Better Care Fund 2025-26 Update Template

1. Guidance

Overview

HWBs will need to submit a narrative plan and a planning template which articulates their goals against the BCF objectives and how they will meet the national conditions in line with the requirements and guidance set out in the table on BCF Planning Requirements (published).

Submissions of plans are due on the 31 March 2025 (noon). Submissions should be made to the national Better Care Fund england.bettercarefundteam@nhs.net and regional Better Care Managers.

This guidance provides a summary of the approach for completing the planning template, further guidance is available on the Better Care Exchange.

Functional use of the template

We are using the latest version of Excel in Office 365, an older version may cause an issue.
Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background, as below:

Data needs inputting in the cell
Pre-populated cells

This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.
Within the BCF submission guidance there will be guidance to support collaborating across HWB on the completion of templates.

Data Sharing Statement

This section outlines important information regarding Data Sharing and how the data provided during this collection will be used. This statement covers how NHS England will use the information provided. Advice on local information governance which may be of interest to ICSs can be seen at https://data.england.nhs.uk/sudgt/ - Please provide your submission using the relevant platform as advised in submission and supporting technical guidance.

2. Cover

The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. To view pre-populated data for your area and begin completing your template, you should select your HWB from the top of the sheet.

Governance and sign-off
National condition one outlines the expectation for the local sign off of plans. Plans must be jointly agreed and be signed off in accordance with organisational governance processes across the relevant ICB and local authorities. Plans must be accompanied by signed confirmation from local authority and ICB chief executives that they have agreed to their BCF plans, including the goals for performance against headline metrics. This accountability must not be delegated.

Data completeness and data quality:
- Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells in this table are green should the template be sent to the Better Care Fund Team: england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).
- The checker column, which can be found on each individual sheet, updates automatically as questions are completed. It will appear red and contain the word 'No' if the information has not been completed. Once completed the checker column will change to green and contain the word 'Yes'.
- The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
- Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'. Please ensure that all boxes on the checklist are green before submission.

3. Summary

The summary sheet brings together the income and expenditure information, pulling through data from the Income and Expenditure tabs and also the headline metrics into a summary sheet. This sheet is automated and does not require any inputting of data.

4. Income

This sheet should be used to specify all funding contributions to the Health and Wellbeing Boards (HWB) Better Care Fund (BCF) plan and pooled budget for 2025-26. The final planning template will be pre-populated with the NHS minimum contributions, Disabled Facilities Grant and Local Authority Better Care Grant. Please note the Local Authority Better Care Grant was previously referred to as the iBCF. For any questions regarding the BCF funding allocations, please contact england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).

Additional Contributions
This sheet also allows local areas to add in additional contributions from both the NHS and LA. You will be able to update the value of any Additional Contributions (LA and NHS) income types locally. If you need to make an update to any of the funding streams, select 'yes' in the boxes where this is asked and cells for the income stream below will turn yellow and become editable. Please use the comments boxes to outline reasons for any changes and any other relevant information.

Unallocated funds
Plans should account for full allocations meaning no unallocated funds should remain once the template is complete.

5. Expenditure

For more information please see tab 5a Expenditure guidance.

6. Metrics

Some changes have been made to the BCF metrics for 2025-26; further detail about this is available in the Metrics Handbook on the Better Care Exchange. The avoidable admissions, discharge to usual place of residence and falls metrics/indicators remain the same. Due to the standing down of the SALT data collection, changes have been made to the effectiveness of reablement and permanent admissions metrics/indicators.

For 2025-26 the planning requirements will consist of 3 headline metrics and for the planning template only the 3 headline metrics will be required to have plans entered. HWB areas may wish to also draw on supplementary indicators and there is scope to identify whether HWB areas are using these indicators in the Metrics tab. The narrative should elaborate on these headline metrics [and may] also take note of the supplementary indicators. The data for headline metrics will be published on a DHSC hosted metrics dashboard but the sources for each are also listed below:

1. Emergency admissions to hospital for people aged 65+ per 100,000 population. (monthly)
- This is a count of non-elective inpatient spells at English hospitals with a length of stay of at least 1 day, for specific acute treatment functions and patients aged 65+
- This requires inputting of both the planned count of emergency admissions as well as the projection 65+ population figure on monthly basis
- This will then auto populate the rate per 100,000 population for each month
https://digital.nhs.uk/supplementary-information/2025/non-elective-inpatient-spells-at-english-hospitals-occurring-between-01-04-2020-and-30-11-2024-for-patients-aged-18-and-65
Supplementary indicators:
Unplanned hospital admissions for chronic ambulatory care sensitive conditions.
Emergency hospital admissions due to falls in people aged 65+.

2. Average number of days from Discharge Ready Date to discharge (all adult acute patients), (monthly)
- This requires inputting the % of total spells where the discharge was on the discharge ready date and also the average length of delay in days for spells where there was a delay.
- A composite measure will then auto calculate for each month described as 'Average length of discharge delay for all acute adult patients'
- This is a new SUS-based measure where data for this only started being published at an LA level since September hence the large number of missing months but early thinking about this metric is encouraged despite the lack of available data.
https://www.england.nhs.uk/statistics/statistical-work-areas/discharge-delays/discharge-ready-date/
Supplementary indicators:
Patients not discharged on their DRD, and discharged within 1 day, 2-3 days, 4-6 days, 7-13 days, 14-20 days and 21 days or more.
Local data on average length of delay by discharge pathway.

