SHROPSHIRE HEALTH AND WELLBEING BOARD
Report

Meeting Date	**19 November 2026**					
Title of report	**2026-27 Better Care Fund Quarter One Template**					
This report is for	Discussion and agreement of recommendations		Approval of recommendations (With discussion by exception)	x	Information only (No recommendations)	
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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

1.1. This report provides a summary of Shropshire's 2026-27 Better Care Fund (BCF) quarter one template, which was submitted to the regional BCF team by the deadline of 16 October. In line with national conditions, the approval of the Joint Chairs of Health and Wellbeing Board (HWB) was obtained prior to submission. Formal HWB approval is now required.

2. Recommendations

2.1. HWB approves the 2026-27 BCF quarter one template which can be found in appendix A.

3. Shropshire's 2026-27 Better Care Fund (BCF) Quarter One Template

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 have started 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. Shropshire's plan has received a letter of approval. It is acknowledged that it demonstrates:

- 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.

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

3.6. Funding

3.7. 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.

3.8. 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.

3.9. Metrics

3.10. ICBs and local authorities have set specific goals, agreed by HWBs, to reduce avoidable non-elective admissions for people aged 65 and over and reduce discharge delays, for the following 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.

3.11. ICBs and local authorities were 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. Shropshire has done this.

3.12. 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.

3.13. National conditions

3.14. The national condition requirements are outlined in the table below.

National condition	Planning requirement
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.	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.
	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. These must include the specific contribution of BCF-funded services.
	ICBs and local authorities must demonstrate that their plans for the use of the BCF represent value for money and improve overall productivity.
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.	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.
	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. 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.
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.	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.
	ICBs, local areas and HWBs are required to engage with BCF reporting, oversight and support processes.

3.15. Monitoring and reporting

3.16. 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.

3.17. Regular monitoring of performance against the metrics will take the same form as for previous years. Quarterly templates for quarters one, two and three that capture progress in

relation to BCF spending plans, local goals for non-elective hospital admissions, delayed discharges and residential admissions and additional insight narrative are required. A more detailed end of year template will be required.

4. Summary of quarter one template

4.1. Income and expenditure

4.2. Expenditure at quarter end is on track.

4.3. Performance

4.4. Shropshire achieved the quarter one metric plans for non-elective admissions for people aged 65and over, discharge delays and long term admissions to residential care homes and nursing homes for people aged 65 and over.

4.5. Additional insights

4.6. The following regional intelligence was reported:

- Observed successes towards driving the enablers for integration include data and shared information. A new data system is supporting the rapid maturity of population health management capabilities. In addition, 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.
- Challenges are posed by the limited financial resources available and difficulty in reallocating resources to enable the shift from hospital to home. In addition, 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.
- Forward planning on BCF is difficult without a clear understanding of how funding will be used from 2027.

4.7. The following alignment with related programmes and support requirements were reported:

- HWB and partners would like to further advance progress towards system maturity through tailored support to better understand and translate their statutory leadership role. This would support the refresh of the HWB strategy and co-production of an effective Terms of Reference that clearly articulate and support the role of HWB in a way that is translatable in practice. For this reason, Shropshire is participating in wave one of the National Neighbourhood Health Improvement Programme and has been selected for the BCF Support Programme's Community of Practice for Health and Wellbeing Boards and Targeted Support for Health and Wellbeing Boards.

4.8. The following progress against national conditions should be noted:

- Shropshire's Section 75 Agreement for 2025-26 will be submitted alongside the 2026-27 Section 75 Agreement. Both Agreements are with the ICB's legal partner Mills and Reeve for legal review before being issued for signature.

4.9. The following impact of improvement support was reported:

- Shropshire's expression of interest for participation in the national BCF support offer's Community of Practice for Health and Wellbeing Boards and Targeted Support for Health and Wellbeing Boards was successful. It's too early to assess the impact of these. However, it's hoped the impact will be a strengthened neighbourhood health approach, accelerated delivery of prevention and health inequalities ambitions, and further development of the role of Health and Wellbeing Board as a key system leader in place-based integration. Regarding the Communities of Practice, it's hoped that Health and Wellbeing Board will learn from and contribute to emerging national best practice.

Regarding the targeted support, it's hoped that bespoke improvement and leadership support will help to strengthen governance, shared priorities, partnership working, and delivery arrangements.

5. BCF Support Programme

5.1. Following an expression of interest process, Shropshire was selected to receive support from the BCF Support Programme through:

- A Community of Practice for Health and Wellbeing Boards
- Targeted Support for Health and Wellbeing Boards.

5.2. Shropshire already is part of wave one of the National Neighbourhood Health Improvement Programme. This additional support from the BCF Support Programme offers an ideally timed next step to further advance progress towards maturity. It will be integral to the refresh of the HWB strategy, co-production of an effective Terms of Reference that clearly articulate and support the role of HWB in a way that is translatable in practice and the development of Neighbourhood Health Plans that integrate with BCF.

5.3. Through its leadership, governance and partnership role, HWB will use and share learning to help create the conditions for neighbourhood teams and partners to work differently together, enabling more coordinated, preventative and person-centred services that improve outcomes for local people. In this way, learning will collectively strengthen HWB, Scrutiny Committees and the local Integrated Place Partnership and strengthen system leadership.

6. The future of BCF

6.1. The national BCF team is working towards publishing the 2027-28 BCF Framework in Autumn 2026, which will set out the expectations for local systems for the forthcoming financial year. No significant changes in scope from the 2026-27 framework are anticipated. The framework will include a requirement to complete all 2027-28 BCF planning and assurance by 31 March 2027. The team is working with colleagues to align BCF assurance more closely with neighbourhood health to reduce duplication and ensure proportionate assurance processes are completed ahead of the start of 2027-28.

6.2. The Government is currently considering the future development of the BCF beyond 2027-28 as part of wider work to strengthen adult social care and integrated health and care services. This remains a live area of policy development and decisions on future arrangements are yet to be finalised.

6.3. Through these quarterly reports, HWB will be kept updated on progress.

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.	
Financial implications (Any financial implications of note)	Financial details are included in appendix A.	
Climate Change Appraisal as applicable	All commissioned activity considers climate change.	
Where else has the paper been presented?	System Partnership Boards	Not applicable
	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)

Better Care Fund 2026/27 to 2028/29: minimum NHS contributions from integrated care boards

Local government finance policy statement 2026-27 to 2028-29

List of local authority DFG allocations 2026-27

Better Care Fund framework 2026 to 2027

BCF Metrics Handbook

BCF Planning Principles document

Cabinet Member

Councillor Ruth Houghton, Cabinet Member for Adult Social Care & Health, Shropshire Council

Appendices

Appendix A. Shropshire's BCF 26-27 Q1 Reporting Template