

<b>LONDON BOROUGH OF CAMDEN</b>	<b>WARDS:</b> All
<b>REPORT TITLE</b> Camden Better Care Fund Plan 2026-27	
<b>REPORT OF</b> Director of Adult Social Care Strategy and Commissioning and Deputy DASS (Director of Adult Social Services)	
<b>FOR SUBMISSION TO</b> Health and Wellbeing Board	<b>DATE</b> 8 <sup>th</sup> July 2026
<p><b>SUMMARY OF REPORT</b></p> <p>This report seeks Health and Wellbeing Board approval of the 2026-27 Better Care Fund (BCF) Plan. The report provides an overview of the plan and sets out the integrated spending plan for the BCF pooled annual budget of Camden Council and West and North London Integrated Care Board (WNL ICB). The total Camden BCF in 2026-27 is £45,942,875. The Plan also includes proposed local targets for the national BCF metrics that measure the performance of the integrated health and care system and have been developed in partnership with social care and NHS colleagues.</p> <p>The Camden 2026-27 BCF Plan is largely a continuation of the expenditure plan for 2025-26 with minimal funding uplifts allocated to support core service delivery (e.g. community equipment, homecare and supported living for people with learning disabilities) and investment in the implementation of therapy-led reablement, to improve reablement outcomes and move Camden towards greater intermediate care integration.</p> <p>The Better Care Fund (BCF) framework for 2026–27 represents the first phase of a wider national reform programme. While the approach set out in 2025-26 focused on broad policy goals such as prevention and supporting independence at home, the 2026–27 framework introduces clearer system direction by requiring closer alignment between BCF planning and the development of neighbourhood health services. Further information on BCF reform from 2027-28 is expected from the Department of Health and Social Care (DHSC) in the coming months.</p> <p><b>Local Government Act 1972 – Access to Information</b> No documents that require listing have been used in the preparation of this report.</p> <p><b>Contact Officer:</b> Jennifer Kelly Strategic Commissioner 5 Pancras Square, N1C 4AG <a href="mailto:Jennifer.Kelly@Camden.gov.uk">Jennifer.Kelly@Camden.gov.uk</a></p>	

## **RECOMMENDATIONS**

That the Health and Wellbeing Board:

1. Notes the Camden Better Care Fund (BCF) 2025-26 performance;
2. Approves the Camden Better Care Fund (BCF) 2026-27 Plan;
3. Delegates authority to the Director of Adult Social Care Strategy and Commissioning and Deputy DASS (Director of Adult Social Services) to approve national reporting for the 2026-27 BCF Plan on behalf of the Health and Wellbeing Board.

Signed:



Chris Lehmann

Director of Adult Social Care Strategy and Commissioning  
and Deputy DASS (Director of Adult Social Services)

Date: 25<sup>th</sup> June 2026

## 1. Purpose of Report

- 1.1. This report lays out the Better Care Fund (BCF) plan for 2026-27. The BCF is a national programme designed to strengthen the integration of health and social care to improve outcomes for residents. Under this programme, NHS Integrated Care Boards collaborate with local authorities to establish annual pooled budgets and develop a unified spending plan. This plan must be approved by both entities before receiving final endorsement from the Health and Wellbeing Board. Ahead of Health and Wellbeing Board endorsement, BCF Plans undergo assurance processes led by NHS England and local government representatives.
- 1.2. Ahead of each BCF plan cycle, the Department for Health and Social Care (DHSC) releases the BCF Policy and Planning Requirements, which outline the essential conditions and structure for developing and implementing BCF plans. These guidelines include mandatory templates and a submission timetable, ensuring consistency and compliance. The BCF Policy set out two overarching objectives to be delivered through BCF plans, which are a continuation of the 2025-26 BCF objectives:
  - Reform to support the shift from sickness to prevention;
  - Reform to support people living independently and the shift from hospital to home.
- 1.3. The Better Care Fund (BCF) framework for 2026–27 represents the first phase of a wider national reform programme. The approach set out in 20205-26 focused on broad policy goals such as prevention and supporting independence at home. However, while full long-term plans and arrangements for the BCF are still unconfirmed, the 2026–27 framework introduces clearer system direction by requiring closer alignment between BCF planning and the development of neighbourhood health services. In particular, there is a strengthened expectation that Integrated Care Boards (ICBs) and local authorities will jointly plan and commission services—such as intermediate care, urgent community response and support for people with complex needs—as part of wider system strategies, rather than considering the BCF as a discrete pooled budget.
- 1.4. Given the short timescales for planning and submitting 2026-27 BCF plans, it was acknowledged by DHSC that in many local areas the schedule of Health and Wellbeing Board meetings would not align with timescales for BCF plan approval. DHSC therefore requested that local areas have their plans signed off by the Health and Wellbeing Board Chair as well as key officers in the local authority and Integrated Care Board (ICB) in order to meet the submission deadline to DHSC of 19 May 2026, with Health and Wellbeing Board approval to follow at the earliest opportunity. Ahead of submission, the Camden BCF plan was signed off by the Camden Chief Executive, Executive Director Corporate Services and Executive Director Adults and Health, as well as key officers from the newly-formed West and North London Integrated Care Board (ICB) (see Appendix C) and with the previous Health and Wellbeing Board Chair. However following the local elections on 7 May 2026 and submission of BCF plans, a new Health and Wellbeing Chair is being appointed.

