NOTICE OF MEETING

HEALTH AND WELLBEING BOARD

Thursday, 25th June, 2026, 2.00 pm – George Meehan House, 294 High Road, N22 8JZ (watch the live meeting HERE, watch the recording here)

Councillors: Tehseen Khan (Chair), Hannah Ward, Georgia Twigg and Gio Iozzi

Quorum: 3

1. FILMING AT MEETINGS

Please note this meeting may be filmed or recorded by the Council for live or subsequent broadcast via the Council's internet site or by anyone attending the meeting using any communication method. Members of the public participating in the meeting (e.g. making deputations, asking questions, making oral protests) should be aware that they are likely to be filmed, recorded or reported on. By entering the 'meeting room', you are consenting to being filmed and to the possible use of those images and sound recordings.

The Chair of the meeting has the discretion to terminate or suspend filming or recording, if in his or her opinion continuation of the filming, recording or reporting would disrupt or prejudice the proceedings, infringe the rights of any individual, or may lead to the breach of a legal obligation by the Council.

2. WELCOME AND INTRODUCTIONS (PAGES 1 - 2)

3. APOLOGIES

To receive any apologies for absence.

4. URGENT BUSINESS

The Chair will consider the admission of any late items of urgent business. (Late items will be considered under the agenda item where they appear. New items will be dealt with at agenda item 11).

5. DECLARATIONS OF INTEREST

A member with a disclosable pecuniary interest or a prejudicial interest in a matter who attends a meeting of the authority at which the matter is considered:

(i) must disclose the interest at the start of the meeting or when the interest becomes apparent, and

(ii) may not participate in any discussion or vote on the matter and must withdraw from the meeting room.

A member who discloses at a meeting a disclosable pecuniary interest which is not registered in the Register of Members' Interests or the subject of a pending notification must notify the Monitoring Officer of the interest within 28 days of the disclosure.

Disclosable pecuniary interests, personal interests and prejudicial interests are defined at Paragraphs 5-7 and Appendix A of the Members' Code of Conduct.

6. QUESTIONS, DEPUTATIONS, AND PETITIONS

To consider any requests received in accordance with Part 4, Section B, Paragraph 29 of the Council's Constitution.

7. MINUTES (PAGES 3 - 8)

To confirm and sign the minutes of the Health and Wellbeing Board meeting held on 26 02 2026 as a correct record.

8. UPDATE FROM NORTH LONDON FOUNDATION TRUST (PAGES 9 - 22)

9. BETTER CARE FUND UPDATE (PAGES 23 - 108)

10. HARINGEY HEALTH AND WELLBEING BOARD: REVIEW OF STRENGTHS AND AREAS FOR FUTURE DEVELOPMENT IN CONTEXT OF NEIGHBOURHOOD HEALTH (PAGES 109 - 118)

11. NEW ITEMS OF URGENT BUSINESS

To consider any new items of urgent business admitted at item 4 above.

12. FUTURE AGENDA ITEMS AND MEETING DATES

Members of the Board are invited to suggest future agenda items.

To note the dates of future meetings:

17th September 2026
19th November 2026
25th March 2027

Kodi Sprott Committee and Governance Officer
Tel –
Email: kodi.sprott@haringey.gov.uk

Fiona Alderman
Director of Legal & Governance (Monitoring Officer)
George Meehan House, 294 High Road, Wood Green, N22 8JZ

Wednesday, 17 June 2026

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Agenda Item 2

Membership of the Health and Wellbeing Board

* Denotes voting Member of the Board

Organisation		Representation	Role	Name
Local Authority	Elected Representatives	3	* Cabinet Member (s) for Health, Social Care, and Wellbeing – Co-Chairs	Cllr Hannah Ward/Cllr Tehseen Khan
			* Cabinet Member for Children, Schools and Families	Cllr Georgia Twigg
			* Cabinet Member for Climate	Cllr Gio Iozzi
	Officer Representatives	4	Director of Adults, Housing and Health	Sara Sutton
			Director of Children's Services	Ann Graham
			Director of Public Health	Dr Will Maimaris
			Chief Executive	Andy Donald
NHS	West and North London ICB	1	Director Rep (TBC)	TBC
	North Middlesex University Hospital (part of Royal Free NHS Trust)	1	Chief Executive	James Rimmer
	Whittington Health NHS Trust	1	Chief Executive	Selina Douglas
	North London Foundation Trust	1	Executive Lead covering Haringey	Iain Eaves

	Haringey GP Federation	2	Chief Executive	Michael Fox
			Medical Director	Dr Sheena Patel
Patient and Service User Representative	Healthwatch Haringey	1	* Chair	Sophie Woodhead
Voluntary Sector Representative	Mind in Haringey representing Haringey Community Collaborative	2	Chief Executive	Lynette Charles
	Public Voice representing Haringey Community Collaborative		Chief Executive	Dan Rogers

MINUTES OF THE Health and Wellbeing Board HELD ON Thursday, 26th February, 2026, 2:00 - 4:00pm

PRESENT:

Councillors: Lucia das Neves (Chair) and Zena Brabazon

1. FILMING AT MEETINGS

The Chair referred to the filming at meetings notice and attendees noted this information.

2. WELCOME AND INTRODUCTIONS

3. APOLOGIES

Apologies for absence were received from Councillor Ali and Selena Douglas.

4. URGENT BUSINESS

There were no items of urgent business.

5. DECLARATIONS OF INTEREST

Councillor Brabazon declared an interest as she was a Governor of Haringey Royal Free, Councillor Das Neves declared an interest as she was Governor of North London Trust

6. QUESTIONS, DEPUTATIONS, AND PETITIONS

There were none.

7. MINUTES

RESOLVED

To confirm and sign the minutes of the Health and Wellbeing Board meeting held on 6th November 2025 as a correct record.

The Chair drew attention to the achievement of Haringey Children's Services being rated Outstanding. The Board also received a presentation on the Roger Sylvester Hub. Members noted the positive work taking place and the importance of celebrating achievements at a neighbourhood level.

8. DEMENTIA IN HARINGEY

Members discussed dementia services and provision across the borough.

It was noted that:
· Co-production and effective feedback to wider colleagues were essential.

· The chair felt their remained a lack of a clear, inspiring, and connected vision of what it is like to live in Haringey for residents with dementia.

· Members were struck by the breadth of services available; however, these were not always well joined-up.

· A neighbourhood-based approach was required to ensure patients were directed to appropriate services and received timely diagnoses.

· Concerns were raised that a significant number of residents were not accessing available services.

· A lack of marketing and awareness of dementia support groups within the community.

· The need to introduce more courses and support for carers.

· The importance of aligning dementia work with the Borough's Ageing Well Strategy, particularly in relation to prevention.

· Opportunities to develop preventative interventions for mild cognitive impairment, including potential group-based support.

· Feedback from the St Ann's community indicated appreciation for data on mild cognitive impairment in the borough

Members noted:
· The availability of a revised online database of services in Haringey, though this required further development and promotion.

· More could be done to raise awareness of early signs and symptoms of dementia.

· There was limited accessible information regarding research opportunities and future treatments.

· Residents within the system should be better informed about opportunities to participate in clinical trials.

· Greater collaboration with external organisations, including the Royal Free Charity (with an annual budget of £5 million), should be explored.

Officers confirmed that:
· Research activity was ongoing across memory services.
· Opportunities existed for participation in trials with UCL.

