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Better Care Fund 2026-27

Narrative return

[Introduction and guidance](#)

This return has been designed to enable ICBs and local authorities, working with Health and Wellbeing Boards (HWBs), to submit information which demonstrates how their plans for the Better Care Fund (BCF) meet the national conditions and planning requirements for 2026-27. Completing and submitting the BCF narrative return is a required part of the overall BCF submission process. Planning leads should ensure that all questions within this narrative return are fully addressed.

This year, the length of the narrative return has been reduced. This reflects feedback on the benefits of a more focused BCF assurance process. In completing the return, HWBs, ICBs and local authorities may wish to develop more detailed joint plans for BCF expenditure for their own use and/or draw on other joint plans.

Each question in the return has a suggested length of around a page (around 500 words) and we would generally expect the overall submission to be around 2500 words. These act as a guide to support a more focused assurance process rather than strict limits.

The narrative provided in this return should align with the expenditure plans and the ambitions for the national metrics set out in your BCF excel numerical return.

When completing the narrative return, please use the following documents for guidance and support, these can be found on the [BCF Exchange](#):

- **Planning Principles:** outlines what good practice looks like in relation to each narrative question and aligns with the relevant national conditions.
- **Metrics Handbook:** provides the formal technical specifications for the national metrics within the framework, including the rationale, methodology, required data inputs and worked examples.

Submission Requirements:

- Each HWB area must have its own BCF excel numerical return, but a single narrative BCF return covering multiple HWBs may be submitted where this reflects local integrated working arrangements.
 - Each HWB area included in a combined narrative return should provide clarity and state any specific details relevant to the separate HWBs within the narrative questions (and more words may be required for this than a single HWB return). Local authorities, ICBs and HWBs for each area should formally sign off the shared narrative return and their individual numerical excel BCF return.
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- The deadline for completing this narrative return is **19 May 2026**.
- Please submit this return to both: england.bettercarefundteam@nhs.net and your regional better care manager(s).

Submission details

Mandatory to complete, please do not submit a return without completing the details below:

	HWB area 1
HWB:	Camden
ICB:	West and North London (WNL)

1. Please provide a short statement setting out the rationale for using BCF funding to maximise delivery of integrated and preventative care linked to the relevant areas of neighbourhood health and social care services.

Please provide a concise statement of around one page (e.g. around 500 words). Please provide your response below:

The Better Care Fund (BCF) remains a central mechanism for Camden in delivering integrated, preventative and person-centred care, aligned with national expectations and the 2026/27 BCF Framework. It supports the direction set out in the NHS Long Term Plan and NHS England's neighbourhood health guidance and underpins Camden's transition towards a fully integrated neighbourhood health model. The 2026/27 plan represents a transitional year, strengthening the foundations for reduced fragmentation, improved outcomes and greater independence for residents.

BCF allocations maintain financial stability by largely continuing the 2025/26 framework, sustaining essential community, social care and intermediate care services. Investment continues in urgent community response and intermediate care, including rapid response, reablement, rehabilitation and integrated discharge services. These services are critical to reducing avoidable hospital activity, supporting timely discharge and enabling people to remain well at home. Continuity of key Integrated Care Board schemes, including homelessness services and Transfer of Care Hubs, has been preserved to ensure safe discharge pathways and prevent unnecessary A&E attendance.

BCF resources are vital in supporting urgent and emergency care flow and bed productivity across the system. Funded elements of urgent community response, virtual wards, anticipatory care and enhanced health in care homes have contributed to reductions in avoidable admissions in recent years and supported effective 'step-up' and 'step down' care. Intermediate care developments, including the P2 model and Camden's reablement pathway, are central to this work and align with national expectations for neighbourhood-based models that prevent deterioration and reduce pressure on acute services.

North Central London (NCL) ICB – which merged with North West London (NWL) ICB in April 2026 to form West and North London (WNL) ICB – has taken a strategic and operational view to capacity and demand to date, to ensure that commissioning continues to be at the most optimal levels. Strategically the acute bed productivity review set out demand and capacity of acute bed utilisation indicating that unless NCL delivered on opportunities across admission avoidance, delayed discharges and flow, additional beds would be required over the next five years. Providers are taking this modelling

forward and opportunities being discussed as part of a wider transformation programme.

Operationally across P1-P3, there has been monitoring of shifts to demonstrate the impact of the shift left programme. This is contributing to our approach to transformation work across intermediate care. This data is collated through our Transfer of Care Hub. In the community, Indicative Activity Plans have been reviewed to ensure further productivity and data quality plans are delivered in 2026/27.