- 1.5. Following submission, BCF plans have been through various stages of assurance by NHS England and DHSC. However, final approval of Camden’s plan by NHS England is pending Health and Wellbeing Board approval. This report therefore summarises the key elements of the Camden BCF plan, invites members of Health and Wellbeing Board to discuss the plan and seeks Health and Wellbeing Board approval.
- 1.6. Plans are submitted using two templates – a ‘Narrative Plan’ (Appendix B) and ‘Numerical Template’ (Appendix C). Note that, following Health and Wellbeing Board on 8 July, the Numerical Template will be resubmitted with the name of the new Health and Wellbeing Board Chair. Planning requirements were streamlined for 2026-27, and so completion of a ‘capacity and demand’ template was not required for the 2026-27 plan as in previous years.

## 2. BCF expenditure plan

- 2.1. There are no changes to BCF funding streams for 2026-27, and minimal uplifts to the Minimum NHS Contribution and Disabled Facilities Grant. The total uplift to the BCF for 2026-27 is £1,042,787. The table below summarises the funding for 2025-26 and the changes for 2026-27:

**Table 1. Camden Better Care Fund funding allocations, 2025-26 and 2026-27**

<b>Funding Stream</b>	<b>2025-26 Funding (£)</b>	<b>2026-27 Funding (£)</b>
<b>BCF (Minimum NHS Contribution)</b>	27,719,003	28,715,166
<i>Of which, minimum contribution to ASC (Adult Social Care) is:</i>	<i>17,695,160</i>	<i>18,482,001</i>
<b>Local Authority Better Care Grant</b>	15,882,256	15,882,256
<b>Disabled Facilities Grant</b>	1,298,829 <sup>1</sup>	1,345,453
<b>TOTAL</b>	<b>44,900,088</b>	<b>45,942,875</b>

- 2.2. The vast majority of the BCF will fund core health and social care services, e.g.:

- Long term home based social care services (e.g. homecare packages) - £11.18 million
- Wider local support to promote prevention and independence (e.g. district nursing) - £9.75 million
- Discharge support and infrastructure (e.g. social work teams) - £4.34 million
- Long term residential and nursing care home placements - £4.48 million
- Home-based intermediate care (short-term home-based rehabilitation, reablement and recovery services) - £4.84 million
- Assistive technology and equipment - £4.91 million

<sup>1</sup> This figure excludes an additional in-year allocation of £91,338 in 2025-26.

- Housing related schemes (e.g. extra care and learning disability supported accommodation) - £2.00 million
- Bed-based intermediate care (e.g. Henderson Court reablement flats) - £1.31 million
- Disabled Facilities Grant - £1.35 million
- Support to carers, including unpaid carers - £1.15 million

2.3. Uplifted BCF funding has been allocated to schemes where it was considered crucial to support core service delivery. For example, the total uplift to BCF health funding (£209k) and £350k of the uplift to the minimum NHS contribution to ASC (Adult Social Care) was allocated to Community Equipment, which continues to be a key area of spend following the failure of community equipment provider NRS in 2025. The remaining uplift to minimum NHS contribution to ASC was allocated to Supported Living for people with learning disabilities and homecare packages.

2.4. The other key change for 2026-27 is investment in therapy staff to support implementation of therapy-led reablement in Camden. This will strengthen reablement outcomes and ensure it prevents, reduces and delays the need for ongoing care, as well as support the move towards further integration with Health. It will also support delivery against the new reablement metric (see section 4).

### 3. Medium-term BCF funding

3.1. There is some funding certainty in the medium-term to inform future planning. Indicative minimum NHS funding figures that Health must contribute to the BCF plan have been published by NHS England for 2026/27, 2027/28 and 2028/29. The 2025 Spending Review also explicitly includes increases to the NHS minimum contribution to ASC via the Better Care Fund during this period:

**Table 2. Camden NHS minimum contributions, 2026-27 – 2028-29**

	<b>NHS min contribution, Camden (£000s)</b>	<b>Of which the minimum contribution to ASC is (£000s):</b>	<b>Uplift (%)</b>
<b>2026-27</b>	28,715	18,482	4.4
<b>2027-28</b>	29,822	19,378	4.8
<b>2028-29</b>	30,972	20,298	4.7

3.2. As part of the planned reforms to shift towards a neighbourhood health approach, DHSC have confirmed there will be a consultation on any proposed changes to NHS and local authority pooled funding arrangements, although the timing is unconfirmed, and any changes would not be introduced before 2027-28. Further information on plans from 2027-28 onwards is expected to be shared later in 2026.