· Current involvement included a national trial on compassion-focused therapy for dementia and depression. The “Dreams” intervention for individuals with dementia and sleep disorders Members welcomed this work but requested further information on how many Haringey residents had accessed these opportunities.

Members emphasised:
· The importance of early intervention and clearer pathways for residents.
· The need for greater outreach and engagement to ensure residents were aware of available support.

Action:
It was agreed that dementia would be brought back to a future meeting of the Committee.

9. BETTER CARE FUND UPDATE WITH FOCUS ON METRICS

Members received an update on the Better Care Fund (BCF).

It was noted that:

· New national framework guidance had recently been published.

· Arrangements were being developed around neighbourhood health plans.

· Members requested that an end-of-year update be presented to the next Committee meeting.

· Members noted the need to reduce and better manage hospital admissions within the Haringey context.

· There was progress through neighbourhood working in identifying patient cohorts and reducing unplanned admissions.

· There was an ongoing collaboration with the Integrated Care Board (ICB) and Health Alliance.

· There remained scope for further improvement in the hospital discharge process

· There was a need to better engage councillors in neighbourhood working and mobilisation.

· Consideration was being given to expanding the Multi-Agency Care Collaborative (MACC) team.

· Winter vaccination programmes had not mobilised early enough to cover an early flu season this year.

Members highlighted:

· The importance of reablement and therapeutic support to ensure patients remained at home following discharge.

· The need for a holistic approach to reablement.

· That paid carers may not always recognise deterioration in a patient's condition.

The Board noted:

· The critical role of both paid and unpaid carers, and the importance of training.

· The need to support self-funders as part of the overall care system, regardless of financial status.

· The key role of social workers in managing safe discharge, particularly through the NCL referral pathway.

· The importance of proactively including socially isolated residents in planning and strategies.

· The need for greater transparency regarding carers employed through agencies.

· That carers delivering care packages funded by Haringey Council were paid at least the London Living Wage.

· The importance of planning for winter pressures, particularly during mid- to late-summer.

· That 2026/27 would represent a continuation year in the Better Care Fund, with more fundamental changes expected in 2027/28.

· Further details would be brought forward in the coming months prior to formal sign-off.

· The continuation and renewal of the Home from Hospital service was noted

· The availability of dedicated support services, including self-referral options.

Action:
An update on this service would be brought back to the Committee in approximately six months.

10. UPDATE ON ICB TRANSITION TO NEW STRUCTURE - VERBAL UPDATE

Members noted:

· That further guidance on neighbourhood planning at a local level was awaited.
· A growing focus on operational delivery.
· Preparations were underway for potential future investment to support residents in Haringey.

11. NEIGHBOURHOODS UPDATE INCLUDING PARTICIPATION IN DHSC/LGA NEIGHBOURHOODS SUPPORT PROGRAMME - VERBAL UPDATE

Members received an update on the voluntary and community sector.
It was noted that:

· A new governance group, the Community Prevention Group, had been established.

· Funding had been identified for a Neighbourhood Challenge Fund.

· The fund aimed to support projects aligned with the ambitions of the neighbourhoods programme and integrated working.

Members were informed that:

· The application process ran between December and January.

· A community panel reviewed 80 applications, with 7 organisations selected for funding.

· Further details would be shared in the coming weeks.

It was noted that:

· Work was ongoing with GP practices and the voluntary sector across Haringey.

· The neighbourhood strategy would need to incorporate multiple domains and reflect lessons learned from previous years.

· A planned £570 million investment in existing housing stock over 10 years and four contractors had been appointed. The programme would address long-standing repair issues, including roofs and structural problems. This represented a scale of major works not seen in the borough for many years.

12. NEW ITEMS OF URGENT BUSINESS

There were none.

13. FUTURE AGENDA ITEMS AND MEETING DATES

To be confirmed.

CHAIR: Councillor Lucia das Neves

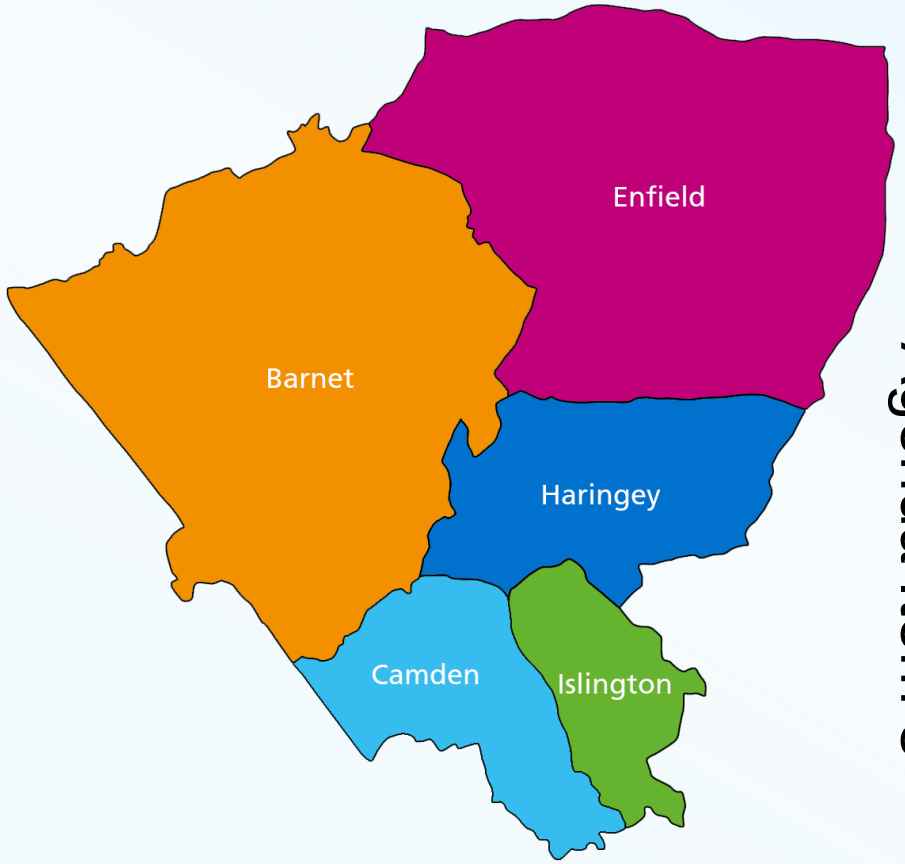
Signed by Chair ……..