3. Admissions to long term residential and nursing care for people aged 65+ per 100,000 population. (quarterly)
- This section requires inputting the expected numerator (admissions) of the measure only.
- Please enter the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care)
- Column H asks for an estimated actual performance against this metric in 2024-25. Data for this metric is not yet published, but local authorities will collect and submit this data as part of their SALT returns. You should use this data to populate the estimated data in column H.
- The pre-populated cells use the 23-24 SALT data, but you have an option of using this or local data to use as reference to set your goals.
- The pre-populated denominator of the measure is the size of the older people population in the area (aged 65 and over) taken from Office for National Statistics (ONS) mid-year population estimates. This is changed from last year to standardize the population figure used.
- The annual rate is then calculated and populated based on the entered information.
https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-outcomes-framework-ascof/england-2023-24
Supplementary indicators:
Hospital discharges to usual place of residence.
Proportion of people receiving short-term reablement following hospital discharge and outcomes following short term reablement.

7. National conditions

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Better Care Fund Policy Framework for 2025-26 (link below) will be met through the delivery of your plan. (Post testing phase: add in link of Policy Framework and Planning requirements)

This sheet sets out the four conditions, where they should be completed and requires the Health & Wellbeing Board to confirm 'Yes' or 'No' that the HWB meets expectation. Should 'No' be selected, please note the actions in place towards meeting the requirement and outline the timeframe for resolution.
In summary, the four National conditions are as below:

- National condition 1: Plans to be jointly agreed
- National condition 2: Implementing the objectives of the BCF
- National condition 3: Complying with grant and funding conditions, including maintaining the NHS minimum contribution to adult social care (ASC)
- National condition 4: Complying with oversight and support processes
- How HWB areas should demonstrate this are set out in Planning Requirements

Better Care Fund 2025-26 Planning Template

2. Cover

Version 2.0

Please Note:
- The BCF planning template is categorised as 'Management Information' and data from them will be published in an aggregated form on the NHS England website and gov.uk. This will include any narrative section. Some data may also be published in non-aggregated form on gov.uk. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.
- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the Better Care Exchange) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- All information will be supplied to BCF partners (MHCLG, DHSC, NHS England) to inform policy development.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Governance and Sign off

Health and Wellbeing Board:	Walsall
Confirmation that the plan has been signed off by Health and Wellbeing Board ahead of submission - Plans should be signed off ahead of submission.	Yes
If no indicate the reasons for the delay.	
If no please indicate when the HWB is expected to sign off the plan:	

Submitted by:	Nina Chauhan-Lall
Role and organisation:	Better Care Fund Manager Walsall
E-mail:	nina.chauhan-lall@walsall.gov.uk
Contact number:	01922 653739
Documents Submitted (please select from drop down) **In addition to this template the HWB are submitting the following:**	Narrative C&D National Template

	Role:	Professional Title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:	Organisation
Health and wellbeing board chair(s) sign off	Health and Wellbeing Board Chair	Cllr	Waheed	Rasab	waheed.rasab@walsall.gov.uk	
	Health and Wellbeing Board Chair					
Named Accountable person	Local Authority Chief Executive	Ms	Emma	Bennett	emma.bennett@walsall.gov.uk	
	ICB Chief Executive 1	Mr	Mark	Axcell	mark.axcell@nhs.net	Black Country ICB Walsall Place
	ICB Chief Executive 2 (where required)					
	ICB Chief Executive 3 (where required)					
Finance sign off	LA Section 151 Officer	Mr	Shaun	Darcy	shaun.darcy@walsall.gov.uk	
	ICB Finance Director 1	Mr	Tom	Jackson	tom.jackson6@nhs.net	Black Country ICB Walsall Place
	ICB Finance Director 2 (where required)					
	ICB Finance Director 3 (where required)					
Area assurance contacts	Local Authority Director of Adult Social Services	Ms	Kerrie	Allward	kerrie.allward@walsall.gov.uk	
	DFG Lead	Mr	Neil	Hollyhead	neil.hollyhead@walsall.gov.uk	
	ICB Place Director 1	Ms	Pip	Mayo	pip.mayo@nhs.net	pip.mayo@nhs.net
Please add any additional key contacts who have been responsible for completing the plan	ICB Place Director 2 (where required)					
	ICB Place Director 3 (where required)					

Assurance Statements

National Condition	Assurance Statement	Yes/No	If no please use this section to explain your response
National Condition One: Plans to be jointly agreed	The HWB is fully assured, ahead of signing off that the BCF plan, that local goals for headline metrics and supporting documentation have been robustly created, with input from all system partners, that the ambitions indicated are based upon realistic assumptions and that plans have been signed off by local authority and ICB chief executives as the named accountable people.	Yes	
National Condition Two: Implementing the objectives of the BCF	The HWB is fully assured that the BCF plan sets out a joint system approach to support improved outcomes against the two BCF policy objectives, with locally agreed goals against the three headline metrics, which align with NHS operational plans and local authority adult social care plans, including intermediate care capacity and demand plans and, following the consolidation of the Discharge Fund, that any changes to shift planned expenditure away from discharge and step down care to admissions avoidance or other services are expected to enhance UEC flow and improve outcomes.	Yes	
National Condition Three: Complying with grant and funding conditions, including maintaining the NHS minimum contribution to adult social care (ASC)	The HWB is fully assured that the planned use of BCF funding is in line with grant and funding conditions and that funding will be placed into one or more pooled funds under section 75 of the NHS Act 2006 once the plan is approved	Yes	
	The ICB has committed to maintaining the NHS minimum contribution to adult social care in line with the BCF planning requirements.	Yes	
National Condition Four: Complying with oversight and support processes	The HWB is fully assured that there are appropriate mechanisms in place to monitor performance against the local goals for the 3 headline metrics and delivery of the BCF plan and that there is a robust governance to address any variances in a timely and appropriate manner	Yes	

Data Quality Issues - Please outline any data quality issues that have impacted on planning and on the completion of the plan

Extensive improvement work has been undertaken to develop more robust data collection and reporting through the MOSAIC system with the aim of developing a local Intermediate Care Service Power BI dashboard to enable accurate reporting of the patient journey as well as spend. Updates will be provided in the quarterly reports if any changes are required to be made.

