

## Slough Borough Council

**Report To:** Slough Health and Well-being Board

**Date:** 18 March 2025

**Subject:** Better Care Fund Plan 2025/26

**Chief Officer:** David Coleman-Groom, Executive Director Adult Social Care

**Contact Officer:** Mike Wooldridge, BCF & Transformation Lead, NHS Frimley ICB

**Ward(s):** All

**Exempt:** NO

**Appendices:** Appendix 1 – BCF narrative plan (draft) 2025/26  
Appendix 2 – BCF expenditure plan and metrics (draft) 2025/26

### 1. Summary and Recommendations

- 1.1 This report sets to outline the Better Care Fund Plan for 2025/26. This is a joint plan between ICB and SBC as partners to the pooled budget and is required to be signed off by Slough HWB and Chief Executives ahead of final submission by 31 March 2025 (noon).

This report links to Priority 2 of the Joint Local Health and Wellbeing Strategy ([Slough Wellbeing Strategy 2020 – 2025](#)). It also links to priority 3 in the investment from BCF building capacity and resilience in the community and voluntary sector and prevention.

Priority 1 – Starting Well	Priority 2 - Integration	Priority 3 – Strong, Healthy and Attractive Neighbourhoods	Priority 4 – Workplace Health
	✓		

#### 1.2 Consideration:

- Information
- Discussion
- Decision ✓
- Endorsement

## Recommendations:

- (a) The Health and Well-being Board is recommended to review the draft narrative plan and spend plan together with the ambitions set in the metrics for i) reducing emergency hospital admissions of people 65+ and ii) the proportion of people discharged from hospital on their discharge ready date.
- (b) The Board is also requested to approve delegated decision-making authority to the Executive Director of Adult Social for sign off of the final version of the plan and the quarterly monitoring reports required on BCF performance and progress

Note that this year BCF plans must also 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.

The Health and Social Care Partnership will oversee the delivery of Better Care Plan with regular monitoring and review and will provide update reports to the Health & Wellbeing Board as required.

**Reason: Better Care Fund plans require statutory approval from Health and Wellbeing Boards. The deadline for submission of plans is 31 March (noon).**

## Introductory paragraph

- 1.3 The BCF is a national government programme aimed at bringing health and social care partners together to deliver more person-centred and integrated care at a local partnership level. First announced in 2014, and then launched in 2015, the BCF programme requires Health and Wellbeing Boards to pool local budgets between the NHS and local authorities with the aim of reducing the barriers often created by separate funding streams. The BCF framework is broadly unchanged with the core purpose being to protect adult social care and promote integration locally aligned with local authorities and health as partners.
- 1.4 The Better Care Fund programme is developed, agreed and managed between Slough Borough Council and the Frimley Integrated Care Board. Working together with local stakeholders and delivery partners it aims to improve, both directly and indirectly, the health and wellbeing outcomes for the people of Slough.
- 1.5 The 2025/26 BCF Plan is developed in accordance with the national policy framework and subject to a regional and national assurance process to demonstrate that it meets the criteria and conditions set out in the policy framework.
- 1.6 Following publication of the BCF policy framework the timescales for engagement, production and approval of plans this year is very short and the attached plan is a draft currently in development and will be some further changes and additions before the final submission. The final version will be shared with the Wellbeing Board and published.

## Options considered

Sign off from the Wellbeing Board to a jointly agreed Plan is one of the national condition planning requirements.

## Background

Background and supporting information are included in the appendices 1 and 2

### 3. Implications of the Recommendation

Health and Well-being Board and Partners Implications:

This year the BCF is required to demonstrate alignment with the government's health missions across health and care for three big reform shifts. These are central to the 10 Year Health Plan, to be published in spring 2025

- 1) A shift from 'hospital to community', providing better care close to or in people's own homes, helping them to maintain their independence for as long as possible, only using hospitals when it is clinically necessary for their care.
- 2) A shift from 'analogue to digital', making greater use of digital infrastructure and solutions to improve care, by rolling out new technologies and digital approaches to modernise the NHS, include a shared care record, bringing all separate records from different health and care organisations together digitally in one place.
- 3) A shift from 'treatment to prevention', promoting health literacy, supporting early intervention and reducing health deterioration or avoidable exacerbations of ill health.

