

LONDON BOROUGH OF CAMDEN	WARDS: All
REPORT TITLE Camden Better Care Fund Plan 2025-26	
REPORT OF Director of Adult Social Care Strategy and Commissioning and Deputy DASS (Director of Adult Social Services)	
FOR SUBMISSION TO Health and Wellbeing Board	DATE 9 th July 2025
<p>SUMMARY OF REPORT</p> <p>This report seeks Health and Wellbeing Board approval of the 2025-26 Better Care Fund (BCF) Plan. The report sets out the integrated spending plan for the BCF pooled annual budget of Camden Council and North Central London ICB. The total Camden BCF in 2025-26 is £44,900,088.</p> <p>The report provides an overview of the 2025-26 BCF Plan, which continues to act as a strategic enabler in the development of the Camden Integrated Care Partnership (ICP). The Plan 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 2025-26 BCF Plan is largely a continuation of the expenditure plan for 2024-25 with some adjustments for inflation, and new allocations to further support Camden Rapid Response Service, in order to ensure more patients remain in the community for treatment of urgent conditions requiring immediate care. The Department of Health and Social Care (DHSC) has indicated that there may be longer-term reform of the BCF following the planned 2025 publishing of the government’s 10 Year Health Plan, and in preparation review of current schemes will be underway in the coming months with NHS and social care colleagues.</p> <p>Local Government Act 1972 – Access to Information No documents that require listing have been used in the preparation of this report.</p> <p>Contact Officer: Jennifer Kelly Strategic Commissioner 5 Pancras Square, N1C 4AG Jennifer.Kelly@Camden.gov.uk</p>	
<p>RECOMMENDATIONS</p> <p>That the Health and Wellbeing Board:</p> <ol style="list-style-type: none"> 1. Notes the Camden Better Care Fund (BCF) 2024-25 performance; 	

2. Approves the Camden Better Care Fund (BCF) 2025-26 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 2025-26 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: 1st July 2025

1. Purpose of Report (and Reason for Urgency)

- 1.1. This report lays out the Better Care Fund (BCF) plan for 2025-26. 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. Once completed, BCF Plans undergo assurance processes led by NHS England and local government representatives.
- 1.2. Each year, 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. As in previous years, the BCF Policy set out two overarching objectives to be delivered through BCF plans, which are a continuation of the 24-25 Plan's objectives¹:
 - 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 BCF supports the government's commitment to reforming and strengthening neighbourhood services across health and social care, with the goal of:
 - Providing more care closer to home;
 - Increasing the focus on prevention so that people are living healthier and more independent lives;
 - Harnessing digital technology to transform care.
- 1.4. In line with DHSC's planned 2025 publishing of the 10 Year Health Plan, DHSC has indicated that there may be longer term reform of the BCF.
- 1.5. Given the short timescales for planning 2025-26 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 31 March 2025, with Health and Wellbeing Board approval to follow at the earliest opportunity. The Camden BCF plan was signed off by the Health and Wellbeing Board Chair, the Camden Chief Executive, Executive Director Corporate Services and Executive Director Adults and Health, as well as key officers from North Central London Integrated Care Board (ICB) (see Appendix C) and was submitted by the initial deadline of 31 March 2025.

¹ BCF Plan 2023-25 policy objectives were: 1. enabling people to stay well, safe and independent at home for longer, and 2. providing the right care, at the right place, at the right time.

- 1.6. Following submission on 31 March 2025, 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.
- 1.7. Plans are submitted using three templates – a ‘Narrative Plan’ (Appendix B), ‘Planning Template’ (Appendix C) and ‘Capacity and Demand Template’ (Appendix D).

