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Better Care Fund 2026-27

Narrative return

Introduction and guidance

This return has been designed to enable ICBs and local authorities, working with Health and Wellbeing Boards (HWBs), to submit information which demonstrates how their plans for the Better Care Fund (BCF) meet the national conditions and planning requirements for 2026-27. Completing and submitting the BCF narrative return is a required part of the overall BCF submission process. Planning leads should ensure that all questions within this narrative return are fully addressed.

This year, the length of the narrative return has been reduced. This reflects feedback on the benefits of a more focused BCF assurance process. In completing the return, HWBs, ICBs and local authorities may wish to develop more detailed joint plans for BCF expenditure for their own use and/or draw on other joint plans.

Each question in the return has a suggested length of around a page (around 500 words) and we would generally expect the overall submission to be around 2500 words. These act as a guide to support a more focused assurance process rather than strict limits.

The narrative provided in this return should align with the expenditure plans and the ambitions for the national metrics set out in your BCF excel numerical return.

When completing the narrative return, please use the following documents for guidance and support, these can be found on the [BCF Exchange](#):

- **Planning Principles:** outlines what good practice looks like in relation to each narrative question and aligns with the relevant national conditions.
- **Metrics Handbook:** provides the formal technical specifications for the national metrics within the framework, including the rationale, methodology, required data inputs and worked examples.

Submission Requirements:

- Each HWB area must have its own BCF excel numerical return, but a single narrative BCF return covering multiple HWBs may be submitted where this reflects local integrated working arrangements.
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- Each HWB area included in a combined narrative return should provide clarity and state any specific details relevant to the separate HWBs within the narrative questions (and more words may be required for this than a single HWB return). Local authorities, ICBs and HWBs for each area should formally sign off the shared narrative return and their individual numerical excel BCF return.
- The deadline for completing this narrative return is **19 May 2026**.
- Please submit this return to both: england.bettercarefundteam@nhs.net and your regional better care manager(s).

Submission details

Mandatory to complete, please do not submit a return without completing the details below:

	Shropshire
HWB	Shropshire HWB
ICB	NHS Shropshire, Telford and Wrekin ICB

1. Please provide a short statement setting out the rationale for using BCF funding to maximise delivery of integrated and preventative care linked to the relevant areas of neighbourhood health and social care services.

Please provide a concise statement of around one page (e.g. around 500 words). Please provide your response below.

Priorities for BCF funding map to the 10 Year Health Plan for England and align with Shropshire's Health and Wellbeing Strategy and the System's 5 Year Strategic Commissioning Plan, which itself is shaped by local Joint Strategic Needs Assessments (JSNAs) and the System's Integrated Strategic Needs Assessment (ISNA), Population Health Improvement Plan (PHIP), Clinical Strategy and Core20PLUS5 Framework. These documents drive the System's strategic focus on five major shifts over the next five years: hospital to community, analogue to digital, sickness to prevention, improving access, and value and productivity. Together, these shifts will enable a more proactive, joined-up and community-focused health and care system.

Through integrated commissioning, BCF resources are targeted at services that demonstrably reduce crisis demand, support independence at home, and improve outcomes for people with long term conditions, frailty and dementia, while addressing health inequalities at a neighbourhood level, delivered through integrated neighbourhood teams.

Investment focuses on admission avoidance, timely hospital discharge, reablement and support for unpaid carers, recognising the county's rurality, ageing population and increasing complexity of need.

Shropshire's National Neighbourhood Health Programme journey is underway, with Shropshire's integrated teams refining plans and taking the next steps towards developing local, joined-up, preventative care for priority patient groups.

Planned BCF expenditure for 2026-27 broadly maintains continuity of core services that are critical to admission avoidance, discharge and reablement. Where changes in spend are proposed, these will reflect learning from service reviews, emerging demand and capacity pressures, and alignment with neighbourhood health development rather than withdrawal of effective provision.

