

Title of Report	Better Care Fund Plan 26-27
For Consideration By	Health and Wellbeing Board
Meeting Date	25 June 2026
Classification	Open
<u>Ward(s) Affected</u>	All
Report Author	Mark Watson Senior Procurement & Commercial Manager

Is this report for:

<input checked="" type="checkbox"/>	Information
<input type="checkbox"/>	Discussion
<input type="checkbox"/>	Decision

Why is the report being brought to the board?

- The Better Care Fund (BCF) Policy Framework and Planning Requirements were published on 30 January 2026 and require the BCF Plan to be signed off by the Health & Wellbeing Board (HWB).
- The previous meeting delegated the Chair of the HWB and Director of Adult Social Care to sign off the plans with the agreement the signed plan would be tabled at a HWB to be noted by the HWB at their next meeting.

Has the report been considered at any other committee meeting of the Council or other stakeholders?

The BCF Plan has been agreed by NHS North East London Integrated Care Board

(ICB) which is a requirement of the Better Care Fund as this is a shared fund.

1. Background

- 1.1. The Better Care Fund (BCF) is a mandatory national programme that requires local councils and the NHS to pool a portion of their budgets and plan services together.
- 1.2. Its main goal is to bridge the traditional gap between health services (the NHS) and social care (council-run services).
- 1.3. Instead of a patient experiencing a poor and often complicated handover between a hospital and social workers, the BCF funds joined-up community services to make that transition seamless.
- 1.4. Ultimately, the fund focuses on two major goals:
 - (1) shifting the balance of care from hospital wards to prevention in the community.
 - (2) providing the right support—like home adaptations or intermediate rehabilitation—so that older people and those with complex needs can live independently at home for longer.
- 1.5. There are a number of changes this year:
 1. This year we have not been required to complete a third paper on 'capacity & demand'
 2. The narrative plan return has been simplified to request only answers to 3 prescribed questions.
 3. Local authority funding streams have been streamlined from 3 funding streams to 1. (No reduction in value)
 4. The Framework reflects an initial set of changes to the BCF in line with the 10 Year Health Plan for England. This includes asking health and wellbeing boards, ICBs and local authorities to more closely align plans for integrated health and care services to the development of relevant areas of neighbourhood health services, for example intermediate care

2. 2026-27 Annual Plan

The annual plan is in 2 parts:

Narrative plan is [here](#).

Template return on Finance is [here](#)

- 2.1. The HWB is asked to sign-off our local 2026-27 Better Care Fund (BCF) spending plans and assurances that we meet the 4 national conditions (See section 4).
- 2.2. The narrative plan is set out using questions from a national template which allows partnerships to give more details on their plans for integration and the use of the funding, including support for hospital discharge. The narrative plan has been written in partnership

3. What is the Better Care Fund?

- 3.1. The Better Care Fund (BCF) is a programme spanning both the NHS and local government which seeks to join-up health and care services, so that people can manage their own health and wellbeing and live independently in their communities for as long as possible.
- 3.2. The BCF requires Integrated Care Boards (ICBs) and local government to agree to a joint plan, owned by the health and wellbeing board (HWB), governed by an agreement under section 75 of the NHS Act (2006).
- 3.3. The Framework constitutes the formal planning requirements, national conditions for expenditure and legal framework. It sets out how integrated care boards (ICBs), local authorities and health and wellbeing boards should plan and agree expenditure for 2026 to 2027, working with local partners, and the associated assurance arrangements.
- 3.4. We recognise that, for 2026-27, it will not be possible to comprehensively integrate BCF planning and neighbourhood health planning. However, we ask HWBs, ICBs and local authorities to take a pragmatic approach to linking BCF expenditure plans with local priorities for more integrated health and social care.
- 3.5. They should seek alignment so do this while taking care not to disrupt the delivery of key services which rely on BCF funding and, critically, increasing investment in adult social care. Plans will need to be developed collaboratively and agreed by HWBs as in previous years.
- 3.6. The BCF provides a mechanism for joint health, housing and social care planning and commissioning. It brings together ring-fenced budgets from Integrated Care Board (ICB) allocations, and funding paid directly to local government, including the Disabled Facilities Grant (DFG), and the improved Better Care Fund (iBCF). There is a new requirement that additional Discharge Funding must be pooled into the BCF.