Camden's population is diverse, e.g. 54.6% were born outside of the UK, with 40% from global majority ethnic groups and there are 85 different languages spoken here. Camden is also home to more LGBTQ+ people than the national average (6.5% identified as gay, lesbian, bisexual or as other sexual orientations, compared with 3.2% nationally). The population is projected to remain stable, but the proportion of people aged 65+ is the fastest growing age group and will increase (from 12% in 2023 to 15% in 2041), which further sharpens our focus on prevention and independence.

A key development for 2026/27 is investment in a new Adult Social Care reablement team to ensure reablement is therapy-led and better aligned with health interventions, in order to maximise outcomes for the person and prevent, reduce and delay the need for ongoing care. The team will also include specialist support for people with assessed mental health needs, e.g. settling them into supported accommodation (Camden's prevalence of serious mental illness is amongst the highest in the country and a disconnect between health and housing has been identified). The approach builds on the findings from a small pilot in the East Integrated Neighbourhood Team and will be rolled out across neighbourhoods from late 2026. Targeted increases in investment are also made in community equipment services and specialist therapy-led support for people with hoarding behaviours. New homecare and reablement contracts are planned which align with neighbourhood footprints, and a framework for specialist providers for people with specific needs (e.g. support needs, language, etc). Services will increasingly interface with neighbourhood integrators to improve coordination and operational problem-solving.

Neighbourhood working is further strengthened through BCF investment in personalised, strengths-based care at home and/or within neighbourhoods. Camden's five neighbourhoods are designed to break down silos and enable integrated delivery. The East Camden Integrated Neighbourhood Team, established in 2024 with BCF support, is already demonstrating positive early impact in this regard. Investment in carers' services, care navigation – and increased investment in homecare and advocacy - enhances prevention and community connectedness, aligning with Camden's Health and Wellbeing Strategy and the North Central London Population Health strategy.

Neighbourhood working will be key to addressing the wider determinants of health, which is critical given Camden experiences significant inequity within the borough, for example with highly affluent areas set against areas of significant deprivation. The gap in life expectancy between the least and most deprived areas of the borough is 9.8 years for females and 12.2 years for males.

2. Please provide a brief explanation of the rationale for how you have set out goals for the metrics of non-elective admissions (for those 65 years old and over) and delayed discharges. Please also set out how you will monitor and drive progress in preventing avoidable long-term care home admissions and improving outcomes from reablement, including through any locally agreed goals for long term admissions to residential care and nursing homes.

Please provide a concise statement of around one page (e.g. around 500 words). Please provide your response below:

Camden has set goals for non-elective admissions (65+) and delayed discharges using the National Better Care Fund (BCF) Dataset. A locally adapted version has been used for modelling, informed by operational insight, expected trends and service capacity assumptions. This approach is fully aligned with national BCF methodology and the BCF Metrics Handbook, ensuring goals are robust, evidence-based and achievable.

There are some considerations regarding data consistency and quality. Camden and other North Central London boroughs have historically used local SUS data for forecasting, planning and quarterly BCF reporting and are now transitioning to the National BCF Dataset. As a result, some discrepancies with previous years' data may occur. While seasonality has been modelled for non-elective admissions, this has not been possible for delayed discharges due to data quality issues. Acute providers are expected to improve the accuracy and routine review of Discharge Ready Dates (DRDs) to strengthen oversight, and these requirements are reflected in the Data Quality Improvement Plan.

Non-elective admissions (65+)

Camden plans to build on positive performance against its non-elective admissions target during 2025/26, where these were 4% lower than forecast. A modest reduction has been modelled across 2026/27, increasing to 3% in Q4, reflecting the anticipated impact of in-year transformation. This includes delivery of several BCF schemes and outcomes from an admission avoidance workshop held in Q3 2025/26, with a dedicated working group now established to progress targeted actions. Work has been done around bed productivity, and the Royal Free Hospital and University College London Hospital have no plans to increase emergency beds in 2026/27.

Discharge delay

The average length of discharge delay metric was introduced in 2025/26 and performance was mixed. Camden performed well against the measure of days from DRD to discharge, but less so against the proportion discharged on their DRD. Performance is also affected by the data quality issues noted above. A gradual

improvement has been modelled, with a 3.5% reduction in delayed discharges by Q4, supported by continued BCF investment in discharge and intermediate care schemes and ongoing collaborative work with ASC and Acute Trusts on discharge.

Care home admissions

Monitoring of avoidable long-term care home admissions and reablement outcomes is also based on the National BCF Dataset. A stretch target of 124 long-term care home admissions has been set using an eight-quarter average, more ambitious than the 2025/26 target of 132, which Camden achieved (128). While admissions are driven by need and numbers are small, BCF investment is expected to continue supporting independence.

Reablement

In 2026/27, reablement metrics are expected to improve as a therapy-led Adult Social Care reablement model is implemented from autumn 2026. This will support greater alignment with health services. In addition, a WNL intermediate care workshop planned for June 2026 will support development of a shared, place-based and outcomes-focused approach.

