated intermediate care • Urgent neighbourhood services	**Prevent hospital admission** Approaches to prevent hospital admissions includes: • Increase GP capacity to deliver a Same Day Primary Care Hub pilot • Delivery of enhanced health in care homes to provide a more proactive approach to managing the health needs of care home residents • Ensure sufficient capacity within Urgent Community Response • Delivery of Care Co-ordination Hub model sees the ambulance service stream suitable 999 calls to expert clinicians who can advise, prescribe and refer to appropriate primary and community pathways. • Delivery of High Intensity Users Programme to understand the reason for repeat attendance in ED and support the client with the route cause and wider social determinants which may be driving behaviours. • Same Day Emergency Care and Frailty Same Day Emergency Care diverting patient appropriately away from Emergency Departments to have their needs met by clinicians via an alternate model of care.	1) Establish robust **demand and capacity plans** to ensure market sufficiency for P1-3 discharges across Devon ICB footprint. 2) Ensure **robust and consistent data collection** against BCF metrics, focus on discharge to normal place of residence, NCTR and delays from discharge ready dates. 3) Review current VCSE capacity and delivery to inform a future **VCSE discharge support model** across Devon ICB 4) Learning from early adopter areas in Devon, **develop a revised pathway 1 reablement specification and contract** to achieve consistent outcomes across Devon ICB. 5) Consolidation of pathway 2 provision across Devon ICB including a review of capacity and **P2 therapeutic models** across localities, understand impact of **P2 reablement** block contracts procured in 2024/25 and define further commissioning intentions for 2025/26 working towards John Bolton / IPAC models within localities. 6) Focus on **shifting pathway demand** from pathway 2 to pathway 1 and **reduce lengths of stay across all pathways, including, improving assurance of quality of discharge and delivery of Home First approach** 7) 25/26 will see the creation of a bespoke pan-Devon **End of Life discharge pathway**.

5 Performance

BCF Policy Framework 2025/26 introduces a set of national headline and supplementary metrics:

1. Emergency admissions to hospital for people aged over 65 per 100,000 population
    a. *Unplanned hospital admissions for chronic ambulatory care sensitive conditions*
    b. *Emergency hospital admissions due to falls in people aged 65+*

2. Average length of discharge delay for all acute adult patients, derived from a combination of:

a. *proportion of adult patients discharged from acute hospitals on their discharge ready date (DRD)*
b. *for those adult patients not discharged on their DRD, average number of days from the DRD to discharge*
c. *Patients not discharged on their DRD, and discharged within 1 day, 2-3 days, 4-6 days, 14-20 days and 21 or more.*

3. Long-term admissions to residential care homes and nursing homes for people aged 65 and over per 100,000 population
    a. *Hospital discharges to usual place of residence*
    b. *Proportion of people receiving short-term reablement following hospital discharge and outcomes following short-term reablement*

The below provides an overview of the agreed key performance indicators:

8.1 Emergency admissions

		Apr 24 Actual	May 24 Actual	Jun 24 Actual	Jul 24 Actual	Aug 24 Actual	Sep 24 Actual	Oct 24 Actual	Nov 24 Actual	Dec 24 Actual	Jan 25 Actual	Feb 25 Actual	Mar 25 Actual
Emergency admissions to hospital for people aged 65+ per 100,000 population	Rate	1,754	1,833	1,714	1,952	1,780	1,820	1,978	1,807	n/a	n/a	n/a	n/a
	Number of Admissions 65+	665	695	650	740	675	690	750	685	n/a	n/a	n/a	n/a
	Population of 65+*	37,913	37,913	37,913	37,913	37,913	37,913	37,913	37,913	n/a	n/a	n/a	n/a
		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	1,641	1,672	1,588	1,670	1,625	1,588	1,738	1,638	1,722	1,688	1,662	1,635
	Number of Admissions 65+	622	634	602	633	616	602	659	621	653	640	630	620
	Population of 65+	37,913	37,913	37,913	37,913	37,913	37,913	37,913	37,913	37,913	37,913	37,913	37,913

8.2 Discharge Delays

*Dec Actual annual data are not available at time of publication

	Apr 24 Actual	May 24 Actual	Jun 24 Actual	Jul 24 Actual	Aug 24 Actual	Sep 24 Actual	Oct 24 Actual	Nov 24 Actual	Dec 24 Actual	Jan 25 Actual	Feb 25 Actual	Mar 25 Actual
Average length of discharge delay for all acute adult patients (this calculates the % of patients discharged after	n/a	n/a	n/a	n/a	n/a	0.29	0.22	0.37	n/a	n/a	n/a	n/a
Proportion of adult patients discharged from acute hospitals on their discharge ready date	n/a	n/a	n/a	n/a	n/a	91.5%	91.8%	88.3%	n/a	n/a	n/a	n/a
For those adult patients not discharged on DRD, average number of days from DRD to discharge	n/a	n/a	n/a	n/a	n/a	3.4	2.7	3.2	n/a	n/a	n/a	n/a
	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	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

8.3 Residential Admissions

		2023-24 Actual	2024-25 Plan	2024-25 Estimated	2025-26 Plan Q1	2025-26 Plan Q2	2025-26 Plan Q3	2025-26 Plan Q4
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	701.6	830.8	195.2	195.2	197.8	197.8
	Number of admissions	289	266	315	74	74	75	75
	Population of 65+*	37,913	37,913	37,913	37,913	37,913	37,913	37,913

6 Performance

The below table outlines the total financial values as reflected in the Torbay Better Care Fund 2025-26 plan.

Funding stream	Torbay
Disabled Facilities Grant	£2,641,358
NHS Minimum Contribution	£16,724,252
LA BCF Grant	£10,902,595
Additional LA Contribution	-
Additional NHS Contribution	-
Total	**£30,268,205**

Details of investments can be found in “planning template” for Torbay Health and Wellbeing Board.

7 Development of Section 75 Agreements

The s.75 (NHS Act 2006) Agreement which governs the use of the BCF will be signed by Devon County Council and NHS Devon ICB (Devon HWBB area) and Torbay Council, NHS Devon ICB and Torbay and South Devon NHS Foundation Trust (Torbay HWBB area), following confirmation of national approval of the 25/26 plan, by the 30 September 2025.

8. Recommendations

- Torbay Health and Wellbeing Board approves the 2024/25 End of Year Report.
- Torbay Health and Wellbeing Board approves the Torbay Better Care Fund Plan 2025 – 26.

Appendices

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

Appendix

List of background papers

Paper	
Torbay HWBB End of Year Return 2024-25	 Torbay BCF_24-25 EOY Reporting Temp
Torbay HWBB BCF 2025-26 Narrative Plan	 Torbay%20BCF%202 025_26%20Narrative
Torbay HWBB BCF 2025-26 Planning Template	 Torbay BCF 2025-26 Planning Template F
Torbay HWBB BCF 2025-26 Demand & Capacity Plan	 Torbay BCF 2025-26 FINAL V2 Capacity ar