4. Four National Conditions

The four national conditions require:

- Plans to be jointly agreed
- Enabling people to stay well, safe and independent at home for longer
- Provide the right care in the right place at the right time
- Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services.

The Hackney Partnership meets all four national conditions.

5. Funding

- 5.1. When looking at the Hackney Better Care Fund (BCF), it is important to understand that the overwhelming majority of this shared budget is already tied up, leaving very little "free" or unallocated cash.

- 5.2. This is because the fund is primarily used to protect and maintain essential, existing frontline services that the Council and the NHS are legally or contractually obligated to run year after year.
- 5.3. A significant portion is locked into long-term commitments, such as statutory adult social care provisions, core community health teams, and dedicated schemes like the Disabled Facilities Grant (which funds vital home adaptations for disabled residents).
- 5.4. Furthermore, because Hackney faces intense local pressures—such as high demand for timely hospital discharge support and complex community care needs—the money must immediately roll over to keep these critical, baseline services running without disruption.
- 5.5. In short, the fund acts as a financial backbone for permanent, ongoing care integration rather than a pot of flexible money for brand-new local projects.

The pooled budget is made up of NHS funding as well as local government grants.

Disabled Facilities Grant:

- 5.6. DFG is funded by the Department of Health and Social Care and since 2014 has been part of the Better Care Fund.
- 5.7. The DFG is pooled into the BCF to promote joined-up approaches to meeting people’s needs to support more people of all ages to live in suitable housing so they can stay independent for longer. Creating a home environment that supports people to live safely and independently can make a significant contribution to health and wellbeing, and should be an integral part of integration plans, including social care, and strategic use of the DFG can support this.
- 5.8. This funding covers grants to residents and other direct support (additional detail is covered in the narrative plan).

NHS Minimum Contribution

- 5.9. This is the funding that each ICB has to designate to the BCF funding pot from their national allocations. This includes the proportion that is transferred to the Local Authority. The total uplift to the BCF minimum allocation 5.66%

Local Authority Better Care Grant

- 5.10. This was previously made up of a number of funding streams (Improved BCF (iBCF); BCF Mainstream grant and Additional Discharge fund), but for the first time has been brought under 1 funding heading
- 5.11. The Local Authority Better Care Grant for 2026-27 is a ringfenced revenue allocation that must be pooled into the local Better Care Fund (BCF) Section 75 agreement to drive health and social care integration. Its primary mandate is to protect and sustain core adult social care services, ensuring the local authority can meet its statutory Care Act obligations.

This includes safeguarding home-care packages, supporting social work assessment capacity, and investing in care market sustainability through provider fee-rate stability.

- 5.12. Crucially, the 2026-27 funding is heavily geared toward improving hospital discharge flow and embedding preventative care through Integrated Neighbourhood Teams. The grant must be directed into intermediate care, reablement, and step-down services to facilitate safe, timely discharges. Furthermore, in line with national priorities to shift care from hospitals to the community, the funding should support preventative initiatives that reduce avoidable admissions, such as robust support and respite for unpaid carers, falls prevention programs, and community-led health initiatives.

This is a National programme and Hackney has received the following funding:

		2026-27		
Running Balances		Income	Expenditure	Balance
DFG		£2,224,589	£2,224,589	£0
NHS Minimum Contribution		£30,492,131	£30,492,131	£0
Local Authority Better Care Grant		£20,524,155	£20,524,155	£0
Additional LA Contribution		£0	£0	£0
Additional NHS Contribution		£0	£0	£0
Total		£53,240,875	£53,240,875	£0

6. The BCF Annual Plan Key Priorities:

Below we have set out the summary of the Narrative Plan questions the national BCF Team have asked each local authority to respond to:

How we are using BCF funding to maximise delivery of integrated and	Hackney's rationale centres on a strategic move from "sickness to prevention" and "hospital to home" by embedding services within a hyper-local

<p>preventative care linked to the relevant areas of neighbourhood health and social care services.</p>	<p>neighbourhood model. This approach aligns BCF resources—such as the Neighbourhoods Programme, Integrated Neighbourhood Teams, and specialized reablement services—with eight local neighbourhoods. The core aim is to address health inequalities and rising demand through proactive population health management, which identifies high-risk residents early, and an integrated "Home First" approach that ensures patients are discharged to their homes as soon as they are clinically ready, supported by community-based intermediate care.</p>
<p>Our 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.</p>	<p>For the 2026-27 cycle, Hackney is aligning its goals with national productivity requirements while managing demographic growth through optimized community services. For non-elective admissions (65+), the focus is on utilizing urgent response services like "Paradoc" to avoid hospital attendance. Regarding discharge delays, the strategy includes two specific local targets: increasing the proportion of patients discharged on their Discharge Ready Date by 0.5% and achieving a 2% reduction in the average length of delay for those not discharged on time. These goals are underpinned by daily "Home First" checkpoints and rigorous scrutiny of residential care placement requests to ensure all independent alternatives have been exhausted.</p>
<p>Our planned impact of BCF funding on achievement of goals.</p>	<p>The planned impact of BCF funding is to fundamentally shift the balance of care. By investing in services like Reablement and Telecare, the funding aims to sustain community independence, targeting a metric where at least 91% of people discharged into reablement are still living at home 91 days later. Additionally, the funding drives hospital flow by providing immediate social care support to eliminate discharge delays and reduces avoidable admissions through 2-hour crisis interventions like Urgent Community Response. These efforts are supported by a transition toward integrated neighbourhood teams, which streamline collaboration between health and social care staff to improve overall system productivity and value for</p>

	money
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7. Assurance

The BCF Annual Plan was submitted on time

The Hackney partnership has met all 4 national metrics. The annual return was fully completed as below:

	Complete:
<u>5. Income</u>	Yes
<u>6. Expenditure</u>	Yes
<u>8. Metrics</u>	Yes
<u>9. Planning Requirements</u>	Yes

There are no outstanding issues relating to this submission and we are confident that the partnership supports the return.

This has been signed off by the ICB.

8. Recommendation

The Health & Wellbeing is asked to note the information and content of the BCF 25-26 Narrative plan and National template.

9. Policy Context:

Please detail which, if any, of the Health & Wellbeing Strategy priorities this report relates to?

<input type="checkbox"/>	Improving mental health
<input type="checkbox"/>	Increasing social connection
<input type="checkbox"/>	Supporting greater financial security
<input checked="" type="checkbox"/>	All of the above

Please detail which, if any, of the Health & Wellbeing Strategy 'Ways of Working' this report relates to?

<input type="checkbox"/>	Strengthening our communities
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<input type="checkbox"/>	Creating, supporting and working with volunteer and peer roles
<input type="checkbox"/>	Collaborations and partnerships: including at a neighbourhood level
<input type="checkbox"/>	Making the best of community resources
<input checked="" type="checkbox"/>	All of the above

10. Equality Impact Assessment (EIA)

Has an EIA been conducted for this work?

<input type="checkbox"/>	Yes
<input checked="" type="checkbox"/>	No

11. Consultation

Has public, service user, patient feedback/consultation informed the recommendations of this report?

<input type="checkbox"/>	Yes
<input checked="" type="checkbox"/>	No

Have the relevant members/ organisations and officers been consulted on the recommendations in this report?

<input checked="" type="checkbox"/>	Yes
<input type="checkbox"/>	No

12. Risk Assessment

N/A

13. Sustainability

The BCF schemes aim to work in a way that embeds and sustains a commitment to reducing health inequalities and improving population health across City & Hackney.

Report Author	Mark Watson
Contact details	mark.watson@hackney.gov.uk
Appendices	Narrative plan is here Template return on Finance is here