



SHROPSHIRE HEALTH AND WELLBEING BOARD

Report

Meeting Date	19 June 2025				
Title of report	Better Care Fund Plan 2025-6				
This report is for (You will have been advised which applies)	Discussion and agreement of recommendations		Approval of recommendations (With discussion by exception)	x	Information only (No recommendations)
Reporting Officer & email	Laura Tyler, Assistant Director Commissioning Laura.Tyler@shropshire.gov.uk				
Which Joint Health & Wellbeing Strategy priorities does this report address ? Please tick all that apply	Children & Young People	x	Joined up working	x	
	Mental Health	x	Improving Population Health	x	
	Healthy Weight & Physical Activity	x	Working with and building strong and vibrant communities	x	
	Workforce	x	Reduce inequalities (see below)	x	
What inequalities does this report address ?	Access to services, particularly for carers, people living in rural areas, older age adults and people who need support from health and social care.				
1. Executive Summary <p>This report provides a summary of Shropshire's 2025-26 Better Care Fund (BCF) Plan, which was submitted to the national BCF team by the deadline of 31 March 2025. In line with the requirements of the BCF conditions, Health and Wellbeing Board (HWB) now needs to formally approve the Plan.</p>					
2. Recommendations					

2.1. HWBB approves the 2025-26 BCF Plan which can be found in appendices 1, 2 and 3.

3. Report

3.1. The Better Care Fund Policy Framework sets out the Government's aims for 2025-26:

- To be a first step in a broader shift to align with the government's Health Mission and the shift to a neighbourhood health approach.
- To better support patients and service users by enabling people to live more healthy and independent lives for longer.
- To support hospital flow and positively contribute to the NHS' ability to move towards constitutional standards.
- To make the BCF work better for local authorities and the NHS by reducing administrative burdens and providing greater flexibility to meet BCF objectives.

In line with the government's vision for health and care, the BCF Policy Framework sets out the vision, funding, oversight and support arrangements, focused on two overarching objectives for the BCF in 2025-26:

- reform to support the shift from sickness to prevention.
- reform to support people living independently and the shift from hospital to home.

It is expected that BCF Plans align with NHS Priorities and Operational Planning Guidance and neighbourhood health guidance.

BCF Plans consist of:

- A narrative plan (appendix 1).
- A completed planning template which articulates the goals for three headline metrics (appendix 2).
- An intermediate care (including short-term care) capacity and demand plan (appendix 3).

3.2. National conditions

The national condition requirements are outlined in the table below.

National condition	Requirement
Plans to be jointly agreed	Local authorities and ICBs must agree a joint plan, signed off by the HWB, to support the policy objectives of the BCF for 2025-26.
Implementing the objectives of the BCF	Local authorities and ICBs must, in their joint HWB plans, show how health and social care services will support improved outcomes against the Fund's two overarching objectives.
Complying with grant and funding conditions, including maintaining the NHS minimum contribution to adult social care	The NHS minimum contribution to adult social care must be met and maintained by the ICB and will be required to increase by at least 3.9% in each HWB area. Local authorities must comply with the grant conditions of the Local Authority Better Care Grant and of the Disabled Facilities Grant. HWB plans will also be subject to a minimum expectation of spending on adult social care, which are published alongside the BCF planning requirements. HWBs should review spending on social care, funded by the NHS minimum contribution to the BCF, to ensure the minimum expectations are met, in line with the national conditions.
Complying with oversight and support processes	Local areas and HWBs are required to engage with BCF oversight and support processes, which include:

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| | <ul style="list-style-type: none"> • a regionally led oversight process • enhanced oversight where there are performance concerns. |
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3.3. Funding sources

- Minimum NHS Contribution: the NHS contributes to the BCF to support adult social care and investment in NHS commissioned out-of-hospital services.
- Local Authority Better Care Fund Grant (Local Government Finance Settlement for 2025-26): local authorities are allocated funding as part of the Local Government Finance Settlement.
- Disabled Facilities Grant: funding for adaptations to support independent living.

3.4. Headline metrics and supporting indicators

For 2025-26 there are three headline metrics:

- Emergency admissions to hospital for people aged over 65 per 100,000 population.
- Average length of discharge delay for all acute adult patients, derived from a combination of proportion of adult patients discharged from acute hospitals on their discharge ready date (DRD) and, for those adult patients not discharged on their DRD, average number of days from the DRD to discharge.
- Long term admissions to residential care homes and nursing homes for people aged 65 and over per 100,000 population.

It is recommended that HWB areas also use six supporting indicators to better understand the drivers of their performance against BCF objectives and specific local priorities:

- Unplanned hospital admissions for chronic ambulatory care sensitive conditions.
- Emergency hospital admissions due to falls in people over 65.
- Patients not discharged on their DRD and discharged within one day, two to three days, four to six days, seven to 13 days, 14 to 21 days and 21 days or more.
- Average length of delay by discharge pathway.
- Hospital discharges to usual place of residence.
- Outcomes from reablement services.

