

Choose an item.



Appendix 1

# Better Care Fund 2025-26 HWB submission

## Narrative plan template

Draft v1.0

6 March 2025

	<b>HWB area 1</b>	<b>HWB area 2</b>
<b>HWB</b>	Slough Wellbeing Board	N/A
<b>ICB</b>	NHS Frimley ICB	N/A

## Introduction and guidance – **this can be deleted before submission**

This is a template for local areas to use to submit narrative plans for the Better Care Fund (BCF). All local areas are expected to submit narrative BCF plans. Although the template is optional, we ask that BCF planning leads ensure that narrative plans cover all headings and topics from this narrative template. Formatted text boxes have been included but these can be removed and a standard text used.

These plans should complement the agreed spending plans and goals for BCF national metrics in your area's Excel BCF Planning Template and intermediate care capacity and demand planning.

Although each Health and Wellbeing Board (HWB) will need to agree a separate Excel planning template and capacity and demand plan, a narrative plan covering more than one HWB can be submitted, where this reflects local arrangements for integrated working. Each HWB covered by the plan will need to agree the narrative as well as their Excel planning template and capacity and demand plan.

Further guidance on completing HWB submission templates can be found on the [Better Care Exchange](#).

## Section 1: Overview of BCF Plan

This should include:

- Priorities for 2025-26
- Key changes since previous BCF plan
- A brief description of approach to development of plan and of joint system governance to support delivery of the plan and where required engage with BCF oversight and support process
- Specifically, alignment with plans for improving flow in urgent and emergency care services
- A brief description of the priorities for developing for intermediate care (and other short-term care).
- Where this plan is developed across more than one HWB please also confirm how this plan has been developed in collaboration across HWB areas and aligned ICBs and the governance processes completed to ensure sign off in line with national condition 1.

Our Better Care Fund priorities for Slough are informed by our local strategies, plans and needs assessments including:

- Frimley Integrated Care Service's [Creating Healthier Communities Strategy 2023-2025](#)
- The Integrated Care System's [Joint Forward Plan 2023-2028](#)
- Slough's [Wellbeing Strategy 2021-2026](#)
- Slough's [Health and Care Plan 2021](#)
- Slough's [Council Corporate Plan 2023-2027](#) and
- Slough's [Joint Strategic Needs Assessment 2024](#) and the borough's [Observatory](#)

They are also informed by national policy and guidance including, but not limited to:

- The NHS Priorities and Operational [Planning Guidance for 2025-2026](#) and [Neighbourhood Health Guidance 2025-2026](#)
- The [Better Care Fund Policy Framework 2025 to 2026](#) and

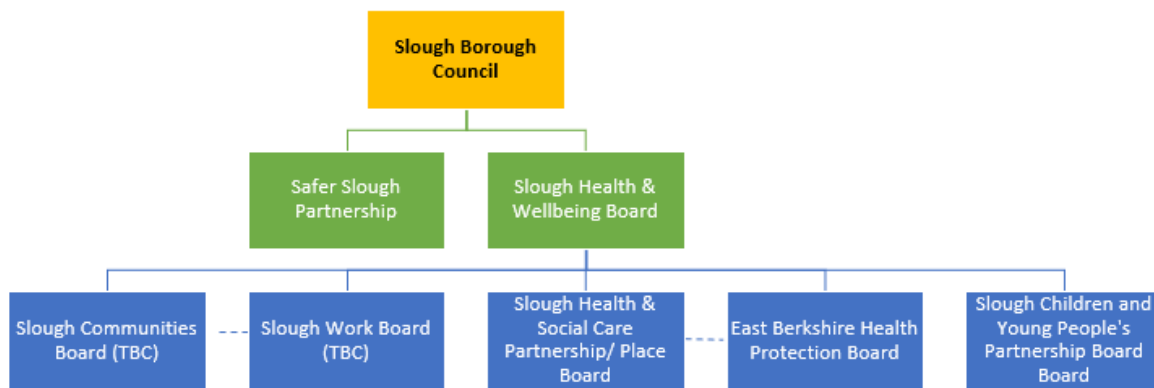
The Slough Wellbeing Strategy focuses on improving the health and well-being of residents in the borough. The strategy is built around four key priorities:

1. **Starting Well:** This priority focuses on ensuring that children and young people in Slough have the best start in life. It includes initiatives to improve childhood health, such as increasing immunisation rates, reducing obesity, and promoting good oral health.

2. **Integration:** This priority aims to create a more integrated health and social care system in Slough. It involves working closely with various health and social care providers to ensure that services are well-coordinated and meet the needs of the community.
3. **Strong, Healthy and Attractive Neighbourhoods:** This priority focuses on building community resilience and creating environments that support healthy living. It includes efforts to improve local infrastructure, promote physical activity, and enhance the overall quality of life in Slough's neighbourhoods.
4. **Workplace Health:** This priority has an ambition to reduce the gap in employment rate for key groups, including those with a long-term health condition, those with a learning disability, and those in contact with secondary mental health services[i].