Question Completion - When all questions have been answered and the validation boxes below have turned green, please send the template to the Better Care Fund Team england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your Better Care Manager.

Template Completed

	Complete:
2. Cover	Yes
4. Income	Yes
5. Expenditure	Yes
6. Metrics	Yes
7. National Conditions	Yes

<< Link to the Guidance sheet

^^ Link back to top

Better Care Fund 2025-26 Planning Template

3. Summary

Selected Health and Wellbeing Board: Walsall

Income & Expenditure

Income >>

Funding Sources	Income	Expenditure	Difference
DFG	£5,214,957	£5,214,957	£0
NHS Minimum Contribution	£30,412,845	£30,412,845	£0
Local Authority Better Care Grant	£17,494,592	£17,494,592	£0
Additional LA Contribution	£133,926	£133,926	£0
Additional ICB Contribution	£572,997	£572,997	£0
Total	**£53,829,317**	**£53,829,317**	**£0**

Expenditure >>

Adult Social Care services spend from the NHS minimum contribution

	2025-26
Minimum required spend	£11,362,157
Planned spend	£11,925,736

Metrics >>

Emergency admissions

	Apr 25 Plan	May 25 Plan	Jun 25 Plan	Jul 25 Plan	Aug 25 Plan
Emergency admissions to hospital for people aged 65+ per 100,000 population	1,751	1,882	1,912	1,912	1,991

Delayed Discharge

	Apr 25 Plan	May 25 Plan	Jun 25 Plan	Jul 25 Plan	Aug 25 Plan
Average length of discharge delay for all acute adult patients	0.23	0.06	0.20	0.25	0.03

Residential Admissions

		2024-25 Estimated	2025-26 Plan Q1	2025-26 Plan Q2	2025-26 Plan Q3	2025-26 Plan Q4
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Rate	595.5	142.9	301.7	482.3	591.5

Better Care Fund 2025-26 Planning Template

4. Income

Selected Health and Wellbeing Board: Walsall

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Walsall	£5,214,957
DFG breakdown for two-tier areas only (where applicable)	
Total Minimum LA Contribution (exc Local Authority BCF Grant)	**£5,214,957**

Local Authority Better Care Grant	Contribution
Walsall	£17,494,592
Total Local Authority Better Care Grant	**£17,494,592**

Are any additional LA Contributions being made in 2025-26? If yes, please detail below	Yes

Local Authority Additional Contribution	Contribution	Comments - Please use this box to clarify any specific uses or sources of funding
Walsall	£133,926	Intermediate Care Provider Uplifts - domiciiliary care rate increase
Total Additional Local Authority Contribution	**£133,926**	

NHS Minimum Contribution	Contribution
NHS Black Country ICB	£30,412,845
Total NHS Minimum Contribution	**£30,412,845**

Are any additional NHS Contributions being made in 2025-26? If yes, please detail below	Yes

Additional NHS Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
NHS Black Country ICB	£572,997	Uplift for provider contracts for 2024/25 and 2025/26
Total Additional NHS Contribution	**£572,997**	
Total NHS Contribution	**£30,985,842**	

	2025-26
Total BCF Pooled Budget	**£53,829,317**

Funding Contributions Comments Optional for any useful detail
N/A

Better Care Fund 2025-26 Planning Template

5. Expenditure

Selected Health and Wellbeing Board: Walsall

<< Link to summary sheet

	2025-26		
Running Balances	Income	Expenditure	Balance
DFG	£5,214,957	£5,214,957	£0
NHS Minimum Contribution	£30,412,845	£30,412,845	£0
Local Authority Better Care Grant	£17,494,592	£17,494,592	£0
Additional LA contribution	£133,926	£133,926	£0
Additional NHS contribution	£572,997	£572,997	£0
Total	**£53,829,317**	**£53,829,317**	**£0**

Required Spend

This is in relation to National Conditions 3 only. It does NOT make up the total NHS Minimum Contribution (on row 10 above).

	2025-26		
	Minimum Required Spend	Planned Spend	Unallocated
Adult Social Care services spend from the NHS minimum allocations	£11,362,157	£11,925,736	£0

Checklist

Column complete:

Yes	Yes	Yes	Yes	Yes	Yes	Yes

Scheme ID	Activity	Description of Scheme	Primary Objective	Area of Spend	Provider	Source of Funding	Expenditure for 2025-26 (£)	Comments (optional)
1	Discharge support and infrastructure	Intermediate Care Team	5. Timely discharge from hospital	Social Care	Private Sector	NHS Minimum Contribution	£ 5,227,121	£300k to NWB/Delirium (P1) Community (scheme 68)
2	Other	Protecting Social Services - Care Act element additional staffing	1. Proactive care to those with complex needs	Social Care	Local Authority	NHS Minimum Contribution	£ 429,534	
3	Other	Shared Lives Co-ordination	1. Proactive care to those with complex needs	Social Care	Local Authority	NHS Minimum Contribution	£ 75,331	
4	Other	Quality Care Review	6. Reducing the need for long term residential care	Other	Local Authority	Additional LA Contribution	£ 0	Scheme completed in 2023/24
5	Home-based intermediate care (short-term home-based rehabilitation, reablement and recovery services)	Intermediate Care Provider Uplifts	6. Reducing the need for long term residential care	Social Care	Local Authority	Additional LA Contribution	£ 133,926	
6	Personalised budgeting and commissioning	Additional Commissioning Support	4. Preventing unnecessary hospital admissions	Social Care	Local Authority	NHS Minimum Contribution	£ 57,798	
7	Assistive technologies and equipment	Integrated Community Equipment Store - Council element	2. Home adaptations and tech	Social Care	NHS Community Provider	NHS Minimum Contribution	£ 86,445	
8	Disabled Facilities Grant related schemes	Disabled Facilities Capital Grant	2. Home adaptations and tech	Social Care	Private Sector	DFG	£ 3,960,223	
8	Disabled Facilities Grant related schemes	Additional Disabled Facilities Capital Grant	2. Home adaptations and tech	Social Care	Private Sector	DFG	£ 366,734	
9	Disabled Facilities Grant related schemes	Integrated Community Equipment Store (DFG)	2. Home adaptations and tech	Social Care	NHS Community Provider	DFG	£ 888,000	
10	Support to carers, including unpaid carers	Support to Carers	3. Supporting unpaid carers	Social Care	Private Sector	NHS Minimum Contribution	£ 453,043	
11	Bed-based intermediate care (short-term bed-based rehabilitation, reablement and recovery services)	Short term Care Home Placements	6. Reducing the need for long term residential care	Social Care	Private Sector	NHS Minimum Contribution	£ 4,560,034	£104,786 to Care Home pilot (Scheme 69) & £50k to Falls Prevention (Scheme 70)
12	Other	Adult Social Care Contribution	6. Reducing the need for long term residential care	Social Care	Local Authority	Local Authority Better Care Grant	£ 1,488,379	
13	Other	Adult Social Care Contribution	6. Reducing the need for long term residential care	Social Care	Local Authority	Local Authority Better Care Grant	£ 229,500	
14	Other	Adult Social Care Contribution	6. Reducing the need for long term residential care	Social Care	Local Authority	Local Authority Better Care Grant	£ 8,590,691	
15	Discharge support and infrastructure	Intermediate Care Team - Additional Staffing	5. Timely discharge from hospital	Social Care	Local Authority	Local Authority Better Care Grant	£ 295,438	
16	Discharge support and infrastructure	Employment Support	4. Preventing unnecessary hospital admissions	Social Care	Local Authority	Local Authority Better Care Grant	£ 23,455	
17	Wider local support to promote prevention and independence	Additional Social Worker/Occupational Therapy posts within Localities	4. Preventing unnecessary hospital admissions	Social Care	Local Authority	Local Authority Better Care Grant	£ 490,285	
18	Other	All Age Disability/Transition Modelling	1. Proactive care to those with complex needs	Social Care	Local Authority	Local Authority Better Care Grant	£ 51,005	
19	Other	Additional Commissioning Support	5. Timely discharge from hospital	Social Care	Local Authority	Local Authority Better Care Grant	£ 229,223	
20	Discharge support and infrastructure	Brokerage and Business Support	5. Timely discharge from hospital	Social Care	Local Authority	Local Authority Better Care Grant	£ 314,747	
21	Personalised budgeting and commissioning	Better Care Fund Manager Contribution	6. Reducing the need for long term residential care	Social Care	Local Authority	Local Authority Better Care Grant	£ 32,000	
22	Other	Senior Alliance of Walsall Together	4. Preventing unnecessary hospital admissions	Social Care	Local Authority	Local Authority Better Care Grant	£ 203,673	
23	Personalised budgeting and commissioning	Payments Team - Commissioning	6. Reducing the need for long term residential care	Social Care	Local Authority	Local Authority Better Care Grant	£ 237,143	
24	Personalised budgeting and commissioning	Commissioning Support	6. Reducing the need for long term residential care	Social Care	Local Authority	Local Authority Better Care Grant	£ 33,809	
25	Personalised budgeting and commissioning	Care Quality Commissioning Support	6. Reducing the need for long term residential care	Social Care	Local Authority	Local Authority Better Care Grant	£ 26,191	
26	Personalised budgeting and commissioning	Finance Support	6. Reducing the need for long term residential care	Social Care	Local Authority	Local Authority Better Care Grant	£ 100,000	
27	Long-term home-based community health services	Community Care packages/support	4. Preventing unnecessary hospital admissions	Social Care	Local Authority	Local Authority Better Care Grant	£ 1,835,463	
28	Home-based intermediate care (short-term home-based rehabilitation, reablement and recovery services)	Reablement at Home	6. Reducing the need for long term residential care	Social Care	Private Sector	Local Authority Better Care Grant	£ 1,875,109	
29	Bed-based intermediate care (short-term bed-based rehabilitation, reablement and recovery services)	Bed Based Services	6. Reducing the need for long term residential care	Social Care	Private Sector	Local Authority Better Care Grant	£ 1,438,481	
30	Long-term home-based community health services	Community Nursing In reach team	6. Reducing the need for long term residential care	Community Health	NHS Community Provider	NHS Minimum Contribution	£ 169,743	
31	Wider local support to promote prevention and independence	Rapid Response - Single point of access - community nursing	4. Preventing unnecessary hospital admissions	Community Health	NHS Community Provider	NHS Minimum Contribution	£ 276,246	
32	Other	Frail Elderly Pathway OOH's A&E - additional ICS staffing for admission avoidance	4. Preventing unnecessary hospital admissions	Community Health	NHS Community Provider	NHS Minimum Contribution	£ 96,520	
33	Long-term home-based community health services	Enhanced case management approach in nursing and residential care - community nursing	6. Reducing the need for long term residential care	Community Health	NHS Community Provider	NHS Minimum Contribution	£ 396,064	
34	Short-term home-based social care (excluding rehabilitation, reablement or recovery services)	Community Nursing - Evening and Night Service	4. Preventing unnecessary hospital admissions	Community Health	NHS Community Provider	NHS Minimum Contribution	£ 89,863	
35	Short-term home-based social care (excluding rehabilitation, reablement or recovery services)	Frail Elderly Pathway Additional Community Nursing Investment	4. Preventing unnecessary hospital admissions	Community Health	NHS Community Provider	NHS Minimum Contribution	£ 1,004,030	
36	Assistive technologies and equipment	Integrated Equipment Service	2. Home adaptations and tech	Community Health	NHS Community Provider	NHS Minimum Contribution	£ 530,305	

