



**SHROPSHIRE HEALTH AND WELLBEING BOARD  
Report**

<b>Meeting Date</b>	<b>9 July 2026</b>				
<b>Title of report</b>	<b>Beter Care Fund 2025-26 End of Year Template and 2026-27 Assurance Return</b>				
<b>This report is for</b>	Discussion and agreement of recommendations		Approval of recommendations (With discussion by exception)	x	Information only (No recommendations)
<b>Reporting Officer &amp; email</b>	Deborah Webster, Service Manager (Contracts, Quality Assurance, and Business) <a href="mailto:Deborah.Webster@shropshire.gov.uk">Deborah.Webster@shropshire.gov.uk</a>				
<b>Which Joint Health &amp; Wellbeing Strategy priorities does this report address?</b>	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	
<b>What inequalities does this report address?</b>	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**

This report provides a summary of:

- 1.1. Shropshire's 2026-27 Better Care Fund (BCF) Assurance Return, which was submitted to the national BCF team by the deadline of 19 May 2026.
- 1.2. Shropshire's 2025-26 BCF End of Year Template, which was submitted to the national BCF team by the deadline of 5 June.

In line with national conditions, the approval of the Joint Chairs of Health and Wellbeing Board (HWB) was obtained prior to both submissions. Formal HWB approval is now required.

**2. Recommendations**

- 2.1. HWB approves the 2026-27 BCF Assurance Return which can be found in appendices A and B.
- 2.2. HWB approves the 2025-26 BCF End of Year Template which can be found in appendix C.

**3. Shropshire's 2026-27 Better Care Fund (BCF) Assurance Return**

- 3.1. The [BCF framework 2026-27](#) sets out the first step in the reform of the BCF to provide a more consistent and effective approach to funding services that it is essential to deliver them in a fully integrated way. The initial set of changes will help local areas go further in joining up delivery of health and social care services, in line with the government's objectives for neighbourhood health and devolving more responsibilities.
- 3.2. The aim of BCF in 2026-27 is to support ICBs and local authorities to in designing and delivering more integrated and preventative care, particularly for people with more complex health and social care needs, helping people stay independent for longer. This includes - but is not limited to - developing integrated intermediate care services that help people retain or

recover their independence. It also covers other health and social care services that support independence, prevent avoidable admission to hospital or long-term residential care, and enable timely and effective acute, community and mental health hospital discharge. BCF funding should be deployed in ways that help deliver the three shifts outlined in the 10 Year Health Plan.

- 3.3. For this initial year of BCF reform, local areas are asked to start to align their plans for pooled funding with their wider approach to development of relevant areas of neighbourhood health plans, such as intermediate care.

### **3.4. Funding**

As for the 2025-26 BCF, the 2026-27 BCF is composed of the following funds:

- the NHS minimum contribution, including the minimum contribution to adult social care.
- Local Authority Better Care Grant.
- Disabled Facilities Grant.

- 3.5. For 2027-28 onwards, the government will consider whether local areas should be given more flexibility in deciding the level of pooled funding needed to support better integrated services. There will be a consultation on any proposed changes to minimum NHS and local authority contributions. It will also work with the NHS and local government to develop clearer expectations for the types of services that, as a minimum, should be subject to pooled funding. This will build on the success that many local areas have already seen by taking a more strategic approach to pooled funding.

### **3.6. Metrics**

ICBs and local authorities must set specific goals, agreed by HWBs, to reduce avoidable non-elective admissions for people aged 65 and over and reduce discharge delays, for two metrics:

- non-elective hospital admissions for people aged 65 and over.
- the average length of discharge delay for all acute adult patients, derived from:
  - the proportion of adult patients discharged from acute hospitals on their discharge ready date (DRD).
  - for those adult patients not discharged on their DRD, the average (mean) number of days from the DRD to discharge.

ICBs and local authorities are also encouraged to set goals, agreed with HWBs, in relation to long-term admissions to residential care homes and nursing homes for people aged 65 and over. Whether or not a specific local goal is set, ICBs, local authorities and health and wellbeing boards should monitor and drive progress in preventing avoidable long-term care home admissions.

It is also expected that ICBs, local authorities and HWBs monitor and drive improvements in the proportion of people aged 65 and over discharged from hospital, with reablement provided partly or solely by local authorities, who remained in the community within 12 weeks of discharge.

### **3.7. Assurance Return**

- 3.8. ICBs and local authorities, working with HWBs, must submit an assurance return to demonstrate compliance with the national funding conditions and planning requirements for 2026-27. BCF Assurance Returns must include:
- A Narrative Return – an assurance statement showing how national BCF conditions are met (appendix 1).
  - A Numerical Return – a breakdown of planned BCF expenditure by category of spend and funding source (appendix 2).