The strategy has been updated from the 2021-2025[ii] strategy to extend to 2026[iii]. This is to consider a 10-year strategy and align with the future NHS Long Term strategy, which the Council and the Integrated Care Board (ICB) are jointly developing.

**Figure 1: Delivery Groups for the Slough Health & Wellbeing Board**



The Social Health and Social Care Partnership/ Place Board includes Directors from several statutory and voluntary organisations and supports the BCF Partnership Commissioning & Delivery Group. The groups have recently coproduced and updated their Terms of Reference to reflect this.

The Better Care Fund Plan for Slough in 2025/26 is for the most part, a continuation of the existing 40+ schemes that are serving to support integration of Health and Social Care and promoting the wellbeing of our residents. It does this by investment in services that support people to stay well and maintain their independence, avoiding unnecessary admissions to hospital where possible and facilitating timely discharge from hospital should someone be admitted.

Sloughs BCF investment plan is spread across a range of areas and services operating at the interface between

- Intermediate care and community rehabilitation
- Integrated Care teams, including Integrated Decision Making and Local Access Point
- Equipment and adaptations
- Adult Social Care capacity and protection

- End of Life Care and Care Homes support
- Voluntary Sector Support and Prevention Pathways
- ICT systems
- Discharge and Flow
- BCF Programme Management Office (PMO) functions

The development of the plan has been through engagement and involvement of partners at local and system level.

Slough has a well-established partnership approach to the management and governance of our Better Care Fund programme. We have a BCF Delivery Group for operational management and delivery of the BCF programme with senior management representation from both partners. The Delivery Group reports regularly in to our Health and Social Care Partnership which has wider representation of partner organisations including Adult Social Care, Public Health, Community and Acute Foundation Trusts, PCNs, SCVS, Healthwatch and Co-production Network.

The Slough Health & Social Care Partnership Board has a dual function. It acts as a sub-committee to the Health & Wellbeing Board and functions as a Place Board within NHS Frimley Integrated Care Board and the Integrated Care System (ICS)

Our BCF Transformation Lead and Community Integration Manager are integral to the Discharge and Flow and UEC groups that oversee planning and operations management. This ensures that our plans are aligned for improving flow and that BCF investment responds to demand within the system with requisite capacity in provider market.

A local Pathways Project Group has recently been established made up of SBC operational managers, strategic commissioning and market management, NHS Frimley ICB and the Co-Production Network and other partners in support. This includes Brokerage, Performance & Business Intelligence, Finance and Contracts Management. This co-produced, co-design group will be looking closely at each of our discharge pathways to ensure effective business processes are in place with commissioning and contracting models that support these. It will also listen to lived experience of discharges and act to improve on these, address any inequalities and respond to best and innovative practice models.

Our priorities for Intermediate Care in this year are primarily focused on the redesign and recommissioning of the intermediate care service model in Slough. Options being considered may involve the provider element of the Reablement service being commissioned with external Home Care Providers to reduce unit costs, deliver better value for money whilst retaining the ability to deliver flexible capacity to meet needs and demand at it arises.

Key changes also include the additional investment in the #OneSlough Community Fund supporting grassroots community and voluntary sector groups.

## Section 2: National Condition 2: Implementing the objectives of the BCF

Please set out how your plan will implement the objectives of the BCF: to support the shift from sickness and prevention; and to support people living independently and the shift from hospital to home. This should include:

- A joint system approach for meeting BCF objectives which reflects local learning and national best practice and delivers value for money
- Goals for performance against the three national metrics which align with NHS operational plans and local authority social care plans, including intermediate care demand and capacity plans
- Demonstrating a “home first” approach that seeks to help people remain independent for longer and reduce time spent in hospital and in long-term residential or nursing home care
- Following the consolidation of the Discharge Fund, explain why 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.

Our vision and principles to integration remains unchanged in our BCF Plan for 2025-26 and as joint partners to delivery we are committed to continue to use our partnership, and the BCF investment, to achieve a shift from reactive to proactive health and social care to enable more people to have healthier, safer and more independent lives in their own home and community for longer.

Our ambition for integrated care is for the local delivery of a broad range of health and social care services to operate seamlessly, regardless of organisational boundaries. Working across a complex health and social care economy within Frimley system we are continuing to develop early proactive interventions support people to stay well, promote education, awareness and greater support for self-management and wellbeing that prevents deterioration and avoidance of chronic long-term conditions.

This is delivered in partnership between

- NHS Frimley ICB
- Slough Borough Council Adult Social Care Services
- Frimley Healthcare Foundation Trust
- Berkshire Healthcare Foundation Trust (community-based physical and mental health services)
- Slough Council for Voluntary Services
- Primary Care Networks and GP practices
- local Social Care and housing providers
- the Slough Co-production Network and Slough residents

Our joint priorities are laid out in our Health and Care Plan for Slough which was developed together in partnership and identifies where we are collectively aiming to promote good health and care outcomes and reduce inequality for the residents of Slough. It is recognised that this is due to for review and updated and we are entering a transitional period whilst we are reviewing and resetting our strategies and plans going forward.