2. BCF expenditure plan

- 2.1. There are two key changes to BCF funding for 2025-26. Firstly, there are fewer funding streams, reducing from five in 2024-25 to three in 2025-26. Discharge funding was previously ring-fenced within the BCF but has now been consolidated for 2025-26. This is to provide local areas greater flexibility in how they meet the BCF objectives, but plans are still required to ensure a continued focus on reducing discharge delays. The ICB discharge funding has been consolidated into the NHS minimum contribution to the BCF, and local authority discharge funding has been consolidated into the Local Authority Better Care Grant (previously the improved Better Care Fund, or iBCF).
- 2.2. Secondly, the minimum contribution to Adult Social Care from the Minimum NHS Contribution to the BCF is the only funding which was uplifted for 2025-26. This was increased by 3.9% over the 2024-25 baseline. The total uplift to the BCF for 2025-26 is £688,160. The table below summarises the funding for 2024-25 and the changes for 2025-26:

2024-25		2025-26	
Funding Stream	Funding (£)	Funding Stream	Funding (£)
BCF (Minimum NHS Contribution)	24,883,842	BCF (Minimum NHS Contribution) - £17.7m to be spent on ASC	27,719,003
ICB Discharge Funding	2,147,000		
iBCF	12,874,053	Local Authority Better Care Grant	15,882,256
Local Authority Discharge Funding	3,008,204		
Disabled Facilities Grant	1,298,829	Disabled Facilities Grant	1,298,829
TOTAL	44,211,928	TOTAL	44,900,088

- 2.3. 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) - £10.43 million
- Wider local support to promote prevention and independence (e.g. district nursing) - £8.56 million
- Discharge support and infrastructure (e.g. social work teams) - £4.41 million
- Long term residential and nursing care home placements - £3.75 million
- Home-based intermediate care (short-term home-based rehabilitation, reablement and recovery services) - £4.84 million
- Assistive technology and equipment - £3.60 million
- Housing related schemes (e.g. extra care and learning disability supported accommodation) - £1.62 million
- Bed-based intermediate care (e.g. Henderson Court reablement flats) - £1.42 million
- Disabled Facilities Grant - £1.30 million
- Support to carers, including unpaid carers - £1.21 million

2.4. There are no new schemes in the BCF Plan for 2025-26. Given the low level of uplift compared with previous years, all continuing schemes were reviewed to ensure funding levels were adjusted (e.g. in line with planned contract values). This approach enabled a 3% uplift to Local Authority Better Care Grant-funded schemes which directly employed staff, using a small funding reduction from one scheme. The same approach was applied to NHS Minimum Contribution-funded social care schemes, with the remainder allocated to five schemes which the ICB are no longer funding or partially funding (£491k) and £51,144 to Reablement, which is fully funded through BCF and would likely overspend in 2025-26 if funded at 2024-25 levels.

2.5. The main change to the BCF Plan for 2025-26 is reallocation of £491,000 from six schemes to Camden Rapid Response Service, to ensure more patients remain in the community for treatment of urgent conditions requiring immediate care and thereby supporting admissions avoidance. Of those six schemes previously funded with these monies, four are continuing² and are now being funded with uplifted social care funding from the NHS Minimum Contribution.

3. BCF metrics

2.1. 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.

2.2. The BCF planning framework for 2025-26 includes three headline metrics:

Metric 1. Emergency admissions to hospital for people aged 65+ per 100,000 population

Metric 2. Average length of discharge delay for all acute adult patients – month by month basis

² These schemes include three learning disabilities health schemes (LD annual health checks and health action plans; Clinical support for provider services; Preventing avoidable admissions scheme) and a reduction in the contribution to the occupational therapy provision at Henderson Court reablement flats.