Any reprofiling of funding is managed jointly by the ICB and local authority to ensure continuity of service delivery, with transitional arrangements in place where required. Partners have prioritised maintaining frontline capacity and avoiding disruption to people receiving care, particularly during periods of system pressure.

HWB has reviewed demand and capacity across intermediate care pathways, drawing on system data on hospital flow, discharge pathways and reablement outcomes. This assessment highlights sustained demand for pathway 1 support, increasing complexity of need, and the importance of community based reablement in reducing length of stay and preventing long-term residential admissions.

The System-wide Multi-year Transition Programme to improve urgent and elective care has three pillars; Community Urgent Care, Acute Flow, Streaming and Care Co-ordination. This Programme is driving improvements in discharge ready date performance, which data shows has been consistently above regional and peer averages.

A notable change in discharge ready date delay was reported during November 2025, a position that continued into December (from local insights). This was caused by the decommissioning of Rehabilitation and Recovery Unit (RRU) beds from the acute provider that were being utilised for intermediate step-down capacity. As a result of closure, the activity being supported by the RRU was reported for discharge by the Care Transfer Hub. This resulted in an increase in patients with no criteria to reside, thereby impacting the discharge ready date to discharge length of stay. This is now in recovery and provides confidence for Shropshire to achieve the metric plans for 2026-27.

Planning for 2026-27 reflects all the above, with continued investment in reablement, rapid response and equipment services to support timely discharge and maximise independence. Capacity planning is informed by historic trends, seasonal variation, improvement plans and system learning, with partners working collectively to flex provision in response to demand.

BCF planning also reflects wider national framework priorities. Investment in home adaptations and equipment supports people to remain safely at home, reducing avoidable admissions. Support to unpaid carers is recognised as a key preventative intervention, with carers embedded in discharge pathways and neighbourhood teams. The voluntary and community sector (VCS) plays a critical role in tackling isolation, providing low level preventative support and strengthening community resilience, particularly in rural areas.

- 2. Please provide a brief explanation of the rationale for how you have set out goals for the metrics of non-elective admissions (for those 65 years old and over) and delayed discharges. Please also set out how you will monitor and drive progress in preventing avoidable long-term care home admissions and improving outcomes from reablement, including through any locally agreed goals for long term admissions to residential care and nursing homes.**

Please provide a concise statement of around one page (e.g. around 500 words). Please provide your response below.

HWB goals for non-elective admissions and delayed discharges are aligned with ICB and provider planning trajectories, ensuring consistency between BCF ambitions and wider NHS operational planning. Where local expectations differ, these reflect specific local circumstances such as rural geography, service configuration and social care capacity. Any divergence is understood and agreed through joint planning forums.

Goals for non-elective admissions of adults aged 65+ and delayed discharges are informed by comparisons with peer areas, local trend analysis, recent performance, system learning from winter pressures, and anticipated impacts of service changes funded through the BCF. Assumptions reflect continued pressure from demographic change alongside improved community capacity, discharge processes and admission avoidance pathways. A 3% population growth has been applied, which is consistent with the Operational Plan for non-elective activity.

2025-26 performance data shows some month-to-month volatility regarding emergency admissions. It also shows a notable change in discharge ready date delay during November 2025, a position that continued into December (from local insights). This was caused by the decommissioning of Rehabilitation and Recovery Unit (RRU) beds from the acute provider that were being utilised for intermediate step-down capacity. As a result of closure, the activity being supported by the RRU was reported for discharge by the Care Transfer Hub. This resulted in an increase in patients with no criteria to reside, thereby impacting the discharge ready date to discharge length of stay. This is now in recovery and provides confidence for Shropshire to achieve the metric plans for 2026-27.

All the above has been used to set realistic but stretching goals that align with system capability and planned investment. They reflect the need for a steady state that supports a year of transition during which there are ambitious plans for the left shift towards prevention and neighbourhoods.