3. Please provide a short explanation of the planned impact of BCF funding on achievement of goals.

Please provide a concise statement of around one page (e.g. around 500 words). Please provide your response below:

Camden's population health approach, underpinned by the Health and Wellbeing Strategy 2022–2030 and the North Central London (NCL) Population Health and Integrated Care Strategy, ensures the 2026/27 Better Care Fund (BCF) plan supports the delivery of agreed metric goals. The focus on early intervention, prevention and community-based care aligns BCF investment with improved outcomes and reduced reliance on acute services.

BCF-funded services will continue to support the Local Authority and ICBs joint ambition to shift towards community-based care. In 2026/27, funding prioritises schemes that support the 'left shift', integrated approaches to care, and neighbourhood model development. Locally, Camden has also agreed several priority areas for neighbourhoods, which include optimising the Urgent and Emergency Care offer, including Hospital @ Home/ Virtual Wards, community gynaecology, End of Life care, and mobilising Integrated Neighbourhood Teams. Each of these areas of focus will contribute to the BCF metrics and targets – through admissions avoidance, supporting independence, and through an offer of a more holistic preventative approach.

Non-elective admissions (65+)

A range of schemes directly support admission avoidance, including the Camden Rapid Response Service, home-based intermediate care, step-up virtual wards and complex care case management. These services provide coordinated health and social care support to people at risk of unplanned admission. Progress has also been evidenced through the NCL community Single Point of Access, where Q3 2025/26 data showed most referrals from ambulance crews on scene were managed through community services such as UCR, Primary Care and Virtual Ward rather than ambulance conveyance (74 Camden referrals from ambulance crews were seen). Additional support to help people stay at home includes Crisis House mental health accommodation and preventative services such as Wish+, assistive technology and community equipment.

Discharge delay

BCF investment continues in services that enable timely discharge, including Discharge to Assess pathways, hospital social work, integrated care teams and Transfer of Care Hubs. System capacity to manage medical patients at home has been increased through virtual wards whilst step-down capacity continues to increase home-based rehabilitation and reablement. Targeted support is provided for people with specific needs, including

mental health advocacy and support for discharge under the Mental Health Act. The NCL Out of Hospital Care Model will continue to support people experiencing homelessness (there is an increase in homelessness due to a lack of suitable housing options), alongside ongoing support for unpaid carers. The funding has been directed towards coordinators for this complex and chaotic cohort of patients as well as continuing with the team delivered by UCLH. Key priorities also include strengthening community rehabilitation, improving discharge flow and maintaining core discharge schemes such as P1 Bridging to Home and P3 Complex Support.

Long-term care admissions

Ongoing investment in reablement and homecare capacity, aligned with neighbourhood teams, supports people to remain independent and avoid permanent care placements. This is strengthened by the introduction of a therapy-led reablement model and continued investment in housing adaptations, community equipment, home improvement services and targeted support for people with hoarding behaviours, which will receive increased investment in 2026/27 due to service demand.

Reablement

Continued investment in reablement, alongside the implementation of a therapy-led model from Q3 2026/27, is expected to improve reablement outcomes and represents an important step towards greater integration with health services. A new reablement commissioning strategy was approved by Camden's Cabinet in January 2026 following review of reablement outcomes, staff and resident engagement, market analysis and benchmarking. It was considered that a therapy-led approach would ensure reablement plans were goals-based, would improve reablement 'success' by up to 20% and prevent, reduce and delay the need for ongoing care.

4. Please outline how ICBs and local authorities have confidence that the services funded through the BCF represent value for money, and how they will seek to raise the productivity of services.

Please provide a concise statement of around one page (e.g. around 500 words) please provide your response below:

ICBs and local authorities have robust assurance arrangements to ensure BCF-funded services deliver value for money and improved outcomes. Within the WNL system, this approach aligns with national BCF requirements and local financial planning assumptions for 2026/27, providing confidence that public resources are used efficiently, transparently and in line with strategic priorities.

Value for money is supported by maintaining the agreed 2025/26 financial framework into 2026/27. All BCF activity is expected to be delivered within the agreed allocation, with no unfunded commitments. Any proposed changes to schemes or funding profiles are submitted early through the agreed BCF process, enabling timely scrutiny and ICB assurance. This ensures decisions are based on clear financial and activity information and that risks are identified and mitigated early.

Strong joint governance arrangements underpin ongoing assurance. Financial performance, delivery milestones and outcomes are regularly monitored through ICB and local authority structures, including quarterly joint governance meetings with the new WNL ICB and local authorities. Schemes are reviewed and evaluated, and where performance does not meet expectations, improvements are jointly agreed and implemented. This continuous improvement approach ensures BCF funding remains focused on interventions that support system flow, admission avoidance and greater independence. WNL ICB will actively review and sign-off quarterly returns through the executive management team (EMT). The FLOW Board which includes membership from all provider CEOs will continue to have oversight on the impact that BCF is having on discharge and admission prevention.