Date ……

North London
NHS Foundation Trust

Haringey Health & Wellbeing Board

25th June 2026



NLFT Overview

NLFT in numbers (2025/26)

- Became the NLFT on 1 November 2024 following internal merger
- Tavistock and Portman merged into NLFT on 1 April 2026 – bringing strengths in mental health research and education
- Provide all age mental health services across North London, and children's and young people's mental health services in all boroughs apart from Islington
- Also provide specialist mental health services regionally and nationally

NLFT Strategy, Values and Culture

Our Strategy

Our Purpose

Working with our communities to improve mental health

Our Vision

Better Mental Health, Better Lives, Better Communities

Our Strategic Aims

Aim 1: We will provide consistently high quality care, closer to home

Aim 2: With our partners in North London and each Borough we will ensure equity of outcome for all

Aim 3: We will offer great places to work, providing staff with a supportive environment to deliver outstanding care

Aim 4: We will be more effective as an organisation by pioneering research, Quality Improvement and technology

Our Values

The North London Way Culture

National context for NHS mental health services

1. The **financial position** across the whole of the NHS has become much more challenging, with significant consequences
2. **National prioritisation of mental health has reduced**, with Mental Health Investment Standard no longer in place
3. **National NHS 10 Year Health Plan** published with three priority shifts and a focus on neighbourhood health, productivity and financial sustainability, and a **new national Mental Health Strategy being finalised**
4. Significant further change with the new **NHS Modernisation Bill**: NHSE abolished, more power to DHSC, Integrated Care Board mergers; and major reductions in corporate costs across the whole NHS

Proposed new national Mental Health Priorities

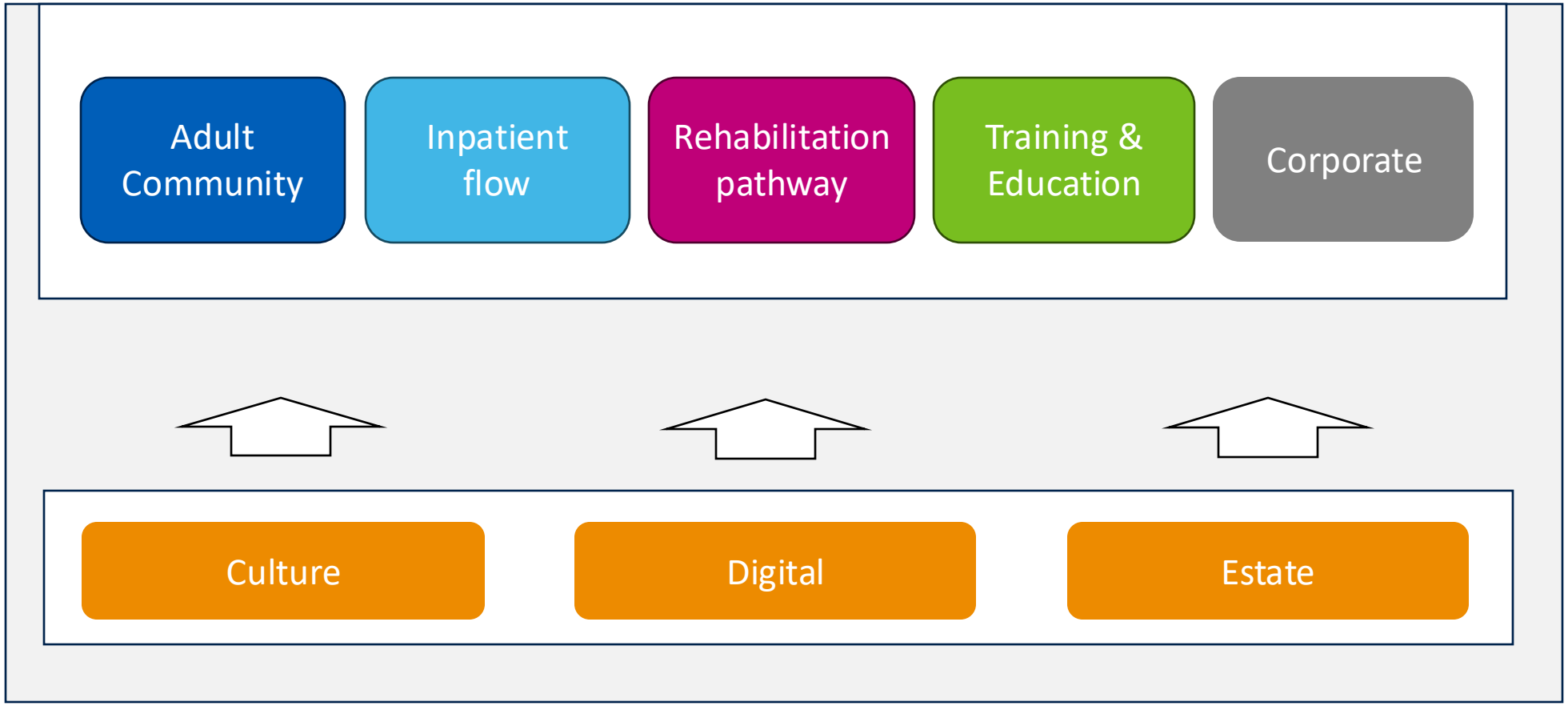
• Elimination of Out of Area Placements	→	• NLFT already lowest in London
• Mental Health 12-hour breaches in Emergency Departments	→	• New MHCAS on the Chase Farm site opening soon will further strengthen support to Urgent and Emergency Care pathway
• Children and Young People's mental health long waits	→	• Key role for the Community CAMHS collaborative led by NLFT

NLFT Current Priorities

- Significant efficiency requirement (c. 6%) meaning major reductions in clinical and corporate headcount
- Major redesign of acute, community and rehabilitation pathways – through our three-year Change Programme
- Embedding the new operating model with five new Clinical Care Groups
- Maintaining effective focus at place / neighbourhood level through Executive and Managing Director Leads
- CQC inspection of core services soon, followed by CQC Well Led review
- Integration of TPFT into NLFT

Five major redesign programmes and three enabling programmes are critical to our success

NLFT major change programmes



Redesign programmes

Enablers

NLFT Haringey Service Developments

Creation of a Mental Health Hub for Haringey Residents at the Roger Sylvester Centre

Service Developments

- Co-location of Mental Health Services at the Roger Sylvester, to allow residents to more easily access:
- NLFT Crisis Prevention House short-term intensively supported accommodation
- Safe Haven Crisis Hub provided by Mind in Haringey
- Clarendon Recovery College provided by Haringey Council

Expected benefits for Haringey residents

- Joined-up mental health care for Haringey residents to get the help they need
- Provision of intensive mental health care in a welcoming, recovery focussed and person-centred environment.

Strategic Impact for Haringey

- Improved partnership working between the NHS, Local Authorities and VCSE providers
- Shift care from hospital to community settings
- Improve equity of access across Haringey
- To further develop the pathway with the opening of the new Chase Farm Mental Health Crisis Assessment Service (MHCAS) during 2026.

NLFT Haringey Service Developments

Expanded Mental Health expertise with the development of the Haringey Integrated Neighbourhood Teams

Service Developments

- The expanded Multi-Agency Care Co-Ordination (MACC) Team includes additional Mental Health specialist roles.
- The delivery of the Integrated Neighbourhood Team will increase the capacity to work with adults with co-morbid complex conditions who are 'rising risk'.
- The additional specialist mental health roles will allow more Haringey residents with co-morbid cognitive impairment, dementia and mental health difficulties to be supported.

Expected benefits for Haringey residents

- Treatment in the least restrictive setting (home rather than hospital)
- Reduce avoidable reactive access in Primary Care and Mental Health Services
- Deliver improvements in Long Term Conditions

Strategic Impact for Haringey

- Expanded capacity for residents with 'rising risk'
- Delivering early learning as a 'test bed' for the Integrated Neighbourhood Team.

NLFT Haringey Service Developments

Introducing specialist crisis care at home for older adults in Haringey for the first time

Service Developments

- Introducing Intensive Home Treatment care at home for older adults in Haringey
- Admission avoidance and early discharge support
- Specialist dementia and older adult expertise
- Multi-disciplinary team including consultant psychiatrist
- Service in phased development, with full-service implementation expected in the coming months as team recruitment completes.