### **3.9. National conditions**

The national condition requirements are outlined in the table below.

National condition	Planning requirement
<p><b>National Condition 1: ICBs and local authorities must develop joint plans, agreed by HWBs, outlining how ICBs and local authorities intend to use BCF funding to deliver more integrated and preventative care, linked to the wider development of neighbourhood health and social care services.</b></p>	<p><b>ICBs and local authorities must have considered how to use the BCF most effectively to support the delivery of more integrated and preventative services, particularly supporting those with more complex health and social care needs. This must include setting out how the funding will be used to develop the quality, efficiency and outcomes from intermediate care.</b></p>
	<p><b>ICBs and local authorities must set out plans for reasonable progress in the national priority metrics of emergency admissions (for those 65 years old and over) and delayed discharges and how they will monitor and drive progress in preventing avoidable long-term care home admissions and improving outcomes from reablement.</b></p> <p><b>These must include the specific contribution of BCF-funded services.</b></p>
	<p><b>ICBs and local authorities must demonstrate that their plans for the use of the BCF represent value for money and improve overall productivity.</b></p>
<p><b>National Condition 2: ICBs and local authorities must comply with BCF national grant and funding conditions, and deliver in accordance with their approved return, including, for ICBs, maintaining the NHS minimum contribution to adult social care and the pooling of NHS BCF contributions into a section 75 pooled fund.</b></p>	<p><b>ICBs and local authorities must pool their designated minimum contribution (in the case of ICB Partners) and the Local Authority Better Care Grant and Disabled Facilities Grant (in the case of local authority Partners). Partners are able to voluntarily pool additional funding through the BCF where they are assured that this represents value for money.</b></p>
	<p><b>The NHS minimum contribution to adult social care must be met and maintained by the ICB in line with the published BCF allocations. This represents an increase of 4.4% in each HWB area.</b></p> <p><b>Local authorities must comply with the grant conditions of the Local Authority Better Care Grant and the Disabled Facilities Grant, including the pooling of funding.</b></p>
<p><b>National Condition 3: ICBs and local authorities must comply and engage with BCF planning and reporting requirements including adherence to any assurance and oversight processes.</b></p>	<p><b>ICBs and local authorities must ensure that effective joint governance is in place to ensure local accountability for delivery, including reviewing performance against plan objectives and local goals, and taking action if necessary to bring delivery back on track.</b></p>
	<p><b>ICBs, local areas and HWBs are required to engage with BCF reporting, oversight and support processes.</b></p>

### 3.10. Monitoring and reporting

Once assurance returns are approved, regional better care managers may provide oversight and support to the most challenged local areas, focusing on improvement and managing risk. Escalation may be triggered if national conditions are not met or there is a material risk that they will not be met. In such a situation, regional BCF leads and national partners (NHS England, DHSC and MHCLG) will follow a clear escalation process

3.11. Further information will be published about how assurance and oversight, including regular monitoring of performance against the metrics, will work for 2026-27, both in relation to BCF spending plans and to local goals for non-elective hospital admissions and delayed discharges.

### **3.12. Summary of the Assurance Return**

The Assurance Return sets out how Shropshire partners will use the Better Care Fund in 2026–27 to deliver integrated, preventative health and care services. It aligns with national policy (including the NHS 10 Year Health Plan) and local strategic frameworks, with a strong emphasis on system integration, community-based care, and improved outcomes.

Key takeaways are:

- Strong strategic alignment with national and local priorities.
- A clear shift towards prevention, community care, and neighbourhood delivery.
- Evidence-based planning with ambitious but realistic metric plans that reflect the period of transition now underway to support the shift from sickness towards prevention and a neighbourhood model.
- An emphasis on integration, data-driven decision-making, and system learning.
- Robust governance and a clear focus on value, productivity, and sustainability.

Overall, the plan reflects a transition year, maintaining essential services while accelerating transformation towards a more preventative, integrated care system.

## **4. Shropshire's 2025-26 BCF End of Year Template**

4.1. As for 2026-27, ICBs and local authorities were required to set specific goals, agreed by HWBs. For 2025-26 these were:

- Emergency admissions to hospital for people aged 65 and over.
- Average length of discharge delay for all acute adult patients, derived from:
  - the proportion of adult patients discharged from acute hospitals on their discharge ready date (DRD).
  - for those adult patients not discharged on their DRD, the average (mean) number of days from the DRD to discharge.
- Long term support needs of older people aged 65 and over met by admission to residential and nursing care homes.

### **4.2. Performance**

2025-26 metric plans for emergency admissions and residential admissions were achieved.

