	Agenda Item: 14
Report to:	**Birmingham Health & Wellbeing Board**
Date:	**22nd May 2025**
TITLE:	**Birmingham Better Care Fund Plan 2025/26**
Organisation	**BCF Commissioning Executive, Birmingham City Council**
Presenting Officer	**Mike Walsh (Head of Service – Commissioning)**

Report Type:	**Approval**

1. Purpose:

1.1. To update the Health and Wellbeing Board (Executive Committee) on the proposed Better Care Fund plans for 2025/2026

2. Implications (tick all that apply):

Creating a Bolder, Healthier, City (2022-2030) – Strategic Priorities	Closing the Gap (Inequalities)	X
	Theme 1: Healthy and Affordable Food	
	Theme 2: Mental Wellness and Balance	X
	Theme 3: Active at Every Age and Ability	X
	Theme 4: Contributing to a Green and Sustainable Future	
	Theme 5: Protect and Detect	
	Getting the Best Start in Life	
	Living, Working and Learning Well	
	Ageing and Dying Well	X
Joint Strategic Needs Assessment		

3. Recommendation

3.1. To approve the Plan and proposed activity of the Better Care Fund.

4. Report Body

4.1 Summary of Birmingham Better Care Fund Plan Submission 2025/26

How the plan was designed and agreed
The BCF Plan for 2025/26 was developed in partnership by members of the Birmingham Better Care Fund Programme Board and Commissioning Executive groups.
This comprises of staff from partners, including;

- Birmingham City Council
- Birmingham and Solihull ICB
- Birmingham Community Healthcare NHS Foundation Trust
- Birmingham and Solihull Mental Health NHS Foundation Trust
- Sandwell and West Birmingham NHS Foundation Trust
- University Hospitals Birmingham NHS Foundation Trust
- NHS Midlands and Lancashire Commissioning Support Unit

The plan has been reviewed and approved by:

- Better Care Fund Commissioning Executive
- ICB Chief Executive (David Melbourne)
- Birmingham City Council Chief Executive (Joanne Roney)
- ICB Finance Director (Paul Athey)
- Director of Adult Social Care (Louise Collett) - Chair of Commissioning Executive
- Birmingham Section 151 Officer (Carol Culley)

The plan has three parts:

1. Planning Template: This comprises:
    a. the overall financial plan, including how the constituent parts of the BCF budget are contributing to the overall fund, and how the budget is allocated to each part of the plan.
    b. Expenditure on each line (service or element) of the BCF plan, including from which funding source the funding is derived.
    c. Metrics (there are now three main metrics against which the BCF is measured)
    d. National Conditions: A checklist to ensure that we have completed the plan in accordance with the rules and requirements.
2. Capacity and Demand calculations. This is where we give our estimates (developed by analysts within BCHC, who lead the service delivery) on what the month-by-month demand for Pathway 1, Pathway 3 and Pathway 3 services, along with Step-up Rehabilitation services, will be in the coming year, and the system capacity needed to meet it.
3. The Narrative Plan. This is a narrative summary of our approach to the BCF Priorities for the duration of the plan, following NHS England guidance.

Finance

Funding Sources	Income	Expenditure	Difference
DFG	£16,060,276	£16,060,276	£0
NHS Minimum Contribution	£122,063,981	£122,063,981	£0
Local Authority Better Care Grant	£83,788,421	£83,788,421	£0
Additional LA Contribution	£19,972,132	£19,972,132	£0
Additional ICB Contribution	£2,702,370	£2,702,370	£0
Total	**£244,587,180**	**£244,587,180**	**£0**

The total funding for 2025-26 is £244,587,180. This has been successfully balanced against expenditure. Funding comes from 5 sources: Disabled Facilities Grant (DFG), NHS Minimum Contribution, LA Better Care Grant, Additional LA Contribution and Additional ICB Contribution.

Expenditure comprises 53 lines of service, which are categorised under delivery against six BCF Priorities. These include:

Objective 1: Proactive care to those with complex needs
This comprises £117 million of spend on services including:

- Long-term home-based community health services, including Integrated Multidisciplinary Teams, Community Nursing, Dementia services.
- Long-term residential and nursing home care
- Safeguarding, advocacy and occupational therapy services

Objective 2: Home adaptation and technology
This comprises £24.5 million of spend on services including:

- Birmingham Community Equipment Loans Service
- Essential housing adaptations to enable independence
- Community wheelchair services

Objective 3: Supporting Unpaid Carers
This comprises £3.1 million of spend on services to support unpaid carers, including the funding of the Birmingham Carers' Hub.