Expected benefits for Haringey residents

- Treatment in the least restrictive setting (home rather than hospital)
- Lower risk of hospital-associated deterioration
- Improved patient and carer experience
- Greater parity with working-age crisis services

Strategic Impact for Haringey

- Shift care from hospital to community settings
- Improved equity of access
- Reducing avoidable hospital admissions
- Improved outcomes and experience for older residents and carers

NLFT Haringey Service Developments

Introducing Intensive Outreach Pathways into Core Haringey Mental Health Teams

Service Developments

- Following a review of local service provision within North London Foundation Trust, we have worked with the ICB to develop a sustainable delivery model for Intensive Outreach for service users with psychosis who find it hard to engage with our Community Mental Health Services.
- Service-users can step-up into an Intensive Outreach provision from within Core Teams.

Expected benefits for Haringey residents

- By developing an Intensive Outreach pathway as part of a Core Community Mental Health Teams, Intensive Outreach clinicians hold small ring-fenced caseloads.
- These service users can access the full range of Core Team provision, e.g. clinical psychology, Individual Placement Support employment advisors, VCSE Community Engagement workers, Peer Support, etc.

Strategic Impact for Haringey

- Delivery of a sustainable delivery model to support vulnerable Haringey residents with psychosis who find it hard to engage with our Community Mental Health Services.

NLFT Haringey Service Developments

Reducing waiting times to Access Specialist Mental Health Support

Service Developments

- NLFT has now introduced a Single Point of Access for non-urgent referrals into Secondary Mental Health Care.
- Introduction of a digital Mental health tool called 'Be Seen' to enhance our referral to assessment pathway, through patient-led questionnaires that enhance clinical reporting.
- This complements the NLFT 111 option 2 provision for urgent mental health referrals.

Expected benefits for Haringey residents

- Non-urgent referrals are triaged centrally and promptly distributed to the Specialist Mental Health Service
- The Single Point of Access is designed to simplify and improve how people access our services. By creating a single, consistent route for referrals, supporting a more efficient, coordinated and user-friendly experience for both referrers and individuals.

Strategic Impact for Haringey

- Be Seen platform improves the patient experience, reducing time to treatment and right pathway first time.
- A simpler pathway into Haringey NLFT Mental Health services.

Other considerations

Whilst there has been a reducing number of Haringey residents who are Clinically Ready For Discharge but unable to be discharged from an Older Adult mental health wards since February, performance remains in Special cause concern with funded care placements for Haringey residents as an outlier.

Older Adult CRFD as of May 2026:

Borough	No of CRFDs
Barnet	3
Camden	3
Enfield	1
Haringey	10
Islington	3

Actions being taken to address this:

Weekly Multi-Agency Discharge Events
Workshop to improve interface between NLFT, ICB and Haringey Mental Health Leads arranged for early July.

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Health and Wellbeing Board
25th June 2026

Haringey Better Care Fund 2025/26 End Of Year Submission &
2026/27 Planning Submission Update

Agenda Item 9

Executive Summary

Key Messages

- The Better Care Fund (BCF) is a £43.9m pooled budget between Haringey Council and the NHS, supporting integrated health and care services.
- Overall, the 2025/26 programme delivered strong performance across most of the year, particularly in supporting independence and reducing long-term care admissions. However, system pressures in Quarter 4 impacted discharge performance and emergency admissions, reflecting increased complexity, workforce pressures, and winter demand.
- The 2026/27 BCF represents a transition year, with funding remaining broadly stable but national policy placing greater emphasis on integration, outcomes, and neighbourhood-based care. More significant reforms are expected from 2027/28 onwards.
- Key risks for Haringey include growing pressure on community services, financial constraints, and the need to demonstrate value and impact across all schemes.

Reason for the decision

As a condition of the Better Care Fund (BCF), the Health and Wellbeing Board is required to confirm that the Plan meets national BCF requirements and to provide oversight for its successful delivery.

We are now seeking the Board's approval to:

- Acknowledge the progress made and validate the 2025/26 end of year submission.
- Approve the submission of the 2026/27 Plan.

BCF Introduction and Purpose

The Better Care Fund (BCF) is a national programme designed to support the integration of health and social care services. Its primary aim is to improve outcomes for residents by enabling local systems to work together, deliver more person-centred care, and reduce reliance on hospital services.

In Haringey, the BCF is a jointly managed pooled budget between the London Borough of Haringey and the North Central London Integrated Care Board (ICB), governed through a Section 75 agreement.

This partnership enables coordinated investment in services that support residents to remain independent, reduce hospital admissions, and improve discharge pathways.

Background & History of the BCF in Haringey

The BCF has been a central part of how Haringey delivers integrated health and social care for over a decade. Introduced in April 2015, it initially brought together around £20 million of funding into a single pooled arrangement, marking a key shift towards more joined-up, partnership-based working across the NHS and the Council.

The fund plays a critical role in aligning investment with shared priorities across health and social care. This includes supporting prevention, reducing avoidable hospital admissions, improving discharge from hospital, and enabling residents to live independently for as long as possible within their communities.

BCF in Haringey underpins a wide range of services delivered across adult social care, community health, and the voluntary sector. These services are designed to respond to local challenges such as an ageing population, health inequalities, and increasing demand on urgent and emergency care, while supporting a shift towards more proactive and neighbourhood-based models of care.

Haringey Context and Demand Pressures

Haringey is a diverse borough with growing demand for both health and social care services. While the population is relatively young overall, the number of residents aged 65+ is increasing and will continue to rise.
This is leading to:

- More people living with long term conditions and complex needs
- Higher demand for urgent care and hospital services
- More complex discharge requirements

Health inequalities remain a significant challenge, with people in more deprived areas experiencing poorer health outcomes earlier in life.

In this context, there is a clear need to:

- Strengthen Community based services
- Support earlier intervention and prevention
- Improve coordination between health & social care

BCF 2025/26 End Of Year Update

The Better Care Fund (BCF) 2025/26 End of Year submission was due nationally on 1 June 2026.

Haringey has completed and submitted its final return in line with national requirements.

Performance for Quarters 1–3 was previously reported to the Health and Wellbeing Board on 26 February 2026, where it was noted and approved.

The following slides provide an update on Quarter 4 performance and overall year-end position.

BCF 2025/26 Objectives

The BCF 2025/26 policy objectives focus on two overarching goals:

- supporting the shift from sickness to prevention
- supporting people living independently and the shift from hospital to home

These objectives are designed to enhance the integration of health and social care services, ensuring that people receive the right care at the right time and in the right place. The key elements of these objectives include:

Shift from Sickness to Prevention –

This objective emphasises the importance of preventive care to reduce the incidence of illness and the need for acute care services. By focusing on prevention, the BCF aims to improve overall health outcomes and reduce the burden on healthcare systems.

Supporting People Living Independently and the Shift from Hospital to Home –

This objective aims to enable individuals to live independently in their own homes for as long as possible. It includes initiatives to improve discharge processes, enhance community-based care, and reduce the reliance on hospital and long-term residential care

Headline BCF Metrics for 2025/26

The BCF for 2025/26 focuses on three headline metrics:

Emergency Admissions (65+)

The metric measures Emergency hospital admissions for people aged 65+, per 100,000 population. This includes unplanned admissions through A&E, GP referrals, or other urgent pathways.

This metric matters because high rates indicate gaps in prevention, frailty support, or urgent community care. Reducing avoidable admissions relieves hospital pressure, supports independence, and aligns with the BCF shift from hospital to home.

Discharge Delays – DRD to Discharge

The metric measures how efficiently patients leave hospital by tracking
(1) the percentage discharged on their Discharge Ready Date (DRD)
(2) the average days delayed for those not discharged on time.