HWB places strong emphasis on high quality data to support BCF metrics. Partners are working to interrogate data further to improve accurate and consistent recording of

Discharge Ready Date, with routine validation and review. Identified data quality issues are addressed through shared protocols, training and system oversight. The next generation of data will have greater granularity that more accurately reflects system and provider performance.

Development of a system Complex discharge data environment will provide further insight into population need and opportunities for improvement during this year of transition.

Shropshire's goals for reducing long term admissions to residential and nursing care are underpinned by investment in prevention, reablement, carers support and homebased provision. Planned activity is expected to contribute to stabilising demand and improving outcomes by supporting people to remain independent for longer.

Regarding reablement, planned activity is expected to improve outcomes through timely access to reablement services, trusted assessment, integrated therapy input and improved pathway management. Focus is placed on supporting people to regain skills and confidence following illness or hospital discharge, increasing the proportion of people who remain at home 12 weeks after discharge.

The Shropshire Wellbeing and Navigation Network (SWANN) is a jointly commissioned new service underpinned by a preventative service contract. The service is delivered by partners British Red Cross, Shropshire Mental Health Support, Community Resource and Live Well Shropshire. It provides interventions including early support, opportunities to build confidence, reduce isolation and connect with local communities, assistance after hospital discharge, peer support for mental health and support for unpaid carers, which all reduce the need for crisis or statutory services and support the achievement of all three metric plans.

3. Please provide a short explanation of the planned impact of BCF funding on achievement of goals.

Please provide a concise statement of around one page (e.g. around 500 words). Please provide your response below.

BCF funded services in Shropshire contribute to metric achievement by focusing on admission avoidance, timely discharge and recovery at home. Integrated neighbourhood teams, social prescribing, carers support, reablement, equipment and adaptations all play complementary roles in reducing pressure on acute services.

Recent reviews and improvement activity have shaped funding decisions, with increasing emphasis on services that support pathway 1, reduce reliance on bed-based care and demonstrate positive outcomes. While not all impacts can be quantified, triangulation of activity, outcomes and system feedback informs ongoing investment decisions.

In 2025-26, System partners jointly redesigned and recommissioned preventative services. The new SWANN facilitates early support, admission avoidance, opportunities to build confidence, reduce isolation and connect with local communities, assistance after hospital discharge, peer support for mental health and support for unpaid carers. In terms of metric performance, it's aims are to reduce emergency admissions and delayed discharges and to support pathway flow and pathway profile change.

Recent delivery evidence from SWANN demonstrates the service is actively diverting demand from statutory pathways, with a single front door enabling timely preventative interventions that reduce escalation, support hospital discharge, and mitigate pressure on adult social care and wider system demand.

Social prescribing is strong across Shropshire. Located with neighbourhood teams, multi-disciplinary teams are working together to avoid crisis points being reached. The family hubs model is being developed across the county, promoting a culture of 'how can we help' and sign posting people to access the right information, advice and support where they need it. A key area of focus for 2026-27 is embedding dementia support and developing the carers offer at a neighbourhood level.

The Council continues to develop its technology offer and the joint contract for the 2 Carers in a Car service to support more people at home by providing nighttime support at home and reduce the need for short term bedded provision.

Population Health Management (PHM) is a newly launched approach in STW, using linked health data to better understand local needs and design services that make the greatest difference to communities, as outlined in the NHS 10-Year Plan and the national neighbourhood programme. GP data, collected from local practices, and linked to data from hospitals, community and mental health providers and local authorities, will provide robust evidence to better understand the needs of local populations, now and in the future.

Funding decisions are also informed by JSNAs and the ISNA, enabling resources to be targeted towards population groups that benefit most from preventative and community-based interventions. Priority cohorts include older people with frailty, people with dementia, unpaid carers, people with long term conditions, and children and young people with additional needs.

Engagement with communities, VCE partners and service users informs service design, ensuring that provision is responsive to local need and accessible across Shropshire's diverse and rural communities.

4. Please outline how ICBs and local authorities have confidence that the services funded through the BCF represent value for money, and how they will seek to raise the productivity of services.