37	Discharge support and infrastructure	Psychiatric Liaison Team (OP) - enhancement to service	1. Proactive care to those with complex needs	Mental Health	NHS Community Provider	NHS Minimum Contribution	£ 492,583	
38	Discharge support and infrastructure	specialist community Nursing Stroke/ Rehab/ Falls Service	6. Reducing the need for long term residential care	Community Health	NHS Community Provider	NHS Minimum Contribution	£ 778,815	
39	Discharge support and infrastructure	Single point of access - Community Nursing	4. Preventing unnecessary hospital admissions	Community Health	NHS Community Provider	NHS Minimum Contribution	£ 57,693	
40	Discharge support and infrastructure	Stroke Non bed based Home Care	6. Reducing the need for long term residential care	Community Health	Private Sector	NHS Minimum Contribution	£ 96,385	
41	Wider local support to promote prevention and independence	Rapid Response Team Intermediate Care Services and Community Health Service within service level agreement	4. Preventing unnecessary hospital admissions	Community Health	NHS Community Provider	NHS Minimum Contribution	£ 701,156	
42	Wider local support to promote prevention and independence	District Nursing wrap around Intermediate Care Services and Community Health Service within	4. Preventing unnecessary hospital admissions	Community Health	NHS Community Provider	NHS Minimum Contribution	£ 820,974	
43	Wider local support to promote prevention and independence	Clinical front door staffing - Intermediate Care Services and Community Health Service within	4. Preventing unnecessary hospital admissions	Community Health	NHS Community Provider	NHS Minimum Contribution	£ 1,141,598	
44	Wider local support to promote prevention and independence	Clinical back door staffing - Intermediate Care Services and Community Health Service within	4. Preventing unnecessary hospital admissions	Community Health	NHS Community Provider	NHS Minimum Contribution	£ 1,402,243	
45	Personalised budgeting and commissioning	Better Care Fund Support	5. Timely discharge from hospital	Other	Local Authority	NHS Minimum Contribution	£ 34,957	
46	Discharge support and infrastructure	Quality in Care Team	6. Reducing the need for long term residential care	Social Care	Local Authority	NHS Minimum Contribution	£ 461,644	
47	Long-term home-based community health services	Home from Hospital Services required in the reablement pathway for people with dementia and frail elderly	6. Reducing the need for long term residential care	Community Health	Private Sector	NHS Minimum Contribution	£ 73,120	
48	Bed-based intermediate care (short-term bed-based rehabilitation, reablement and recovery services)	Walsall Healthcare Trust (P2 DTA Beds)	5. Timely discharge from hospital	Other	Private Sector	NHS Minimum Contribution	£ 2,092,686	£200k to NWB/Delirium (P2) Bed-based (scheme 67)
49	Discharge support and infrastructure	Intermediate Care Service - FEP Consultant	6. Reducing the need for long term residential care	Community Health	NHS Community Provider	NHS Minimum Contribution	£ 211,294	
50	Discharge support and infrastructure	Intermediate Care - Rapid Response 72 hour sits /Admission Avoidance	4. Preventing unnecessary hospital admissions	Community Health	Private Sector	NHS Minimum Contribution	£ 849,343	
51	Bed-based intermediate care (short-term bed-based rehabilitation, reablement and recovery services)	Blakehnall Doctors Phoenix (Medical Cover to ICT Beds)	5. Timely discharge from hospital	Community Health	Private Sector	NHS Minimum Contribution	£ 23,416	
52	Assistive technologies and equipment	Community Equipment Service (ICB allocation)	2. Home adaptations and tech	Community Health	NHS Community Provider	NHS Minimum Contribution	£ 848,549	
53	Wider local support to promote prevention and independence	Dementia support workers (based in Manor Hospital), Dementia advisors (Information & Advice), 7 dementia	4. Preventing unnecessary hospital admissions	Mental Health	Private Sector	NHS Minimum Contribution	£ 439,157	
54	Wider local support to promote prevention and independence	Psychiatric Liaison Team (Adults)	1. Proactive care to those with complex needs	Mental Health	NHS Mental Health Provider	NHS Minimum Contribution	£ 625,058	
55	Long-term home-based community health services	2025-26 uplift on Non-NHS Provider Contracts	4. Preventing unnecessary hospital admissions	Community Health	NHS	NHS Minimum Contribution	£ 49,084	
56	Wider local support to promote prevention and independence	Walsall Healthcare reduction in admissions	4. Preventing unnecessary hospital admissions	Acute	NHS Acute Provider	NHS Minimum Contribution	£ 1,301,880	
57	Personalised budgeting and commissioning	Co-ordination of Personal Health Budgets	6. Reducing the need for long term residential care	Continuing Care	Private Sector	NHS Minimum Contribution	£ 12,807	
58	End of life care	End of life divisionary beds	1. Proactive care to those with complex needs	Continuing Care	Private Sector	NHS Minimum Contribution	£ 271,771	
59	Discharge support and infrastructure	Walsall Cardiac and Pulmonary Rehabilitation	4. Preventing unnecessary hospital admissions	Community Health	Charity / Voluntary Sector	NHS Minimum Contribution	£ 325,486	
60	Long-term residential/nursing home care	Enhanced Primary Care to Nursing Home (inc D2A beds)	4. Preventing unnecessary hospital admissions	Primary Care	Private Sector	NHS Minimum Contribution	£ 292,147	
61	Wider local support to promote prevention and independence	Hospital Discharge Funding to support ICS (ICB element)	4. Preventing unnecessary hospital admissions	Community Health	Private Sector	NHS Minimum Contribution	£ 2,533,216	
62	Assistive technologies and equipment	Integrated Community Equipment Store - Council element	2. Home adaptations and tech	Social Care	NHS Community Provider	NHS Minimum Contribution	£ 120,000	
63	Discharge support and infrastructure	Winter Pressure	4. Preventing unnecessary hospital admissions	Other	NHS	NHS Minimum Contribution	£ 248,920	
64	Wider local support to promote prevention and independence	Additional 24/25 uplift on NHS Contracts	4. Preventing unnecessary hospital admissions	Community Health	NHS	Additional NHS Contribution	£ 331,294	
65	Wider local support to promote prevention and independence	2025-26 uplift on NHS Provider Contracts	4. Preventing unnecessary hospital admissions	Community Health	NHS	Additional NHS Contribution	£ 224,188	
66	Long-term home-based community health services	2025-26 uplift on Non-NHS Provider Contracts	4. Preventing unnecessary hospital admissions	Community Health	NHS	Additional NHS Contribution	£ 17,515	
67	Bed-based intermediate care (short-term bed-based rehabilitation, reablement and recovery services)	Non-weight Bearing/Delirium Bed-Based (P2)	5. Timely discharge from hospital	Other	Private Sector	NHS Minimum Contribution	£ 200,000	
68	Home-based intermediate care (short-term home-based rehabilitation, reablement and recovery services)	Non-weight Bearing/Delirium Community (P1)	5. Timely discharge from hospital	Social Care	Private Sector	NHS Minimum Contribution	£ 300,000	
69	Wider local support to promote prevention and independence	Community based Support - home care pilot	4. Preventing unnecessary hospital admissions	Social Care	Charity / Voluntary Sector	NHS Minimum Contribution	£ 104,786	
70	Wider local support to promote prevention and independence	Community based Support - falls prevention	4. Preventing unnecessary hospital admissions	Social Care	Charity / Voluntary Sector	NHS Minimum Contribution	£ 50,000	