The metric plan for discharge delays was not achieved. The performance dashboard shows a notable change in discharge ready date delay during November 2025, a position that continued into December. 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.

### **4.3. End of year impact summary**

HWB areas were asked to provide narrative about two key successes observed towards driving the enablers for integration. For Shropshire these are:

- Data and shared information - changing the local acute provider's data system posed significant challenge due to data loss during 2024-25 and the start of 2025-26. The new data system is now embedded, data flow has been restored, and the data is supporting the rapid maturity of population health management capabilities.

- Integrated working continues to develop through for example integrated teams at neighbourhood level, all age social prescribing, the proactive care multi-disciplinary team, a care hub that works effectively through the joint teams and effective reablement via the Short Term Assessment and Reablement Team supporting people to remain and return home.

HWB areas were also asked to provide narrative about two key challenges observed towards driving the enablers for integration. For Shropshire these are:

- Challenges are posed by the limited financial resources available and difficulty in reallocating resources to enable the left shift.
- Providing services across a rural county remains a challenge. There may be opportunities to develop innovative ways of addressing this challenge with the clustering and longer-term merging of Shropshire, Telford and Wrekin with Staffordshire and Stoke on Trent.

## 5. The future of the BCF

The BCF is undergoing significant reforms. These reforms aim to ensure consistent and joint funding for services that require fully integrated delivery, such as hospital discharge, intermediate care, rehabilitation, and reablement. The BCF will be incorporated into Neighbourhood Health Plans, developed jointly by the NHS, local government, and partners, as all BCF Plans have been to date.

The reforms will focus on supporting local areas to achieve better outcomes in line with the priorities of the NHS 10 Year Health Plan. An announcement detailing the scope of these reforms will be made in due course. New financial systems will encourage innovation, shift funding from hospitals to community care, and reward best practices in the NHS.

### Risk assessment and opportunities appraisal

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

For this initial year of BCF reform, local areas are asked to start to align plans for pooled funding with wider their approach to development of relevant areas of neighbourhood health plans, such as intermediate care. There will be no changes to the current system of minimum funding contributions.

For 2027-28 onwards, the government intends to consider whether local areas should be given more flexibility in deciding the level of pooled funding needed to support better integrated services. There will be a consultation on any proposed changes to minimum NHS and local authority contributions. The government will work with the NHS and local government to develop clearer expectations for the types of services that, as a minimum, should be subject to pooled funding. This will build on the success that many local areas have already seen by taking a more strategic approach to pooled funding.

[Indicative ICB allocations](#) for 2027-28 and 2028-29 have been provided. If consultation results in giving local areas more flexibility and a lower minimum required level of pooling (from 2027-28 at the earliest), the relevant funding will remain in NHS and local authority budgets and will continue to be spent on health and social care services respectively. No changes will be introduced to the NHS and local authority minimum contributions to the BCF before financial year 2027-28. The government is increasing the NHS minimum contribution to adult social care between 2026-27 and 2028-29 in line with the [Spending Review 2025](#) settlement - and this will be preserved in any new arrangements for 2027 to 2028 onwards.

Local Authority Better Care Grant allocations remain the same in 2026-27 as they were in 2025-26. The government will confirm the distribution and allocations of the Local Authority Better Care Grant from 2027-28 onwards, as well as how places undergoing local government re-organisation can transition to new funding arrangements, in due course.

Work on reviewing Shropshire's BCF schemes will continue in 2026-27 to identify how partners can further collaborate and identify efficiency savings.

<b>Financial implications</b> (Any financial implications of note)	Financial details are included in appendices B and C.	
<b>Climate Change Appraisal as applicable</b>	All commissioned activity considers climate change.	
<b>Where else has the paper been presented?</b>	System Partnership Boards	Not applicable
	Voluntary Sector	Not applicable
	Other	Not applicable
<b>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</b>		
<a href="#">Better Care Fund 2026/27 to 2028/29: minimum NHS contributions from integrated care boards</a>		
<a href="#">Local government finance policy statement 2026-27 to 2028-29</a>		
<a href="#">List of local authority DFG allocations 2026-27</a>		
<a href="#">Better Care Fund framework 2026 to 2027</a>		
<a href="#">BCF Metrics Handbook</a>		
<a href="#">BCF Planning Principles document</a>		
<b>Cabinet Member</b>		
Councillor Ruth Houghton, Cabinet Member for Adult and Children Social Care		
<b>Appendices</b>		
Appendix A 2026-27 Narrative Return Appendix B 2026-27 Numerical Return Appendix C 2025-26 End of Year Template		
<i>NB: Members: Appendix B &amp; C will be provided as a separate attachment due to format Public: through website, Appendix B&amp; C can be provided on application to louisa.jones@shropshire.gov.uk</i>		