Please provide a concise statement of around one page (e.g. around 500 words) please provide your response below.

Aligned with NHS England's Model ICB Blueprint and the 10 Year Health Plan for England, the ICB's Cluster Operating Model sets out five big shifts, one of which is value and productivity. It is a cluster priority to create a single evaluation and assurance framework that measures outcomes, reduces inequalities, and improves access, quality, productivity and system shift to ensure optimal, value-based use of resources and improved outcomes.

To meet its duty to operate within finite budgetary constraints, STW ICB has a Value Based Commissioning and Evidence Based Interventions Policy to provide a structured approach to prioritising resources and providing interventions with the greatest proven health gain for the population.

The BCF Operational Delivery Group is responsible for monitoring efficiency, effectiveness, resource allocation and improvement of BCF schemes, with oversight from HWB. The Group has undertaken a line-by-line review of schemes. This considered outputs, map to BCF priority and expenditure for example. It shows that all schemes support delivery of BCF objectives and metrics.

That said, BCF partners are currently identifying areas in which to improve value for money over the next 12 months as part of preparations for alignment with neighbourhood health planning. Areas already identified for further work include preventative services such as those addressing High Intensity Use and services that are used/could be used to support a shift from pathway 3 to pathway 1.

An example of how this structured approach has been applied is the jointly commissioned new and redesigned Children and Young People's Mental Health Services (CAMHS) model. The model provides a clear, evidence-based framework that assures the ICB and local authorities that the service offers strong value for money, aligning directly with the BCF vision for integrated, preventive and outcome-driven services. Through joint governance, integrated pathways, a strong early help and prevention offer, a shared digital infrastructure, and robust productivity and performance measures, the model delivers a sustainable, high-quality service that supports better outcomes while reducing system-wide costs.

Benchmarking against comparable authorities will be undertaken in quarters two and three of 2026–27, with findings reported by quarter 4 2026–27 as part of work on the market

position statement to inform service improvement, challenge outliers and strengthen value for money decisions.

As part of service review, the opportunities that are considered to improve productivity include longer-term contracting, service redesign, digitisation, improved use of technology and changes to workforce deployment and skill mix. These approaches support sustainability and contribute to systemwide productivity expectations.

Local healthcare Trusts continue to make use of enhanced digital clinical information sharing technology. As a group, digital teams are reviewing further cases for its application and focusing on the portability of devices between settings to enhance access to digital information at the point of need.

The newly redesigned and jointly commissioned CAMHS model is an example of the action taken to improve productivity. Robust productivity and performance measures, with monthly reporting, are in place to improve this key service.

A second example is SWANN, which is commissioned through a single Preventative Services Contract covering hospital discharge, mental health outreach and wellbeing support, reducing duplication and enabling more efficient use of resources across providers. The joint commissioning approach prioritises early intervention, admission avoidance and timely discharge, thus reducing escalation into crisis, acute and statutory services. It also enables aligned investment, shared priorities and better value for money through coordinated planning and delivery. Longer-term contracting supports provider stability, workforce planning and continuity of support, contributing to more efficient and sustainable service delivery over time. Delivery through voluntary and community sector organisations makes effective use of community-based staff, volunteers and peer support, ensuring support is provided at the most appropriate and cost-effective level. A single, simplified referral route, including online referral, reduces administrative burden for referrers and improves productivity across health and care partners, and allows for data to be captured more efficiently. The contract allows flexibility in delivery, enabling providers to respond to local need and individual circumstances while making effective use of available resources.