3.5. Monitoring and reporting

Quarterly reporting will commence from quarter one in 2025-26. These reports will need to be signed off by HWB Chairs ahead of submission.

A full end of year report will be required to account for expenditure. This report will also be required to include narrative regarding the intermediate care demand and capacity plan.

3.6 Highlights from the planning documents

Some key changes took place in 2024-25 which will carry forwards into 2025-26 and drive further improvements:

- Strengthened BCF governance structure.
- Improved discharge performance.
- Increased numbers of people being re-abled through the Short-Term Assessment and Reablement Team (START) service.
- Improved falls prevention through joint system working and learning from a pilot falls service.
- Increased number of people on the carers register enabled by the implementation of an all-age carer support team.
- Creation of a prevention and integration framework by System partners.
- Development of local community and family hubs to support system integration, early intervention and avoid crises across all ages.
- Introduction of a virtual care delivery team.
- Increased use of the Disabled Facilities Grant.

- Increased joint commissioning including an equipment contract, fast-track packages to support hospital discharge, Two Carers in a Car service and an autism support service.

The priorities for improving intermediate and other short-term care will be achieved through the following areas of focus in 2025-26:

- Information - create a clear suite of reporting outcomes
- Rapid response to support both in hospital avoidance and discharge if necessary.
- More focus on pathway 0 within the acute setting.
- Increase use of technology within health and virtual ward support.
- The local authority will continue to develop its technology offer and Two Carers in a Car contract to support more people at home and reduce the need for short term bedded provision where possible.
- Therapy input to ensure wrap around support.
- A wider review of community bedded provision will be carried across health and social care linked to the demand numbers and target set that are the cost effective and appropriate. This will inform a model and an approach for bedded provision across the ICS.

Target setting for the three BCF metrics has been complicated by data loss in 2024-25 due to implementation of an electronic patient record (EPR) system by Shrewsbury and Telford Hospitals NHS Trust. To target set, 2023-24 data has been used with a linear forecast applied and partner intelligence has been used to make refinements. It is expected that the data loss issue will be rectified by the end of 2025-26 quarter one (June 2025). Subsequently, reliable data will again be available.

Capacity and demand has been jointly modelled to ensure a shared view. 2025-26 modelling is based on the improvements made in 2024-25 in length of stay and pathway profile. Data from 2024-25 is the basis on which the improvement trajectories has been developed. Partners have worked together to refine the trajectories in line with System intelligence and the 2025-26 STW UEC Improvement Programme.

A line-by-line review of BCF schemes has been completed as part of 2025-26 planning. This work will continue in 2025-26 to identify how partners can further collaborate and identify efficiency savings.

Risk assessment and opportunities appraisal

(NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other

The system has regularly noted the risk of available funding, and the expenditure required to support system flow. It has also noted the risk attached to year-on-year grant funding. With no assurance of future funding or timeframe for 2026 onwards, this risk remains. For services and posts that have contractual obligations that extend beyond 2025-26, a risk-based decision will be taken on their future.

The work on demand and capacity will continue to be a key area of focus. Work is ongoing with all partners to identify the likely demand, ensure capacity is aligned and where it is not, look at mitigation; this will include the ambitious discharge pathway targets set and agreed by all system partners.

The work on reviewing the BCF schemes will continue in 2025-26 to identify how partners can further collaborate and identify efficiency savings.

Progress against risks previously reported include:

- British Red Cross Independent Living Coordinators (Home from hospital) – this work is being considered alongside the Wellbeing and Independence contract through Joint Commissioning.
- Falls Prevention Service – highlighted as a pressure for 2025-26. A system piece of work has been established to consider an end-to-end pathway for falls which includes prevention.
- Infrastructure grant for the Voluntary and Community Sector (including Volunteer, supporting groups to constitute and develop good practice, external funding specialist

Consultation)	<p>support, and training). This remains a risk and has been included as issue for the newly established joint strategic commissioning group.</p> <p>Shropshire continues to experience high discharge levels and last year discharged over 4,400 people (38% more people since April 2023). Approximately 790 people above the predicted numbers were discharged via pathway one to their own homes. As a system this is what we have agreed to support collectively.</p>	
Financial implications (Any financial implications of note)	Financial details are included in the planning template (appendix 2).	
Climate Change Appraisal as applicable	All commissioned activity considers climate change.	
Where else has the paper been presented?	System Partnership Boards	ShIPP on 15 May 2025
	Voluntary Sector	Not applicable
	Other	Not applicable
List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information) NHS England » Better Care Fund planning requirements 2025-26 Better Care Fund policy framework 2025 to 2026 - GOV.UK		
Cabinet Member Councillor Ruth Houghton, Cabinet Member for Adult and Children Social Care		
Appendices Appendix A 2025-26 BCF Narrative Plan Appendix B 2025-26 BCF Planning Template Appendix C 2025-26 BCF Capacity and Demand Template		