There is an engagement process underway, led by the Public Health team, for refreshing the Health and Wellbeing Strategy for Slough. Consultation and engagement events and workshops with partners and communities are underway supported by JSNA data and insights. This will be a 10 year strategy

A local Place Plan is also in development outlining agreed priorities and deliverables between the partners for this year. This will be a one-year plan owned and driven by the Health and Social Care Partnership. Membership and Terms of Reference for this group has been renewed and refreshed following structural and organisational changes in ICB and local authority.

The local authority has developed a number of strategies in this year which include Older People, Mental Health and Carers

Newly commissioned Wellbeing Service with funding from Public Health and BCF bringing together local well-established provider organisations Solutions 4 Health and Slough Council for Voluntary Services working in partnership to help deliver the service.

The schemes previously supported by the Discharge Fund will continue in this next year supported with investment from the new Local Authority Better Care Grant. This will enable us to continue to deliver timely discharges from hospital with sufficient capacity of good quality provider services in the social care market.

Slough started piloting a Home First /D2A approach in 2018/19 using BCF investment and this has shaped its Hospital SW team, reablement service and expanded its brokerage capacity to align and deliver a Home First model and the discharge pathways. Slough puts great emphasis on the importance of returning home after a spell in hospital wherever possible and achieved 92% in 24/25 on the numbers of people who return to usual place of residence despite the increased number of older people with high levels of frailty and acuity.

Please describe how figures for intermediate care (and other short-term care) capacity and demand for 2025-26 have been derived, including:

- how 2024-25 capacity and demand actuals have been taken into account in setting 2025-26 figures (if there was a capacity shortfall in 2024-25 what mitigations are in place to address that shortfall in 2025-26)
- how capacity plans take into account therapy capacity for rehabilitation and reablement interventions

Capacity and demand profile data still to be completed



## Section 3: Local priorities and duties

Local public bodies will also need to ensure that in developing and delivering their plans they comply with their wider legal duties. These include duties:

- to have due regard to promoting equality and reducing inequalities, in accordance with the Equality Act 2010 public sector equality duty.
- to engage or consult with people affected by the proposals. For ICBs, trusts and foundation trusts this includes their involvement duties under the NHS Act 2006.
- for ICBs, to have regard to the need to reduce inequalities in access to NHS services and the outcomes achieved by NHS services.
- for ICBs, to have regard to the duty to support and involve unpaid carers in line with the Health and Care Act 2022

Please provide a short narrative commentary on how you have fulfilled these duties

Slough is an area with significant health inequalities in its population and reducing these is a priority for all the Partners involved in the commissioning and delivery of services including those funded through the Better Care Fund programme. Work is done through the Joint Strategic Needs Assessment to accurately identify and quantify these indicators and the communities and ward profiles so as to appropriately target and prioritise interventions and resources. It also gives us a baseline for evaluating impact and improvements.

The Health and Social Care Partnership/Place Committee is committed to addressing and reducing inequalities and is central to our planning. We use the Core20Plus5 to identify priority populations for reducing health inequalities. Population Health analysis completed for our Place planning. *[further details to add here – include carer and people with learning disability]*

NHS Frimley ICB has led partnership conversations to engage with stakeholders. Two events were held in Slough where partners and stakeholders were invited to take part and share their views. [Leadership Connections | Frimley Health and Care](#). In addition, a Community Engagement Fund was launched to reach sections of the community who are seldom heard. [Community Engagement Fund 2024 | Frimley Health and Care](#). For example, [Sakoon through Cancer](#) supports South Asian Women who have had a cancer diagnosis or are carers. Using a wide range of methods including visual story telling, photo journals and art techniques, the group will be capturing the views, experiences and perspectives of their members. In addition, women that are part of [the Utulivu women's Group](#) will be holding conversations in Slough about their health and wellbeing priorities. Feedback will be gathered through informal discussions and creative sessions that promote mental wellbeing

*[to include outline and outcomes of Reconnect, Reset and Rebuild events that ICB are running across all place areas in the system]*

The Slough BCF provides funding to build and enhance community resilience and capacity through investment in the Council for Voluntary Services which is an infrastructure organisation supporting voluntary and community groups in Slough. They help recruit and train volunteers, provide funding advice and support and manage the process for applications and award of the #OneSlough Community Fund. In response to the high number of strong applications to the fund in this year an additional investment was made to Community Fund from BCF last year (an additional £65k to the previous £100k) so the fund could support more small projects across the sector, all of which contribute to the health and wellbeing of our community. This additional investment will continue again in this year in recognition of the valuable role the community and voluntary sector play and supporting our shift from sickness to prevention. Last year's Community Fund supported 31 organisations and groups supporting over 2800 Slough residents with a whole range of activities and services.

BCF invests in a range of support for unpaid carers, including young carer. This includes the funding for the Carers Support Service hosted by Slough Borough Council. The carers support service provides advice and support to all Slough unpaid carers and young carers. It provides support to local carers groups, empowers and strengthen carers skills so that they can develop community groups that support the wellbeing of carers in their community.