This metric matters because reducing delays improves patient outcomes, prevents deconditioning, frees up beds, and supports the BCF goal of faster, safer transitions from hospital to home.

Admissions to Long Term Residential or Nursing Care (65+)

The metric measure the number of people aged 65+ whose long-term support needs lead to permanent admission to residential or nursing care, per 100,000 population.

The metric matters because lower admissions signal strong prevention, early intervention, and independence-focused support. It directly reflects the BCF aim of helping people stay well and live at home for longer.

Metric performance overview 25/26

Overall, the BCF programme delivered strong performance across most of the year, with challenges emerging in Q4 due to system pressures. Key metrics relating to long-term independence remained strong

1. Emergency Admissions (65+) – Haringey was 1.3% over target across the quarter
Performance exceeded plan in several months during the year. Q4 started strongly but deteriorated in the final month.
This reflects sustained winter pressures, including high urgent care demand and flow challenges across the acute pathway.

Mitigation: The 2026/27 plan includes strengthened admission avoidance initiatives, including expanding community-based alternatives, increasing virtual ward capacity, and targeted work through neighbourhood teams.

2. % Discharged on Discharge Ready Date
Performance was above the 92% target in the first half of the year but fell below target in Q4 (January 89.6%, February 87.4%, March 88.5%)
The decline is linked to increased discharge complexity, capacity constraints in community services, and ongoing system flow issues.

Mitigation: For 2026/27, we are strengthening discharge pathways through improved brokerage, increased step-down capacity, and better coordination with system partners.

Metric performance overview 25/26

3. Average Days from DRD to Discharge
Performance was strong in the first half of the year (well below the 7.5-day target) but worsened in Q4 (February ~10.2 days, March ~10.1 days).
This reflects delays for people not discharged on their ready date, particularly those with more complex needs and limited onward capacity.

Mitigation: The 2026/27 plan focuses on reducing delays through improved pathway management, increased community capacity, and stronger escalation processes.

4. Residential/Nursing admissions
Performance was strong through out the year with target being met at all quarters

Supporting Metrics

Avoidable admissions: Performance has fluctuated but remained broadly in line with expected levels, with some improvement towards year-end (March 102 vs higher earlier in the year).
Falls (65+): Performance improved towards the end of the year (March 12), although variation across the year reflects changes in demand and coding completeness.

Summary of progress against Metrics 25/26

Headline Metric	Target	Q1	Q2	Q3	Q4
Emergency Admissions (65+)	Monthly target range of admissions is between 415 to 504. Admissions per quarter: Q1 - 1328, Q2 - 1350, Q3 – 1390, Q4 - 1310	✓ On track Admissions remained lower than plan in April and May however higher number of admissions in June.	✓ Mostly On track Higher admissions in July however August showed improvement with admissions falling, slight increase in September	✗ Not on track Admissions increased into Oct however remained steady in Nov before spiking in Dec linked to winter pressures	✓Mostly on Track Winter pressures continued into Jan with admissions slightly higher then planned, Admissions fell under target in Feb however spiked in March
Discharge Delays (DRD → Discharge)	92% discharged on Discharge Ready Date	✓ On track Performance was above target for all months across the quarter.	✓ On track Performance was above target for all months across the quarter.	✓ Mostly On track Performance was above target for Oct, and was slightly below target in Nov and Dec linked to winter pressures	✗ Not on track Performance was below the target for each month. This is related to a small number of complex cases.
	Avg Days from DRD to Discharge ≤ 7.5 delay days	✓ On track Delays remained below the target for all months across the quarter.	✓ On track Delays remained below/or on target for July and August with Sep slighty above target.	✓ On track Delays remained below target for Oct and Nov with Dec above target.	✗ Not on track Performance was below the target for each month. This is related to a small number of complex cases.
Residential Admissions (65+)	36 per quarter → 144 annually	✓ On track Placements remained below the target for all months across in quarter.	✓ On track Placements remained below the target for all months across in quarter.	✓ On track Placements remained below the target for all months across in quarter.	✓ On track Placements remained below the target for all months across in quarter.

Overall position: Despite challenges in the final quarter, the programme has delivered against its core objectives and supported improved outcomes across most of the year

BCF 25/26 Expenditure

The Better Care Fund outturn for 2025/26 was £43,771,970 against a planned allocation of £43,225,531, resulting in an overspend of £546,259. This variance was driven by increased demand for community equipment following hospital discharge and additional cost pressures following the liquidation of NRS Healthcare in August 2025, requiring higher-cost alternative provision recharged to the ICB.

	2025-26
Source of Funding	Planned Income
DFG (including top-up)	£3,557,776
Minimum NHS Contribution	£27,569,953
Local Authority Better Care Grant	£12,097,802
Additional LA Contribution	£0
Additional NHS Contribution	£0
Total	**£43,225,531**

BCF 25/26 Financial Delivery and Value

The Better Care Fund was delivered in full for 2025/26, with the total allocation of £43.2m fully spent in line with plan.

This funding has:

- Supported delivery of a wide range of integrated services across health and social care
- Enabled investment in prevention, discharge, reablement and community-based support
- Been aligned to areas of greatest system need and pressure

The programme has demonstrated:

- Effective use of pooled funding
- Clear alignment between investment and priorities
- Value for money across commissioned services

Issues Affecting Performance in 25/26

1. Data Quality Issues at Whittington Hospital - Coding problems caused the Q2 emergency admissions performance to appear better than reality. These issues were resolved by mid Q3.

2. Staff Shortages & Recruitment Efforts - LBH began recruiting additional therapists to support Discharge to Assess (D2A).Gaps in staffing were causing slower responses and some rejected referrals.

3. Lack of NHS System Access – Not all LBH staff had NHS email access to speed up the process of sending documentation

4.Referral Criteria - Delays caused by rejected referrals so planning on having training to improve the overall quality of referral content.

5.Seasonal Flu & Winter Pressures - Significant spike in flu activity, matched by national UKHSA data. This led to increased emergency admissions, particularly in older people.

6.Increased Patient Acuity - More severe underlying illness in presenting patients. Despite good admission avoidance, total admissions increased due to clinical acuity, not pathway failure.

7.Complex Discharge Cases - These cases drove discharge delays: Patients waiting for care home placements, Mental health–related delays, Court of Protection cases and Housing and homelessness delays

Accomplishments in 2025/26

Emergency Admissions

- Avoidable admissions kept at lowest levels (Q1–Q2).
- Admissions Avoidance Workshop delivered (Q2).
- Winter vaccination & infection control guidance shared (Q2).
- UCR digital tool (Docobode), escalation process, Virtual Ward step-up acceptance (Q2).
- SPOA/ICC pathways reducing conveyance (Q2).

Discharge Delays

- Exceeded 92% DRD discharge target (Q1–Q2).
- Improved ward visibility speeding up interventions (Q3).
- Recruitment of therapists + workforce expansion (Q2–Q3).
- Referral criteria training completed (Q3).
- Staff given NHS emails to improve integration (Q2–Q3).
- Hoarding & deep clean framework improving discharge flow (Q2 – Q3).

Overall impact of the BCF in 2025/26

The Better Care Fund has continued to support a more joined-up and person-centred approach to care across Haringey.