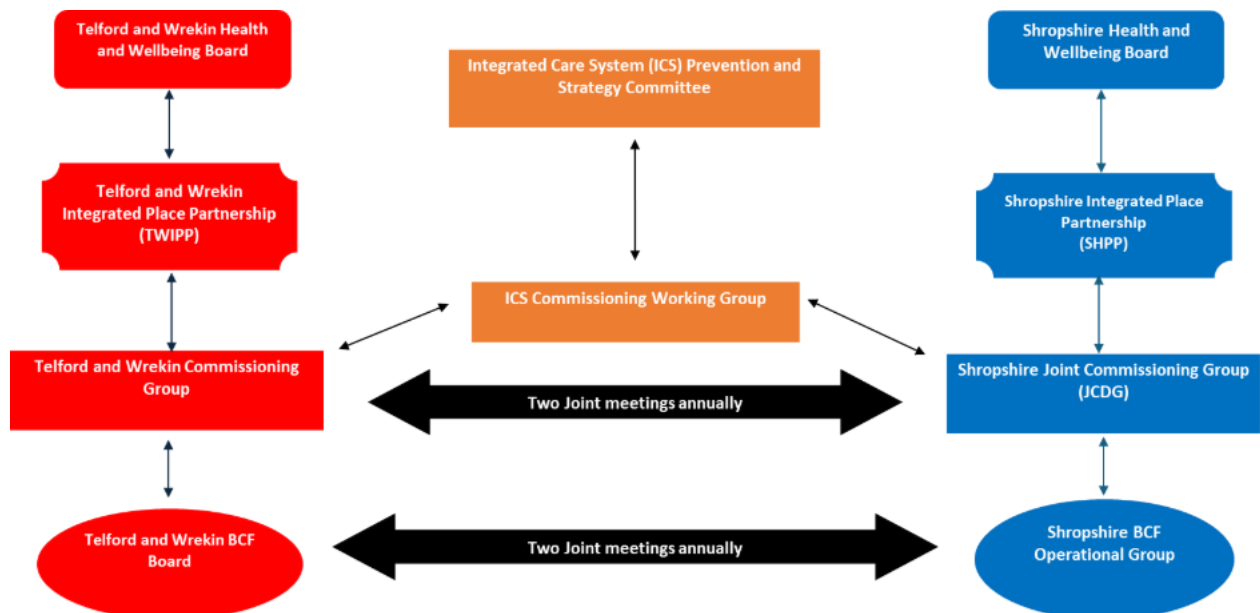
5. Please outline your robust joint governance for managing the expenditure of BCFS funding, including assessing impact of funding, value for money and continuous improvement.

Please provide a concise statement of around one page (e.g. around 500 words). Please provide your response below.

Following a 360-degree audit of governance arrangements in 2024, changes have now embedded, strengthening governance to support delivery of the BCF including managing expenditure.

The ICB's BCF Commissioner provides a first point of contact for BCF oversight and support process and uses established escalation routes to ensure the right level of involvement is engaged.

Clear joint governance arrangements are in place between the ICB, local authority and HWB. The BCF Operational Delivery Group oversees planning, expenditure and performance, with HWB providing formal approval and system level scrutiny. Oversight of BCF in Shropshire mirrors that of Telford and Wrekin as shown in the diagram below.



Quarterly reporting enables routine monitoring of expenditure, delivery and outcomes. Issues are escalated through established routes, ensuring timely corrective action where performance is off track.

The Chief Executive of STW ICB jointly chairs both Shropshire and Telford and Wrekin's HWB, giving consistency of approach across the System.

Links between Shropshire and Telford and Wrekin's BCF Boards are in place and used to identify opportunities to jointly commission, maximise impact of BCF funding and ensure value for money.

Governance groups routinely review progress against 2026-27 goals; act where required and consider longer-term impact of BCF funded services to inform future planning. Links are in place with Telford and Wrekin's BCF Board to support a System approach to cross cutting issues and shared services.

Learning from delivery, performance reviews and service evaluations is captured and shared across partners. This supports continuous improvement, refinement of commissioning approaches and informed decisions on future changes to spending plans.

In the coming months, as BCF aligns to neighbourhood health planning and the ICB restructures and merges with Staffordshire and Stoke on Trent, opportunities to strengthen integrated working through joint roles and integrated governance arrangements will be taken.