Integrated Care System
Shropshire, Telford and Wrekin

Shropshire Council

NHS
Shropshire, Telford and Wrekin

The Better Care Fund (BCF) Programme

September 2025

Purpose

- What is the Better Care Fund (BCF) programme?
- The pooled budget
- Expenditure by service type
- Performance metrics for 2025-26
- A focus on data in 2025-26
- Who to contact

What is the Better Care Fund (BCF) Programme?

The Better Care Fund (BCF) programme supports local systems to deliver the integration of health, housing and social care in a way that supports person-centred care, sustainability and better outcomes for people and carers.

It requires systems to enter a pooled budget arrangement and agree an integrated spending plan.

The BCF national overarching objectives for 2025-26 are:

- reform to support the shift from sickness to prevention.
  - Support complex health and care needs.
  - Use of home adaptations and technology.
  - Support unpaid carers.
- reform to support people living independently and the shift from hospital to home.
  - Prevent avoidable admissions.
  - Timely and effective discharge.
  - Reduction in use of long-term care.

The pooled budget

- A partnership arrangement whereby NHS organisations and local authorities contribute a nationally determined amount of funding into a single, shared budget (the pooled budget) that is then used to commission or deliver health and social care services.

- The value of the pooled budget in Shropshire is £50 million. This is made up of three separate contributions:

    - NHS minimum contribution (£30.5 million) – comes from baseline funding.

    - Local Authority minimum contribution (£15 million) – comes from baseline funding plus discharge funding, which is expected to be spent on reducing hospital discharge delays.

    - Disabled Facilities Grant (£4.5 million) - paid to local authorities and ringfenced to housing adaptations to enable people to stay well and remain living independently for as long as possible.

Expenditure in 2025-26 by service type (1 of 2)

Proactive care	Home adaptations and technology	Carers
• Prevention and advice grants to third sector • Early help interventions • BeeU service • Autism West Midlands – outreach and support groups • Mental health Social Workers • Social work practitioners for frailty • Alzheimer's link/support worker • Personalised care staff employed by GPs and Primary Care Networks	• Home adaptations funded using the Disabled Facilities Grant • Mediquip community equipment loan service	• Carer support service • Hospital-based cares lead/link worker
£6 million	• £8 million	• £0.3 million

Expenditure in 2025-26 by service type (2 of 2)

Preventing hospital admission	Timely hospital discharge	Reducing the need for long term care
• Occupational therapy • Residential and nursing care placements • Brokerage • Short Term Assessment and Reablement (START) service • Social Workers in community social work teams • Staffing for accidental and emergency minor injuries pathway • British Red Cross' Positive Lives • Mental health crisis support • Two Carers in a Car • Mental health crisis accommodation	• Hospital social work teams • Social Workers to facilitate Continuing Healthcare(CHC) assessments • CHC placements • Section 17 Discharge Liaison Workers • Social Worker capacity in intermediate care services • Frailty Assessment Unit • Therapy and nursing • End of life services • Severn Hospice • Domiciliary care • Reablement	• Hope House respite
£14 million	£22 million	£0.2 million

Performance metrics for 2025-26

The 2025-26 performance metrics focus on admission avoidance, effective discharge processes and ensuring community interventions both are effective and reduce the need for long term care.

Performance is tracked nationally, and data is shared across systems through a dashboard.

There are three headline metrics, each with two supporting indicators:

- **Emergency admissions to hospital**
  - Admissions of chronic ambulatory care conditions
  - Falls related admissions
- **Average length of discharge delay**
  - Proportion of people discharged on their Discharge Ready Date
  - Average number days of delayed discharges
- **Long term admissions to care home**
  - Percentage of people discharged to their normal place of residence
  - Proportion of people who, after reablement, need no further on-going care

A focus on data in 2025-26

In 2025-26, there is a focus on using data to inform future direction, with the following aims:

- To set metric plan targets for 2025-26.
- To inform metric planning for 2026 onwards.
- To monitor and report progress of the BCF Programme locally and nationally, including progress towards the national BCF policy outcomes.
- To enable early action to be taken where performance is off target.

Who to contact

For more information about the BCF programme, please e-mail:

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