Key impacts include:

- Stronger community-based support - More residents are supported to remain independent at home, reducing reliance on hospital and long-term care.
- Improved discharge processes - Better coordination between hospital, social care and community services has supported more timely and safer discharge, particularly in the first half of the year.
- Increased focus on prevention - Investment in preventative services has helped reduce avoidable admissions and support better long-term outcomes
- Improved system working - The programme has strengthened integration across partners, supporting better system flow and coordinated care delivery

While challenges emerged in Quarter 4, the overall impact of the programme across the year has been positive

Key learning from 2025/26

Delivery of the BCF programme in 2025/26 has reinforced several key insights for the system.

Firstly performance is sensitive to system pressure, particularly during winter where increased acuity and demand impacts both admissions and discharge flow.

Secondly a relatively small number of complex cases can have a disproportionate impact on discharge performance, highlighting the importance of targeted interventions and pathway flexibility.

The year has also demonstrated the importance of workforce capacity, data quality, and shared systems in enabling timely decision-making and coordination across partners.

Improvements made during the year, including strengthening referral processes and improving digital access, have shown the value of integrated approaches to resolving operational barriers.

Conclusion

- The Better Care Fund programme has continued to support delivery of integrated health and care services across Haringey, aligned to national priorities.
- Strong performance was maintained across early part of the year, particularly in reducing long-term residential admissions and supporting independence.
- System pressures in Q4 impacted discharge performance and emergency admissions, reflecting increased complexity, workforce pressures, and winter demand.
- Despite these challenges progress has been made in strengthening pathways, improving integration, and expanding community-based alternatives to hospital care.
- Financial delivery has been achieved in full, with the total allocation spent in line with plan.

BCF 2026/27 Planning Submission Update

The Better Care Fund (BCF) 2026/27 Planning submission (Numerical and Narrative) was due nationally on 19th May 2026.

Haringey has completed and submitted its final return in line with national requirements.

The plan was signed off by chief executive of LA and ICB and requires ratification from the chair of the health and wellbeing board.

The following slides provide an update on the 2026/27 plan and the changes from 2025/26.

BCF National Changes

National reforms are driving a shift toward a more integrated, outcomes-focused BCF. The emphasis is on joint NHS–local authority delivery, clearer shared priorities and strengthened community-based provision. The upcoming changes are outlined below:

Reform Focus

The BCF will shift toward consistent, joint NHS–local authority funding for services that must be delivered in a fully integrated way. This includes:

- Hospital discharge pathways
- Intermediate care services
- Rehabilitation programmes
- Reablement provision

The intention is to create a seamless, end-to-end model supporting people to remain independent and avoid unnecessary admissions.

Integration with Neighbourhood Health Plans

The BCF becomes a core component of Neighbourhood Health Plans, jointly developed by:

- NHS Integrated Care Boards
- Local authorities
- Wider partners (VCSE, community providers, primary care)

These plans will:

- Align priorities around local population needs
- Shift more activity out of hospital and into community-based care
- Enable more joined-up commissioning and operational delivery across place-based neighbourhoods

Funding Changes

National financial reform accompanies the service changes, with key shifts including:

- Innovation-driven financial models to support movement from hospital-centric care to community and preventative services
- Phasing out of block contracts, transitioning toward activity- and quality-based payment mechanisms
- Introduction of “year of care” payment trials starting in 2026/27, supporting more personalised, long-term condition management
- No use of additional funding for deficit reduction, with the long-term ambition for most NHS providers to operate in surplus by 2030

BCF National Changes – What is changing in 2026/27

The 2026/27 BCF marks the first phase of national reform aligned to the NHS 10-year plan.

Key changes include:

- Stronger alignment with Neighbourhood Health Services, particularly intermediate care
- Requirement for joint planning across NHS, local authorities, and partners
- Increased emphasis on outcomes and measurable impact, not just activity
- Local systems required to set and track goals on key metrics (admissions, discharge, etc.)

This is effectively a transition year, meaning:

- No major structural funding reform yet
- But a clear shift in expectations around integration and planning

What This Means for Haringey

For Haringey, the 2026/27 plan:

- Continues the **existing strategic direction** (prevention, discharge, independence)
- Strengthens the **neighbourhood model**, integrating ASC, health and VCSE partners

2026/27 BCF Policy Objectives

The two key policy objectives for BCF 2026/27 are:

1. Shift from hospital to community care (reducing reliance on acute and long-term care)

This focuses on:

- Reducing non-elective admissions
- Improving discharge and reducing delays
- Reducing long term care admissions

2. Shift from reactive care to prevention and independence

This focuses on:

- Prevention and early intervention
- Reablement and recovery
- Supporting people to remain independent at home

How this compares to 25/26

2025/26 focused on shift from sickness to prevention and hospital to home.

The 2026/27 framework doesn't fundamentally change these but:

- Strengthens them through metric lead delivery
- Embeds them in neighbourhood health models and integration requirements.

BCF Funding Allocation for 2026/27

For 2026/27, the total Better Care Fund (BCF) allocation increases to £43.89m, which is an uplift of £894,670 compared with the £42.99m available in 2025/26.

The main areas driving this growth are:

- Disabled Facilities Grant (DFG) increases from £3.324m to £3.443m, adding around £119k.
- The NHS Minimum Contribution rises from £27.57m to £28.35m, an increase of approximately £775k.
- The Local Authority BCF Grant remains unchanged at £12.097m, and there are no additional LA or NHS contributions in either year.

Reflecting these funding changes, the Minimum Contribution to Adult Social Care (ASC) also increases, moving from £8.46m in 2025/26 to £8.84m in 2026/27.

	2025-26
Funding Types	Income
DFG	£3,324,019
NHS Minimum Contribution	£27,569,953
Local Authority Better Care Grant	£12,097,802
Additional LA contribution	£0
Additional NHS contribution	£0
Total	**£42,991,774**
Minimum Contribution to ASC 25/26	£8,464,228

	2026-27
Funding Types	Income
DFG	£3,443,342
NHS Minimum Contribution	£28,345,300
Local Authority Better Care Grant	£12,097,802
Additional LA contribution	£0
Additional NHS contribution	£0
Total	**£43,886,444**
Minimum Contribution to ASC 26/27	£8,840,602

While funding has increased slightly, this is within a context of: Rising demand, Inflationary pressures and Workforce constraints

How BCF Funding is used for 2026/27

The Better Care Fund supports a wide range of services across Haringey, focusing on areas that have the greatest impact on outcomes and system flow. Funding is primarily used to support:

- Hospital discharge and intermediate care services
- Community-based prevention and coordination
- Equipment and home adaptations to support people to remain at home
- Reablement and recovery support to help people regain independence

This approach ensures that funding is targeted at the points in the pathway where it can:

- Reduce pressure on hospitals
- Improve discharge
- Support independence

BCF 26/27 Funding allocation changes

While the overall scheme framework remains largely consistent with last year, a small, targeted adjustment has been made to how the NHS minimum uplift has been applied.

For 2026/27, the Multi-Agency Care and Coordination (MAC) Team (social care element) has received additional allocation from the uplift, to support the placement of an additional social worker and strengthen service capacity. This increases the number from 2 to 3 to align with localities and neighbourhoods.

This change is funded through £20,000 of unallocated uplift from not applying the uplift to the schemes noted above, alongside a £19,000 reduction to the Reablement Solutions scheme, while maintaining core reablement provision.

Overall, these changes ensure the 2026/27 BCF remains aligned with national priorities while directing additional capacity to areas expected to have the greatest impact on discharge and wider system flow.

The ICB have put their entire uplift into Scheme 50 – Community Equipment Provision.