3.3. The Disabled Facilities Grant is a capital grant, administered by local authorities in England, that can help meet the cost of home adaptations for eligible people of all ages and tenures, subject to a needs assessment and a means test. In summer

2025, the Ministry of Housing, Communities and Local Government (MHCLG) consulted on proposed changes to the Disabled Facilities Grant (DFG) funding allocation methodology, which has been in place since 2011. The consultation response was published in February 2026 and while it is clear that there are no plans to increase overall funding for the Disabled Facilities Grant, it indicates Camden’s allocation will increase over time (Camden’s ‘fair share’ is 0.32% of total national funding, equating to £2,313,600). How and when this increase is phased in is unconfirmed.

**4. BCF metrics**

- 4.1. Each BCF plan requires each area to set targets against key metrics to evidence the performance of the overall health and care system against the BCF objectives.
- 4.2. The BCF planning framework for 2026-27 includes four headline metrics:

**Table 3. BCF Metrics and goal setting requirements, 2026-27**

<b>Metric</b>	<b>New goal for 2026-27?</b>	<b>Local goal setting required?</b>
<b>Metric 1.</b> Non-elective admissions for people aged 65+ per 100,000 population	No	Yes – national requirement
<b>Metric 2.</b> Average length of discharge delay for all acute adult patients – month by month basis	No	Yes – national requirement
<b>Metric 3.</b> Long term support needs of older people (age 65+) met by admission to residential and nursing care homes – on a quarterly basis	No	No – partners encouraged to set local goals
<b>Metric 4.</b> The proportion of people aged 65 and over who were discharged from hospital into reablement and who remained in the community in the 12 weeks following discharge	Yes	No – ‘official statistic in development’. Partners expected to monitor and drive improvements

- 4.3. Metric 3 has been part of the BCF for several years, whereas metric 1 and 2 were introduced in 2025-26 (although there were previously different measures for unplanned hospital admissions and discharge performance). 2025-26 metric and performance is summarised in Appendix A. Metric 4 is a new metric for 2026-27 and given it is ‘in development’, currently there is no requirement to set goals for this metric.
- 4.4. Camden has set targets for non-elective admissions (65+) and delayed discharges using the National Better Care Fund (BCF) dataset, supported by locally adapted modelling that incorporates operational insight, expected trends and service capacity assumptions. This approach aligns with national BCF methodology and the Metrics Handbook to ensure targets are robust and

achievable. However, there are recognised data quality and consistency challenges as Camden and other North Central London boroughs transition from locally used SUS data to the National BCF dataset to align with other West and North London boroughs, which may result in some variance from previous reporting. While seasonality has been incorporated into non-elective admissions modelling, this has not yet been possible for delayed discharges due to data limitations; work is underway with acute providers to improve the accuracy and consistent use of Discharge Ready Dates (DRDs), as set out in the Data Quality Improvement Plan.

- 4.5. Camden's BCF Plan supports delivery of agreed metric goals. The plan prioritises early intervention, prevention and community-based care, ensuring BCF investment contributes to improved outcomes and reduced reliance on acute services. BCF-funded services will continue to support the joint ambition of the Local Authority and ICBs to shift towards community-based care, with 2026/27 funding focused on schemes that enable the 'left shift', strengthen integrated care, and support neighbourhood model development. Locally agreed priority areas include optimising urgent and emergency care (including Hospital at Home and virtual wards), community gynaecology, end-of-life care and the rollout of Integrated Neighbourhood Teams, all of which are expected to contribute to BCF metrics by preventing admissions, supporting independence and delivering a more holistic, preventative model of care.

Metric 1. Non-elective admissions for people aged 65+ per 100,000 population

- 4.6. Camden aims to further reduce non-elective admissions, with 2025-26 Q4 performance representing an overall improvement against target over the 12-month period. A modest reduction has been modelled across 2026-27, increasing to 3% in Q4, which reflects the anticipated impact of targeted transformation actions, improved bed productivity and no planned increase in emergency capacity. A range of integrated community services — including rapid response, intermediate care, virtual wards and case management — will continue to support admission avoidance, alongside initiatives such as the NCL Single Point of Access, which is already diverting patients from hospital to community care. Additional preventative support, including mental health accommodation, assistive technology and community equipment, will help people remain independent and avoid hospital admission.