The 2025-26 BCF metrics aim to:

- signal a shift towards a more outcome driven approach for BCF delivery and reduce complexity and bureaucracy
- align with metrics already in use within ICBs to support urgent and emergency care.
- align with ADASS policy priorities included in their 'care closer to home' call to action and 'carers' call to action

Previous BCF Plan submissions have prompted questions and discussion at Slough Wellbeing Board about the degree to which BCF is used to support the Board's ambitions for children and young people ('Starting Well') particularly given the young demographic of the Slough population. The national guidance has been clearer this year around the scope of the BCF and published this statement within the Frequently Asked Questions:

"The BCF seeks to support the development of integrated services between health and adult social care and, therefore, its focus is on services for people aged over 18. However, where services are funded by the BCF and a decision is taken locally to open up those services to people under the age of 18, that would be appropriate, provided this is in line with the conditions attached to individual funding streams within the BCF, where applicable.

Additionally, ICBs and LAs may choose to pool additional voluntary contributions through the BCF to take advantage of the joint planning processes. These additional contributions are not subject to the conditions of the BCF but should be recorded in the planning template. The policy objective to support the shift from sickness to prevention focuses on timely, proactive and joined-up support

for people with more complex health and care needs which, in terms of demand on local systems, will mostly relate to people aged 65 and over.”

### 3.1 Equality implications

The BCF aims to improve outcomes and wellbeing for the people of Slough through effective protection of social care and integrated activity to live healthier, more independent lives in the community and reduce emergency and urgent health demand.

The BCF narrative plan includes how the plan contributes to reducing health inequalities and disparities for the local population. Business cases for re-commissioning of existing BCF schemes or new investment from BCF will include Equality Impact Analysis to ensure they support in reducing health inequalities in our communities.

### 3.2 Environmental implications

None identified

### 3.3 Financial implications

The total value of the BCF Pooled Budget for 2025/26 is **£19,713,310**

The BCF expenditure plan is included in appendix 2. The expenditure is across 49 schemes listed. The spend plan is agreed and managed between the partners of the pooled budget agreement under section 75 agreement (NHS Act 2006).

### 3.4 Legal implications

There are legal implications arising from how funds are used, managed and audited within a Pooled Budget arrangement under section 75 of the NHS Act 2006. The Council and Frimley ICB have a section 75 contract agreement drawn up and signed between the partners.

The section 75 enables NHS bodies and local authorities to enter into arrangements which are prescribed in secondary legislation. The NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000, as amended, is the relevant secondary legislation that sets out details of the permitted arrangements as follows:

- NHS bodies can carry out local authorities' health-related functions together with their NHS functions
- local authorities can carry out NHS functions together with their local authority health-related functions
- NHS bodies and local authorities can establish and run a pooled fund which is made up of contributions by the partners, and out of which payments may be made towards carrying out the functions that are within the scope of the arrangements
- such arrangements can only be formed if it is likely to lead to an improvement in the way in which the functions are exercised
- any partnership arrangements entered into under section 75 of the NHS Act 2006 do not affect the liability and accountability of NHS bodies or local authorities for the exercise of any of their functions (s.75(5))

### 3.5 Risk management implications

The Health and Social Care Partnership acts the Programme Board for the BCF and oversees and monitors risks in relation to the BCF programme. It will hold a risk register to identify and assess risks of delivery of the programme together with actions to mitigate or manage those risks.

### 3.6 Procurement implications

There may be procurement implications when commissioning and procuring services with BCF funding. The agreed commissioning lead, whether ICB or local authority, would take advice and follow their own procurement procedures in line with public contracts regulations to ensure value for money and social value

### 3.7 Workforce implications

There are workforce challenges for the health and social care system in ensuring there sufficiently trained workforce, with the required skills and experience to meet the growing needs of the population in both volume and complexity.

As we move towards closer integration of health and social care service there will be closer collaborative working to deliver integrated care including new ways of working in partnership with others. The BCF programme will need to align together with other change programme activities happening within partner organisations across the wider Frimley Integrated Care System as well as those happening at place.

### 3.8 Property implications

None

## 4. **Background Papers**

Appendix 1 – BCF narrative plan (draft) 2025/26

Appendix 2 – BCF expenditure plan and metrics (draft) 2025/26