BCF 2026/27 Headline Metrics

For 2026/27 the BCF places a stronger emphasis on improving outcomes across four core metrics, including reducing non-elective admissions for people aged 65+ and improving discharge performance through shorter delays from the Discharge Ready Date.

There is also a continued focus on reducing long-term admissions to residential and nursing care, alongside monitoring reablement outcomes through the new measure tracking how many people remain at home 12 weeks after discharge.

Metric Area	2026/27 Requirement / Change
Non-elective admissions (65+)	Set goals to reduce non-elective admissions for people aged 65+ per 100,000 population.
Discharge performance – length of delay	Mandatory goal-setting for reducing delays for acute adult patients, measured by: • Days from Discharge Ready Date (DRD) to discharge. • For those discharged on their DRD, monitoring proportion discharged promptly.
Long-term admissions to residential & nursing care (65+)	Set goals to reduce long-term care admissions.
Reablement – new national metric	Monitoring and improvement required for the proportion of people aged 65+ discharged into reablement who remain at home after 12 weeks.

These metrics reflect the national ambition to:

- Reduce hospital use
- Improve discharge
- Delay or avoid long-term care
- Support independence

How headline metrics targets were set for 26/27

Elective admissions

We have made a 1.25% improvement per month for elective admissions. This reflects the positive work already completed on the pathway, including the development of a clear pathway map to support shared understanding and reference points.

In addition, work will be undertaken with The Whittington during the first half of the year, with learning then applied to North Middlesex in the second half. Based on initial estimates this work is expected to reduce elective admissions by approximately eight admissions per month at The Whittington, with the intention to replicate a similar approach at North Middlesex.

To give context, achieving a reduction of eight to ten admissions per month equates to around a 2% monthly improvement. We therefore consider a 1.25% monthly improvement to be a sensible and attainable assumption resulting in an estimated reduction of around 70 admissions over the year. The monthly profile of improvement is shown below.

		25/26 Baseline			26/27 Plan		
		Emergency Admissions for ages 65+	Emergency Admissions for ages 65+ per 100,000 65+ population		Emergency Admissions for ages 65+	Emergency Admissions for ages 65+ per 100,000 65+ population	Reduction difference
Actual	Apr-25	435	1,462	Actual	Apr-26	430	1444	5.44
	May-25	445	1,496		May-26	439	1477	5.56
	Jun-25	480	1,613		Jun-26	474	1593	6.00
	Jul-25	510	1,714		Jul-26	504	1693	6.38
	Aug-25	440	1,479		Aug-26	435	1460	5.50
	Sep-25	430	1,445		Sep-26	425	1427	5.38
	Oct-25	525	1,765		Oct-26	518	1743	6.56
	Nov-25	480	1,613		Nov-26	474	1593	6.00
Forecasted	Dec-25	520	1,748	Forecasted	Dec-26	514	1726	6.50
	Jan-26	498.00	1,674		Jan-27	492	1653	6.22
	Feb-26	439.00	1,476		Feb-27	434	1457	5.49
	Mar-26	466.00	1,566		Mar-27	460	1547	5.82
								70.85

How headline metrics targets were set for 26/27

Discharge delays and discharge-ready date

For discharge delays targets were based on historic performance and system capacity. Therefore, we have made a 0.5% reduction. This reflects the fact that several commissioning activities are still underway such as homecare tendering aligned with reablement and reviews of D2A policy and procedures which will take time to fully embed. We therefore did not want to overstretch this target at this stage.

Given the small scale of the reduction, the impact on the discharge-ready date and the percentage discharged on the ready date is minimal, with an average reduction of around 0.2 days.

	Average days from Discharge Ready Date to date of discharge 25/26	0.5% reduction - 26/27
Apr-25	4.49	4.46
May-25	4.91	4.88
Jun-25	6.36	6.33
Jul-25	6.27	6.23
Aug-25	4.10	4.08
Sep-25	8.70	8.66
Oct-25	6.77	6.74
Nov-25	7.51	7.48
Dec-25	8.54	8.50
Jan-26	8.08	8.04
Feb-26	6.57	6.54
Mar-26	6.57	6.54

Expected Impact of the 2026/27 Plan

The plan is designed to deliver measurable improvements across key areas.

Through targeted investment, we expect to see:

- Fewer non-elective hospital admissions
- Improved discharge performance and reduced delays
- Fewer long-term admissions to residential and nursing care
- Improved reablement outcomes and independence

The focus is on delivering care earlier, closer to home, and in a more coordinated way.

Risks to Delivery and Mitigation for 2026/27

Delivery of the Better Care Fund in 2026/27 is subject to several system-wide risks. These reflect increasing demand, complexity of need, and pressure across both health and social care services.

Community Capacity Pressure	Discharge Delays and System Flow	Financial Pressure & VFM	Delivery risk associated with reform	Workforce and capacity constraints
As more care is delivered outside of hospital, demand on community services continues to grow. This includes reablement, homecare, and intermediate care.	Delays in discharge can impact hospital capacity and patient outcomes, particularly for people with complex needs.	While funding remains broadly stable, demand and cost pressures continue to increase.	Changes to the BCF framework may require services to adapt or redesign.	Recruitment challenges and workforce shortages can affect the speed and quality of service delivery.
Mitigation: Increasing capacity through targeted investment, expanding step-down services, and strengthening neighbourhood teams.	Mitigation: Improving brokerage, strengthening discharge pathways, increasing coordination across partners, and expanding step-down capacity	Mitigation: Targeted use of funding, focusing investment on services that have the greatest impact on reducing demand and improving outcomes.	Mitigation: Maintaining flexibility in delivery, reviewing schemes, and aligning services with national priorities	Mitigation: Continued workforce development, targeted recruitment, and improved integration across teams to maximise capacity.

Overall, these risks are well understood and have directly informed the design of the 2026/27 plan, ensuring that mitigation is built into delivery from the outset.

Learning From 2025/26 into 2026/27

The 2026/27 Better Care Fund plan has been developed directly in response to delivery experience and performance in 2025/26.

Key learning from 2025/26 includes:

Performance is sensitive to system pressure
Strong performance in the first three quarters shows that when community capacity is available, the system is able to reduce admissions and support timely discharge. However, performance declined in Quarter 4 due to winter pressures, increased demand and higher patient complexity

Small numbers of complex cases can have a significant impact
Delays in discharge are often driven by a small number of residents with complex needs, requiring coordinated, multi-agency support.

Community capacity is critical to system performance
Where capacity in reablement, discharge and community services is constrained, delays increase and system flow is impacted.

Integrated working improves outcomes
Stronger coordination between hospital, social care and community services leads to better outcomes and more timely discharge

Data and performance monitoring is essential
Regular reporting has supported early identification of issues and more effective system response.

In response, the 2026/27 plan includes:

- Increased focus on prevention and admission avoidance
- Strengthening discharge pathways and step-down capacity
- Targeted investment in community and neighbourhood services
- Improved coordination and pathway management for complex cases
- Stronger performance monitoring and system oversight

These actions ensure that learning from 2025/26 is directly translated into improvements in delivery and system resilience for 2026/27

2026/27 BCF Plan Submission

Haringey has submitted:

- **Numerical planning template** sets out the full pooled budget, funding contributions and planned spend in line with national requirements. The template also includes the required monthly and quarterly targets for the BCF performance metrics, alongside the completed national assurance statements

- **Narrative plan** responds to five assurance questions, setting out how the funding maximises delivery, the rationale used to set our goals, what we plan to achieve, how the programme is governed, and how it demonstrates value for money

These are required nationally to be submitted on 19th May 2026.