5a. Expenditure Guidance

Guidance for completing Expenditure sheet

How do we calcute the ASC spend figure from the NHS minimum contribution total?

Schemes tagged with the following will count towards the planned **Adult Social Care services spend** from the NHS minimum:

- **Area of spend** selected as 'Social Care' and **Source of funding** selected as 'NHS Minimum Contribution'

The requirement to identify which primary objective scheme types are supporting is intended to provide richer information about the services that the BCF supports. Please select [from the drop-down list] the primary policy objective which the scheme supports. If more than one policy objective is supported, please select the most relevant. Please note The Local Authority Better Care Grant was previously referred to as the iBCF.

On the expenditure sheet, please enter the following information:
1. Scheme ID:
- Please enter an ID to represent the Scheme ID for the scheme being entered. Please enter the same Scheme ID in this column for any schemes that are described across multiple rows.
2. Activity:
- Please select the Activity from the drop-down list that best represents the type of scheme being planned. These have been revised from last year to try and simplify the number of categories. Please see the table below for more details.
3. Description of Scheme:
- This is a free text field to include a brief headline description of the scheme being planned. The information in this field assists assurers in understanding how funding in the local BCF plan is supporting the objectives of the fund nationally and aims in your local plan.
4. Primary Objective:
- Sets out what the main objective of the scheme type will be. These reflect the six sub objectives of the two overall BCF objectives for 2025-26. We recognise that scheme may have more than one objective. If so, please choose one which you consider if likely to be most important.
5. Area of Spend:
- Please select the area of spend from the drop-down list by considering the area of the health and social care system which is most supported by investing in the scheme.
6. Provider:
- Please select the type of provider commissioned to provide the scheme from the drop-down list.
- If the scheme is being provided by multiple providers, please split the scheme across multiple lines.
7. Source of Funding:
- Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme from the drop down list. This includes additional, voluntarily pooled contributions from either the NHS or Local authority
- If a scheme is funded from multiple sources of funding, please split the scheme across multiple lines, reflecting the financial contribution from each.
8. Expenditure (£)2025-26:
- Please enter the planned spend for the scheme (or the scheme line, if the scheme is expressed across multiple lines)
9. Comments:
Any further information that may help the reader of the plan. You should estimate the overall spend on the activity type in question across the system (both local authority and ICB commissioned where both organisations commission this type of service). Where the total spend in the system is not clear, you should include an estimate. The figure will not be subject to assurance.