Productivity and efficiency are driven through sustained investment in high-impact admission avoidance and rehabilitation services that deliver the greatest return for the wider health and care system. Jointly identified efficiencies from 2025/26 will continue into 2026/27, with a focus on reducing duplication and improving coordination through strengthened neighbourhood-based delivery. These models support care delivered in the right place at the right time, reducing unnecessary hospital use and promoting timely recovery.

Multi-year, evidence-based planning further supports value for money by enabling sustainable service delivery and preparation for anticipated system reforms in 2027/28. This longer-term approach supports workforce stability and ensures investment decisions are guided by evidence of what works locally.

Local authority approaches to value for money are fully aligned with the WNL system. Uplift funding in 2026/27 will be targeted where additional investment can deliver the greatest impact. Performance data and governance oversight have also informed service redesign where appropriate. For example, benchmarking of Camden's reablement service with other local authority service models (including approach, pathways and staff roles) and their outcomes identified scope to improve independence outcomes in Camden. This has led to the development of a therapy-led reablement model aligned with community health services, with a view to greater integration with health (at an NCL Integrated Care workshop in June 2026, it was agreed that a Camden 'Making it Real' Intermediate Care group would be formed to move the intermediate care agenda and further integration forward). Reablement and ongoing care contracts have also been redesigned to embed providers within neighbourhoods, strengthen community connections and support relational, trauma-informed practice with Camden's diverse population. New contracts from Q3 2026/27 will support improved outcomes, reduced demand for ongoing care and a more skilled, stable workforce.

Overall, these arrangements provide assurance that BCF funding is delivering maximum public value, improving outcomes and supporting the shift towards preventative, community-based care.

5. Please outline your robust joint governance for managing the expenditure of BCF funding, including assessing impact of funding, value for money and continuous improvement.

Please provide a concise statement of around one page (e.g. around 500 words). Please provide your response below:

Camden's BCF plans are developed as pooled budget arrangements, with expenditure and delivery agreed jointly by both organisations before formal approval through local governance routes.

Camden's Health and Wellbeing Board (HWB) is statutorily responsible for approving the BCF plan locally and ensuring that it is aligned with wider local strategies for health, care and prevention. Camden's published governance arrangements make clear that the HWB works with partners to identify local health and social care needs

and provides the forum through which the BCF can be scrutinised as part of wider place-based planning. Camden's HWB has clear routes for operating effectively where national timescales have not aligned neatly with Board meetings, as is the case for 2026/27 Plan approval; In 2025–26, the HWB approved the BCF Plan and delegated authority for national reporting to the Director of Adult Social Care Strategy and Commissioning and Deputy DASS, demonstrating a defined route for officer-level sign-off and accountability where required ahead of HWB meetings.

This governance approach also supports alignment with the ambitions of the Camden Integrated Care Partnership (ICP). The 2025–26 Camden BCF plan describes the BCF as a strategic enabler for the development of the ICP, and the national BCF framework for 2026–27 expects areas to align BCF planning more closely with neighbourhood health and integrated out-of-hospital care. In Camden, this means BCF governance is not only about budget control, but also about ensuring investment supports neighbourhood-based models, prevention, reablement and improved discharge.

Overall strategic leadership is jointly exercised by Local Authority Chief Executives, Directors of Adult Social Services (DASSs) and senior WNL ICB executives. These leaders share responsibility for setting BCF priorities, overseeing the effective use of resources, a systematic approach to assessing impact and value for money across all stages of planning and delivery and ensuring coherence with broader system objectives. During its first year of operation, WNL ICB has taken steps to ensure alignment between North West London (NWL) and North Central London (NCL) governance processes and approaches, which are currently in development.

Within NCL, a BCF Community of Practice brings together ICB leads, Local Authority BCF leads and central ICB officers. This group provides operational oversight of BCF delivery, tracks progress against agreed plans and coordinates shared planning and reporting cycles. Financial oversight at this level is undertaken jointly by ICB and Council finance teams, who review expenditure against the agreed financial framework and ensure that Section 75 agreements accurately reflect approved budgets and contractual commitments.

Additional financial assurance is provided through established organisational governance arrangements within both the ICB and the Council. These processes ensure that investment decisions are appropriately scrutinised, demonstrate value for money and are consistent with delegated authorities, financial regulations and standing orders.

Overall, Camden's BCF governance arrangements provide strong joint accountability, statutory oversight through the Health and Wellbeing Board, clear senior officer leadership and a sound legal basis for pooled working. Together, these arrangements support effective financial stewardship, transparent decision-making and delivery of Camden's wider goals for integrated, neighbourhood-based care.