Walsall Council – Health and Wellbeing Board

18th September 2025

Better Care Fund: Planning 2025-26

For Assurance

1. Purpose

This update will retrospectively inform members of details contained within the Better Care Fund (BCF) 2025-26 Planning template, as per national requirements.

Agreed retrospective reporting is in place with delegated authority to Place Integrated Commissioning Committee (PICC) to support national submission dates, which fall outside Board meeting dates.

2. Recommendations

2.1 That the Health and Wellbeing Board retrospectively receives and agrees the BCF 2025-26 Planning template following national submission in March 2025 as per national assurance.

3. Report detail

Background

3.1 The BCF 2025 to 2026 Policy Framework, reaffirms a clear direction for the fund to be one of the government's national vehicles for driving health and social care integration.

3.2 The BCF vision over 2025/26 is to help people stay independent and healthy at home for longer, support people to live healthy, independent and dignified lives and aims to provide the right care in the right place at the right time. National leads continue to prioritise integration as key driver, through joint approaches between health and social care, with a new emphasis on prevention and use of digital technology. To ensure alignment, the national vision underpins the government's commitment to reforming and strengthening neighbourhood services across health and social care, with the goal of:

- providing more care closer to home
- increasing the focus on prevention so that people are living healthier and more independent lives
- harnessing digital technology to transform care.

3.3 To ensure alignment, the vision underpins two core BCF objectives:

- Reform to support the **shift from sickness to prevention** by helping people remain independent for longer and prevent escalation of health and care needs
- Reform to support people living independently and the **shift from hospital to home.**

2025/26 Year Plan

3.4 The three metrics agreed for national BCF reporting in 2025/26 include:

- Emergency Admissions - Emergency admissions to hospital for people aged 65+ per 100,000 population
- Discharge Delays - Average length of discharge delay for all acute adult patients
- Residential Admissions - Long-term admissions to residential care homes and nursing homes for people aged 65+ per 100,000 population

3.5 The NHS metrics namely emergency admissions and discharge delays have been determined based on Integrated Care Board (ICB) baselines for a consistent approach across the Black Country. Social Care ambitions have been set as per Adult Social Care Outcomes Framework (ASCOF) measures.

<table>
<tr><th>Key Messages to Note

2025/6 Planning</th><th>Walsall Place BCF Programme – 2025/26 Planning

FINANCIAL YEAR 2025/2026</th></tr>
<tr><td>Metrics</td><td>Metrics identified for 2025/26:
Summary of ambition for each metric:
<table>
<tr><th>Metric</th><th>Ambition for 2025/26</th></tr>
<tr><td>Emergency Admissions - Emergency admissions to hospital for people aged 65+ per 100,000 population</td><td>Avoidable admissions remain a priority with teams working closely towards the planned performance target.
Virtual wards at the Care Navigation Centre will continue to develop and support the reduction in hospital admissions and length of time in hospital.</td></tr>
<tr><td>Discharge Delays - Average length of discharge delay for all acute adult patients</td><td>The Discharge Ready Date (DRD) data reported by the Trust has several gaps.
Confident with patients awaiting Pathway 1, 2 or 3, the average DRD is consistently less than 2 days.</td></tr>
<tr><td>Residential Admissions - Long-term admissions to residential care homes and nursing homes for people aged 65+ per 100,000 population</td><td>Suitability of housing options need to be in line with local market position statement.
Work with housing/care colleagues for suitable options with support/care packages tailored to individual need.</td></tr>
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<table>
<tr><td>Finance</td><td>Accounting for all contributions, the planned BCF spend for 2025/26 is: £54,024,969
Note: The LA Additional contribution has been increased by £195,652. The 2025/26 BCF Plan was incorrectly understated by £195,652 at submission and subsequently updated.

<table>
<tr><th></th><th>2025-26</th><th></th></tr>
<tr><th>Source of Funding</th><th>Planned Income</th><th>Updated Total Plan Income for 25-26</th></tr>
<tr><td>DFG</td><td>£5,214,957</td><td>£5,214,957</td></tr>
<tr><td>Minimum NHS Contribution</td><td>£30,412,845</td><td>£30,412,845</td></tr>
<tr><td>Local Authority Better Care Grant</td><td>£17,494,592</td><td>£17,494,592</td></tr>
<tr><td>Additional LA Contribution</td><td>£133,926</td><td>£329,578</td></tr>
<tr><td>Additional NHS Contribution</td><td>£572,997</td><td>£572,997</td></tr>
<tr><td>Total</td><td>£53,829,317</td><td>£54,024,969</td></tr>
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Expenditure for year 2025/26 addresses the demand on services shown in 2024/25.
Plans and actions are in place with service providers to mitigate demand through efficiencies and achieve balance in year.</td></tr>
<tr><td>Programme Actions for 2025/26</td><td>Activity
Build on areas of good practice and through strong collaboration of all system partners through the Integrated Plan under Walsall Together work to further integrate health and social care.
Intermediate Care Service
Monitor increase in outturn levels within the Intermediate Care Service to continue supporting demand and growth of the services.
Evaluate outcomes of the capacity and demand modelling exercise (supported by Walsall Together) to review capacity and demand and align the service against the national Intermediate Care Framework.
Review of the current model and delivery of Pathway 2 rehabilitation beds as part of a wider hospital discharge project.
Consideration of the Pathway 3 intermediate care beds set-up under Walsall’s Residential and Nursing contract.
Opportunity to integrate use of digital technology within the Intermediate Care Service.
Data and Digital Technology
Extensive improvement work on processes and workflows to develop more robust data collection and reporting through the MOSAIC information management system with the aim of developing a local Intermediate Care Service Power BI dashboard to enable accurate real time data reporting of the patient journey across the health and social care interface including spend.
Integrated Community Equipment Service
Monitor increase in outturn levels within the Integrated Care Equipment Service to continue supporting demand and growth of the services. Supporting the changing provisions of required equipment and adaptations for adults across both health and social care.
Falls
Recognition of the impact of falls and development of service provisions to reduce hospital admissions and support prevention of falls.
Admission Avoidance
Learning and evaluation from the Admission Avoidance pilot on provisions of ‘Pop in Calls’ versus 72 Hour Sits for hospital admission avoidance; working with Urgent Community Response, Frail Elderly Service and Front Door teams to develop a more streamlined and robust service offer.</td></tr>
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4. Implications for Joint Working arrangements:

Partners in Adult Social Care, Black Country ICB Walsall Place, Walsall Healthcare Trust and our main provider service for Intermediate Care have contributed to the development of the schemes outlined in the BCF 2025/26 Plan.

4.1 Financial implications:

As part of risk management, monitoring of BCF schemes will be at PICC level.

4.2 Legal implications:

A Section 75 Agreement is being refreshed for the BCF.

As part of risk management, the current risk share agreement under the Section 75 is being reviewed by PICC.

5. Health and Wellbeing Board Priorities - impact:

5.1 The programme supports the local approach to a healthy population, by aligning the outcome of supporting the independence to older people.

Appendices:

Appendix 1: **Better Care Fund: 2025/26 Planning Template**
Appendix 2: **Better Care Fund: 2025/26 Capacity & Demand Template**
Appendix 3: **Better Care Fund 2025/26 Narrative**

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