Metric 2. Average length of discharge delay for all acute adult patients

- 4.7. Performance against the average length of discharge delay metric, introduced in 2025-26 has been mixed, with strong performance on reducing days from Discharge Ready Date (DRD) to discharge but weaker performance on discharges occurring on the DRD itself, partly due to data quality issues. A gradual improvement is planned for 2026-27, with a 3.5% reduction in delays by Q4, supported by continued BCF investment in discharge and intermediate care services and strengthened joint working with Adult Social Care and acute providers. Key services include Discharge to Assess pathways, hospital social work, integrated care teams and Transfer of Care Hubs, alongside increased use of virtual wards and expanded home-based rehabilitation and reablement

capacity. Additional targeted support is provided for people with complex needs, including mental health and homelessness, while priorities for 2026-27 focus on improving discharge flow, strengthening community rehabilitation and maintaining core schemes such as Bridging to Home and Complex Support.

Metric 3. Long term support needs of older people (age 65+) met by admission to residential and nursing care homes

- 4.8. Monitoring of avoidable long-term care home admissions and reablement outcomes is informed by the National Better Care Fund dataset, with Camden setting a more ambitious target of 124 admissions based on an eight-quarter average, improving on its achieved position of 128 against a 2025/26 target of 132. While admission levels are influenced by individual need and relatively small numbers, BCF investment continues to prioritise independence through sustained funding for reablement and homecare capacity aligned with neighbourhood teams. This is further supported by the introduction of a therapy-led reablement model, alongside continued investment in housing adaptations, community equipment, home improvement services and enhanced support for people with hoarding behaviours, where additional funding has been allocated in response to rising demand.

Metric 4. The proportion of people aged 65 and over who were discharged from hospital into reablement and who remained in the community in the 12 weeks following discharge

- 4.9. Reablement outcomes are expected to improve in 2026/27 through the introduction of a therapy-led Adult Social Care reablement model from autumn 2026, supporting closer alignment with health services and a more integrated, outcomes-focused approach. This is complemented by WNL-wide work to develop a shared, place-based intermediate care model following a June 2026 workshop. The new approach builds on a reablement commissioning strategy approved in January 2026, which drew on outcome analysis, stakeholder engagement and market benchmarking, and identified that therapy-led, goal-based reablement could improve success rates by up to 20% while helping to prevent, reduce and delay the need for ongoing care.

**5. Delegation to Director of Adult Social Care Strategy and Commissioning and Deputy DASS (Director of Adult Social Services)**

- 5.1. In-year reporting requirements of the BCF are currently being finalised for 2026-27, but in previous years national BCF reporting has been quarterly and requirements have stipulated that each report must also be approved by the Health and Wellbeing Board through local governance arrangements, including through delegated authority.
- 5.2. Due to the timing of Health and Wellbeing Board meetings, this report recommends a delegation to the Director of Adult Social Care Strategy and Commissioning and Deputy DASS (Director of Adult Social Services), to approve national reporting on behalf of the Health and Wellbeing Board.

## **6. Finance Comments of the Executive Director Corporate Services**

- 6.1. For 2026/27 there has been an uplift of £1.043m. The allocation of this has been across areas of high growth and crucial to delivering BCF outcomes, including £0.559m on equipment (made up of £350k NHS contribution to ASC, rest is the total uplift to the BCF health allocation), £0.350m on LD Supported Living with the remainder on Homecare. Camden's DFG allocation also increased by £0.047m.
- 6.2. We are awaiting confirmation from the DHSC of the full long-term plans for BCF reform from 2027/28 onwards, this is expected to be shared later this year. DHSC have confirmed there will be a consultation on any proposed changes to NHS and local authority pooled funding arrangements.

## **7. Legal Comments of the Borough Solicitor**

- 7.1. The Health and Well Being Board has statutory duties under Section 195 of the Health and Social Care Act 2012, for the purpose of advancing the health and wellbeing of the people in its area, to encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner.
- 7.2. The Board must provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements under Section 75 of the National Health Services Act 2006.
- 7.3. Section 75 permits the Local Authorities and NHS bodies to enter into certain arrangements in relation to prescribed NHS functions and Local Authority health-related functions if the arrangements are likely to lead to an improvement in the way in which those functions are exercised. The scope of the Section 75 agreements is set out in the Act and the NHS Bodies and Local Authority Partnership Arrangements Regulations 2000.
- 7.4. The non-statutory guidance to Health and Wellbeing Boards published by the government on 22nd November 2022 anticipates that the Board will sign off the Better Care Fund plan and provide governance for the pooled fund.

## **8. Environmental Implications**

- 8.1. There are no environmental implications arising out of this report.

## **9. Appendices**

- Appendix A - Camden BCF Metric Performance Information
- Appendix B - Camden BCF Narrative Plan 2026-27
- Appendix C - Camden BCF Numerical Return 2026-27

**REPORT ENDS**