2025-26 Revised Scheme Types

Number	Activity (2025-26)	Previous scheme types (2023-25)	Description
1	Assistive technologies and equipment	Assistive technologies and equipment Prevention/early intervention	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Community based equipment, Digital participation services).
2	Housing related schemes	Housing related schemes Prevention/early intervention	This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.
3	DFG related schemes	DFG related schemes	The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes. The grant can also be used to fund discretionary, capital spend to support people to remain independent in their own homes under a Regulatory Reform Order, if a published policy on doing so is in place.
4	Wider support to promote prevention and independence	Prevention/early intervention	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and wellbeing
5	Home-based intermediate care (short-term home-based rehabilitation, reablement and recovery services)	Home-based intermediate care services Home care or domiciliary care Personalised care at home Community based schemes	Includes schemes which provide support in your own home to improve your confidence and ability to live as independently as possible Also includes a range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services
6	Short-term home-based social care (excluding rehabilitation, reablement and recovery services)	Personalised care at home	Short-term schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period.
7	Long-term home-based social care services	Personalised care at home	Long-term schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient or to deliver support over the longer term to maintain independence.
8	Long-term home-based community health services	Community based schemes	Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood/PCN level (eg: Integrated Neighbourhood Teams) Reablement services should be recorded under the specific scheme type 'Reablement in a person's own home'
9	Bed-based intermediate care (short-term bed-based rehabilitation, reablement or recovery)	Bed-based intermediate care services (reablement, rehabilitation in a bedded setting, wider short-term services supporting recovery)	Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups.
10	Long-term residential or nursing home care	Residential placements	Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.
11	Discharge support and infrastructure	High Impact Change Model for Managing Transfer of Care	Services and activity to enable discharge. Examples include multi-disciplinary/multi-agency discharge functions or Home First/ Discharge to Assess process support/ core costs.
12	End of life care	Personalised care at home	Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home for end of life care.
13	Support to carers, including unpaid carers	Carers services	Supporting people to sustain their role as carers and reduce the likelihood of crisis. This might include respite care/carers breaks, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence.
14	Evaluation and enabling integration	Care Act implementation and related duties Enablers for integration High Impact Change Model for Managing Transfer of Care Integrated care planning and navigation Workforce recruitment and retention	Schemes that evaluate, build and develop the enabling foundations of health, social care and housing integration, encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes. Schemes may include: - Care Act implementation and related duties - High Impact Change Model for Managing Transfer of Care - where services are not described as "discharge support and infrastructure" - Enablers for integration, including schemes that build and develop the enabling foundations of health, social care and housing integration, and joint commissioning infrastructure. - Integrated care planning and navigation, including supporting people to find their way to appropriate services and to navigate through the complex health and social care systems; may be online or face-to-face. Includes approaches such as Anticipatory Care. Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated plans, typically carried out by professionals as part of an MDT. - Workforce recruitment and retention, where funding is used for incentives or activity to recruit and retain staff or incentivise staff to increase the number of hours they work.
15	Urgent Community Response	Urgent Community Response	Urgent community response teams provide urgent care to people in their homes which helps to avoid hospital admissions and enable people to live independently for longer. Through these teams, older people and adults with complex health needs who urgently need care, can get fast access to a range of health and social care professionals within two hours.
16	Personalised budgeting and commissioning	Personalised budgeting and commissioning	Various person centred approaches to commissioning and budgeting, including direct payments.
17	Other	Other	This should only be selected where the scheme is not adequately represented by the above scheme types.

Better Care Fund 2025-26 Planning Template

6. Metrics for 2025-26

Selected Health and Wellbeing Board: Walsall

8.1 Emergency admissions

		Apr 24 Actual	May 24 Actual	Jun 24 Actual	Jul 24 Actual	Aug 24 Actual	Sep 24 Actual	Oct 24 Actual	Nov 24 Actual	Dec 24 Actual	Jan 25 Actual	Feb 25 Actual	Mar 25 Actual	Rationale for how local goal for 2025-26 was set. Include how learning and performance to date in 2024-25 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.
Emergency admissions to hospital for people aged 65+ per 100,000 population	Rate	1,925	1,965	1,846	2,045	1,925	1,856	2,045	1,985	n/a	n/a	n/a	n/a	Avoidable admissions remain a priority with teams working closely towards the planned performance target. Virtual wards at the Care Navigation Centre will continue to support the reduction in hospital admissions and length of time in hospital.
	Number of Admissions 65+	970	990	930	1,030	970	935	1,030	1,000	n/a	n/a	n/a	n/a	
	Population of 65+*	50,379	50,379	50,379	50,379	50,379	50,379	50,379	50,379	n/a	n/a	n/a	n/a	
		Apr 25 Plan	May 25 Plan	Jun 25 Plan	Jul 25 Plan	Aug 25 Plan	Sep 25 Plan	Oct 25 Plan	Nov 25 Plan	Dec 25 Plan	Jan 26 Plan	Feb 26 Plan	Mar 26 Plan	
	Rate	1,751	1,882	1,912	1,912	1,991	1,981	2,052	2,011	1,981	2,062	1,902	1,951	
	Number of Admissions 65+	882	948	963	963	1003	998	1034	1013	998	1039	958	983	
	Population of 65+	50,379	50,379	50,379	50,379	50,379	50,379	50,379	50,379	50,379	50,379	50,379	50,379	

Source: https://digital.nhs.uk/supplementary-information/2025/non-elective-inpatient-spells-at-english-hospitals-occurring-between-01-04-2020-and-30-11-2024-for-patients-aged-18-and-65

Supporting Indicators		Have you used this supporting indicator to inform your goal?
Unplanned hospital admissions for chronic ambulatory care sensitive conditions. Per 100,000 population.	Rate	Yes
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Rate	Yes