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

- 2.3. Metric 3 has been part of the BCF for several years, but metric 1 and 2 are new for 2025-26 (although there were different measures for unplanned hospital admissions and discharge performance). 2024-25 metric and capacity and demand performance is summarised in Appendix A.
- 2.4. In addition to the metrics, there are six suggested supporting indicators, which demonstrate performance against the three metrics (see Appendix A). There are no reporting requirements against these indicators.
- 2.5. The borough will continue to set ambitious targets for metrics where we have established metrics with historic baselines such as long-term care needs for older people in residential and nursing homes. For the other metrics we have taken a pragmatic approach, linking our assumptions to the NHS planning guidance.
- 2.6. Metric 1. Emergency admissions to hospital for people aged 65+ per 100,000 population
- 2.6.1. This metric measures the rate of emergency admissions to hospital aged 65 and over. An overall decrease from 2024/25 is being projected, from 5,653 in 2024/25 to 5,484 in 2025/26. Projections have been reached using current trends, seasonality and population growth for the population aged 65+ using GLA mid-year projections. The impact of admission reduction has been incorporated in the projections, as well as the supporting indicators (unplanned hospital admissions for chronic ambulatory care sensitive conditions and emergency hospital admissions due to falls in people aged 65+). This was calculated using NCL Bed productivity programme bed day savings for the Ambulatory Care Sensitive Conditions (ASCS) scheme. It was forecast that through preventing admissions of ASCS conditions, NCL could save an equivalent of 80 beds over five years, and an 11-bed reduction in 2025/26.
- 2.6.2. A number of BCF schemes will support delivery against this metric, including Rapid Response, District Nursing, community equipment, Careline and support for carers. In addition, Urgent Community Response (UCR) continues to surpass the 2 hour national target of 70% (performing at c.80%) and UCR priorities for the next 12 months include improving the productivity and utilisation of existing services, optimising clinical pathway improvements such as for falls and catheter care and the development of enhanced admission avoidance plans, which could become central to neighbourhood working.
- 2.7. Metric 2. Average length of discharge delay for all acute adult patients
- 2.7.1. This metric is intended to drive reduction in discharge delay for acute adult patients. Given this is a new metric, the baseline has been calculated using local data based on the Operating Plan guidance definition. In light of local NCL work to support discharge and multiple BCF schemes, a stretch target has been developed by calculating the average of the 'best' three months of data in

2024/25. As this is a new metric, performance will be assessed over the coming months.

2.7.2. BCF schemes which support delivery of this metric include continued investment in the Discharge to Assess (D2A) pathway, hospital social work teams, community equipment and reablement provision, including the reablement flats at Henderson Court sheltered housing scheme. A Council and Central and North West London NHS Trust CNWL Action Plan for reduction in day delays (including initiatives such as virtual wards) aims to reduce mean day delays from 2.40 days to 1.48 across Pathway 1 – Pathway 3 by September 2025.

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

2.8.1. This metric seeks to reduce the rate of permanent admissions of residents, aged 65 or over, to residential or nursing homes. Numbers of people in scope are low, so it has not been possible to determine a trend. Actuals had increased in the first three quarters of 2024-25, and have been higher than planned. A 'stretch target' of 122 for the year has been modelled using an eight-quarter average and taking into account growth in the 65+ population. This is a more challenging target than that set in 2024/25, which we achieved (a rate of 311 against a target of 332).

2.8.2. A number of BCF schemes will support delivery against this metric. Plans to embed a strengths-based model of care in care homes are progressing, with staff reablement training sessions being held, and the recruitment of an Occupational Therapist completed to introduce these ways of working. These schemes will enable some residents to regain independence and potentially return to living in the community. There is also ongoing investment in reablement and homecare, to support people to live as independently as possible and remain at home.

4. Intermediate care capacity and demand plans

4.1. Each BCF plan requires areas to project demand for step-up and step-down pathways, and planned capacity for immediate care and other short-term care, to support effective planning and delivery of sufficient and appropriate intermediate care across the system.

4.2. Capacity is expected to meet the demand modelled. NCL is currently developing place-based transformation plans with boroughs to support admission avoidance and discharge, with 'shift left' a key aim regarding discharge to the person's home with as little additional support as needed where possible. Using 2024/25 data, greater 'shift left' ambitions and amending of the pathway proportions have been built into the Step Down modelling from Q2 onwards.

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

5.1. The 2025-26 BCF Planning requirements set out plans for national BCF reporting to commence from quarter 1 of 2025-26, and 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. The finance comments have been captured in section 2 of the report.

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 expectation of the DHSC guidance is that the BCF plan will be the subject of a Section 75 agreement by the end of September 2025.

8. Environmental Implications

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

9. Appendices

- Appendix A - BCF Metric Performance Information
- Appendix B - Camden BCF Narrative Plan, 2025-26
- Appendix C – Camden BCF Planning Template, 2025-26
- Appendix D – Camden BCF Capacity and Demand Template, 2025-26

REPORT ENDS