Objective 4: Preventing unnecessary hospital admissions
This comprises £17.5 million of spend on services including:

- Pathway 1 Early Intervention Community Teams
- Winter Discharge funds for urgent community response
- Locality Hubs
- Infection prevention and control in residential and nursing homes

Objective 5: Timely Discharge from hospital
This comprises £58 million of spend on services including:

- Pathway 1 Early Intervention Community Team (including social work, community health, physiotherapy and homecare)
- P1 Mental Health Outreach team
- P1 Homeless pathway services

- P1 Home from Hospital service
- Pathway 2 Intermediate Care beds (including social worker support)

Objective 6: Reducing the need for long-term residential care
This comprises £23.4 million of spend on long-term homecare services.

Metrics:

1) Emergency Admissions
   This tracks number of emergency admissions into hospital for people aged 65+, per 100,000 population. Birmingham's estimates are based on three-year trends.

2) Discharge Delays
   Proportion of adult patients discharged from acute hospitals on their discharge-ready date; along with the average number of days of delay for those who are not discharged on time.

3) Residential Admissions
   Number of admissions to residential and nursing homes for people aged 65+, per 100,000 population. We have decided to maintain the targets from last year, due to increasing demand on services.

Capacity and Demand:
We have used a slightly below average for P1 capacity, based on actuals and an adjusted R&R at home capacity. This partially offsets the increase in P1 and brings the capacity into alignment with the actuals seen.
Capacity is adjusted for days in month, and the opening of additional capacity in response to winter surge / critical incidents. Demand is seasonally adjusted. Demand slightly exceeds the capacity in P1 by around 40 new clients per year; however in-year actual figures show that demand can be managed. We have assumed there is potential scope to reduce total referrals based on variation across recent years.

For P2 capacity, we have continued with the current available capacity in the system, with 32 additional spot-purchased beds for winter pressures, which aligns with the Community Care Collaborative's plan.

Narrative Plan
The narrative plan evidences our approach to fulfilling the BCF's two main objectives for 2025/26, and how the services shown in the financial planning document contribute to it:

1) Reform to support the shift from sickness to prevention
2) Reform to support people living independently and the shift from hospital to home.

The plan describes the structure of the Better Care Fund working within Birmingham, and the governance undertaken, along with the partnership work undertaken to develop the plan jointly.

Other key points to note from the narrative plan are:

- BSol ICB is integrating its service provision at every level, including at locality and neighbourhood level.
- Overview of the Integrated Neighbourhood Teams
- Our approach to prevention and population health
- An overview of the Locality and Neighbourhood Integrated Model, including universal primary and community care, GP out of hours service, urgent community treatment centres, discharge teams, end-of-life care pathways, Virtual Wards, Discharge to Assess services, including P1 and P2, and the Intermediate Care Programme
- Support to citizens with eligible care needs under the Care Act
- Support to unpaid carers
- Provision of community equipment and assistive technology
- Housing and homelessness pathways

The plan makes reference to the links with the key strategies and policy drivers within the ICS partnership, including the Birmingham Health and Wellbeing Strategy, the BSol ICS Strategy for Health and Care 2023-33, the Community Care Collaborative Implementation Plan, the Birmingham and Solihull ICB Health Inequalities Strategy, the Birmingham Carers Strategy, and the links with Healthwatch Birmingham and with BVSC.

5. Compliance Issues
5.1. HWBB Forum Responsibility and Board Update
The Better Care Fund Team will provide regular updates through the year to the Health and Wellbeing Board.
5.2. Management Responsibility
Better Care Fund is managed through the BCF Commissioning Executive, and the BCF Partnership Board.
5.3. Finance Implications
The report concerns the use of the ringfenced Better Care Fund budget for 2025/2026.
5.4. Legal Implications
N/A
5.5. Equalities Implications (Public Sector Equality Duty)

N/A

6. Risk Analysis			
Identified Risk	**Likelihood**	**Impact**	**Actions to Manage Risk**
N/A	N/A	N/A	N/A

Appendices
1) BCF Planning Return template 2) BCF Narrative Plan

Background Papers
N/A

The following people have been involved in the preparation of this board paper:

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