8.2 Discharge Delays

*Dec Actual onwards are not available at time of publication

	Apr 24 Actual	May 24 Actual	Jun 24 Actual	Jul 24 Actual	Aug 24 Actual	Sep 24 Actual	Oct 24 Actual	Nov 24 Actual	Dec 24 Actual	Jan 25 Actual	Feb 25 Actual	Mar 25 Actual	Rationale for how local goal for 2025-26 was set. Include how learning and performance to date in 2024-25 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.
Average length of discharge delay for all acute adult patients (this calculates the % of patients discharged after their DRD, multiplied by the average number of days)	n/a	n/a	n/a	n/a	n/a	0.43	0.59	0.56	n/a	n/a	n/a	n/a	The DRD data reported by the Trust has a number of gaps. Confident that residents awaiting Pathway 1, 2 or 3, the average DRD is consistently less than 2 days.
Proportion of adult patients discharged from acute hospitals on their discharge ready date	n/a	n/a	n/a	n/a	n/a	91.8%	91.0%	89.5%	n/a	n/a	n/a	n/a	
For those adult patients not discharged on DRD, average number of days from DRD to discharge	n/a	n/a	n/a	n/a	n/a	5.2	6.5	5.3	n/a	n/a	n/a	n/a	
	Apr 25 Plan	May 25 Plan	Jun 25 Plan	Jul 25 Plan	Aug 25 Plan	Sep 25 Plan	Oct 25 Plan	Nov 25 Plan	Dec 25 Plan	Jan 26 Plan	Feb 26 Plan	Mar 26 Plan	
Average length of discharge delay for all acute adult patients	0.23	0.06	0.20	0.25	0.03	0.15	0.15	0.20	0.37	0.21	0.02	0.11	
Proportion of adult patients discharged from acute hospitals on their discharge ready date	88.3%	96.9%	89.9%	87.7%	98.6%	92.3%	92.3%	90.0%	81.4%	89.3%	99.0%	94.5%	
For those adult patients not discharged on DRD, average number of days from DRD to discharge	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	

Source: https://www.england.nhs.uk/statistics/statistical-work-areas/discharge-delays/discharge-ready-date/

Supporting Indicators		Have you used this supporting indicator to inform your goal?
Patients not discharged on their DRD, and discharged within 1 day, 2-3 days, 4-6 days, 7-13 days, 14-20 days and 21 days or more.	Number of patients	Yes
Local data on average length of delay by discharge pathway.	Number of days	Yes

8.3 Residential Admissions

		2023-24 Actual	2024-25 Plan	2024-25 Estimated	2025-26 Plan Q1	2025-26 Plan Q2	2025-26 Plan Q3	2025-26 Plan Q4		Rationale for how the local goal for 2025-26 was set. Include how learning and performance to date in 2024-25 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Rate	690.8	613.4	595.5	142.9	301.7	482.3	591.5		Suitability of housing options need to be in line with local market position statement. Work with housing colleagues for housing options with support/care packages tailored to individual need. Evaluate options via the commissioning cycle.
	Number of admissions	348	309	300	72	152	243	298		
	Population of 65+*	50,379	50,379	50,379	50,379	50,379	50,379	50,379		

Long-term admissions to residential care homes and nursing homes for people aged 65+ per 100,000 population are based on a calendar year using the latest available mid-year estimates.

Supporting Indicators		Have you used this supporting indicator to inform your goal?
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence	Percentage	Yes
The proportion of people who received reablement during the year, where no further request was made for ongoing support	Rate	Yes

Better Care Fund 2025-26 Update Template

7: National Condition Planning Requirements

Health and wellbeing board: Walsall

National Condition	Planning expectation that BCF plan should:	Where should this be completed	HWB submission meets expectation	Where the Planning requirement is not met, please note the actions in place towards meeting the requirement	Timeframe for resolution	Complete:
1. Plans to be jointly agreed	Reflect local priorities and service developments that have been developed in partnership across health and care, including local NHS trusts, social care providers, voluntary and community service partners and local housing authorities	Planning Template - Cover sheet Narrative Plan - Overview of Plan	Yes			Yes
	Be signed off in accordance with organisational governance processes across the relevant ICB and local authorities	Planning Template - Cover sheet	Yes			Yes
	Must be signed by the HWB chair, alongside the local authority and ICB chief executives – this accountability must not be delegated	Planning Template - Cover sheet	Yes			Yes
2. Implementing the objectives of the BCF	Set out a joint system approach for meeting the objectives of the BCF which reflects local learning and national best practice and delivers value for money	Narrative Plan - Section 2	Yes			Yes
	Set goals for performance against the 3-headline metrics which align with NHS operational plans and local authority adult social care plans, including intermediate care capacity and demand plans	Planning Template - Metrics	Yes			Yes
	Demonstrate a 'home first' approach and a shift away from avoidable use of long-term residential and nursing home care	Narrative Plan - Section 2	Yes			Yes
	Following the consolidation of the previously ring-fenced Discharge Fund, specifically explain why any changes to the use of the funds compared to 2024-25 are expected to enhance urgent and emergency care flow (combined impact of admission avoidance and reducing length of stay and improving discharge)	Narrative Plan - Section 2	Yes			Yes
3. Complying with grant and funding conditions, including maintaining the NHS minimum contribution to adult social care (ASC)	Set out expenditure against key categories of service provision and the sources of this expenditure from different components of the BCF	Planning Template - Expenditure	Yes			Yes
	Set out how expenditure is in line with funding requirements, including the NHS minimum contribution to adult social care					
4. Complying with oversight and support processes	Confirm that HWBs will engage with the BCF oversight and support process if necessary, including senior officers attending meetings convened by BCF national partners.	Planning Template - Cover	Yes			Yes
	Demonstrate effective joint system governance is in place to: submit required quarterly reporting, review performance against plan objectives and performance, and change focus and resourcing if necessary to bring delivery back on track	Narrative Plan - Executive Summary	Yes			Yes