The plan was signed off by chief executive of LA and ICB and requires ratification from the chair of the health and wellbeing board.

BCF National Changes – 2027/28 and beyond (BCF 10 year plan)

From 2027/28 onwards, more significant reforms are expected.
Key national direction:

- Move toward a fully integrated funding framework aligned with neighbourhood health services
- Potential changes to minimum NHS and local authority contributions
- Greater flexibility in how funding is pooled and used
- Clearer definition of which services must be delivered through integrated funding arrangements

The longer-term vision includes:

- Shifting care from hospital to community
- Increasing prevention and early intervention
- Embedding neighbourhood-based integrated teams
- Moving towards outcomes-based funding models

What This Means for Haringey

- Need to further embed neighbourhood working across East/Central/West
- Greater focus on measurable outcomes and productivity
- Likely requirement to reshape or rationalise existing BCF schemes
- Increased integration between ASC, health, housing and VCSE services

BCF National Changes - Risk Implications for LBH

The national BCF reforms will have direct implications for how we plan, commission and deliver services across the borough. This will include:

The shift toward integrated neighbourhood-based models means that services previously commissioned in isolation will need to be aligned more closely with NHS pathways, community provision and VCSE-led support.	Stronger expectations around integrated pathways, meaning existing service models may need to be redesigned.	Will need to review the current provisions to ensure that rehabilitation, reablement and discharge pathways are robust enough to meet demand, particularly as expectations rise around reducing avoidable hospital activity and improving patient flow.
The move away from block funding toward activity- and quality-based mechanisms may increase financial pressure on services that rely on fixed funding arrangements.	Stronger demand on VCSE partners to deliver preventative and community-focused services.	Greater scrutiny of scheme effectiveness and value for money
Some existing schemes will need to demonstrate clearer impact, greater efficiency or stronger alignment with national expectations to remain viable	Potential pressure on community capacity as more activity shifts out of hospital settings.	Potential financial risk if funding for out-of-scope schemes is not replaced
		Increasing move to outcomes-based and activity-based payment mechanisms.

BCF National Changes - Risk Implications for LBH

The national direction of travel for the Better Care Fund will require Haringey to further strengthen how services are planned, delivered and integrated across the system.

In the short term, increasing demand and complexity will place greater pressure on community-based services, particularly those supporting discharge, reablement and admission avoidance. This reinforces the importance of ensuring sufficient capacity across social care, community health and the voluntary sector.

There will also be a need to demonstrate stronger impact and value for money across all BCF schemes, with increased national scrutiny on outcomes rather than activity alone. This may require a review and potential redesign of some existing services to ensure alignment with national expectations.

Looking ahead to 2027/28 and beyond, more fundamental reform is expected, including changes to funding arrangements and a stronger emphasis on neighbourhood-based models of care. This will require continued development of integrated working across the East, Central and West localities, with closer alignment between health, social care, housing and VCSE partners.

Overall, while Haringey is well aligned with the national direction, further transformation will be required to manage demand, deliver improved outcomes, and ensure long-term financial sustainability.

BCF National Changes - Considerations

As we prepare for the upcoming BCF changes, the following will need to be taken into consideration:

Completing the detailed review of all current schemes

- Finalising the in-scope, out-of-scope and uncertain scheme classifications Completing impact assessments for each scheme, including financial and operational implications
- Identifying which services may need redesign

Modelling the financial impact of potential changes

- Mapping potential funding gaps arising from out-of-scope schemes
- Reviewing alternative funding options and internal reprioritisation opportunities
- Planning for different financial scenarios

Engaging with NHS, VCSE and community partners

- Ensuring shared understanding of the implications across all partners
- Supporting the development of neighbourhood-level models and integrated pathways

Conclusion

- BCF for Haringey is £43.9m pooled fund
- 2026/27 is a transition year with stable funding
- Significant reform expected from 2027/28 with potential funding implications
- Haringey is aligned but must adapt to changes

Recommendations

The Health and Wellbeing Board is recommended to:

•Approve the Better Care Fund 2025/26 end-of-year submission

•Approve the Better Care Fund 2026/27 Planning Submission (Numerical and Narrative)

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Report for:	**Health and Wellbeing Board – 25th June 2026**
Title:	**Approval of Haringey Better Care Fund (BCF) 2025/26 End of year submission**
Report authorised by:	Sara Sutton, Corporate Director, Adults, Health and Communities, London Borough of Haringey. Jo Baty, Service Director, Adults, Health and Communities, London Borough of Haringey.
Lead Officer:	Caroline Humphrey, Head of Service for Service, Improvement and Development, London Borough of Haringey.

Ward(s) affected: **All**
Report for Key/ Non Key Decision: **N/A**

1. Describe the issue under consideration

The Better Care Fund (BCF) is a national programme designed to support the integration of health and social care services through pooled funding arrangements between local authorities and NHS partners. Its purpose is to enable local systems to work together to deliver more person-centred care, improve outcomes for residents, support independence, reduce avoidable admission to hospital and improve discharge pathways. In Haringey, the BCF is a jointly managed pooled budget between the London Borough of Haringey and the North Central London Integrated Care Board, governed through a Section 75 agreement.

Performance for Quarters 1, 2 and 3 were previously reported to the Health and Wellbeing Board on 26 February 2026, where the Board reviewed the programme's progress and formally acknowledged performance.

This report builds on that position and provides an update for the full year, enabling the Board to consider and formally note the overall performance of the programme across 2025/26.

This report seeks formal approval from the Health and Wellbeing Board for the Better Care Fund (BCF) 2025/26 End of Year submission.

2. Cabinet Member Introduction

Not Applicable

3. Recommendations

3.1 The Health and Wellbeing Board is asked to approve the submission of the Haringey Better Care Fund End of year plan for 2025/26

3.2 The Health and Wellbeing Board is asked to note the performance and delivery against national BCF metrics for 2025/26.

4. Reasons for decision

4.1 Approval of the Better Care Fund (BCF) 2025/26 End of Year submission is required to ensure compliance with national programme requirements. These requirements mandate that all local areas formally submit their year-end position and obtain sign-off from the Health and Wellbeing Board. This process provides assurance to national partners that local systems have delivered against agreed plans, funding allocations, and performance metrics.

4.2 The information presented in the Plan should give the Health and Wellbeing Board the assurance Haringey is maintaining its commitment to health and social care integration to deliver its vision considering local and national strategies and plans, such as NHS Long-Term Plan, Haringey Deal and Haringey's Ageing Well Strategy.

5. Alternative options considered

5.1 No alternatives options considered on the basis that submission and approval of the Better Care Fund Plan is a mandatory national requirement.

6. Background information

6.1 Overview of the Better Care Fund

6.1.1 The Better Care Fund (BCF) was introduced nationally in 2015 to support closer integration between health and social care services. In Haringey, the BCF has become a central mechanism for delivering coordinated, person-centred care across the local system. It brings together funding from the Council and the NHS into a pooled budget, enabling joint commissioning and shared accountability for outcomes.

6.1.2 The core purpose of the BCF is to improve outcomes for residents by reducing avoidable hospital use, supporting timely discharge from hospital, and helping people to remain independent in their own homes for as long as possible.

6.1.3 The BCF for 2025/26 is structured around two overarching national policy objectives, which set the direction for both planning and delivery throughout the year. The first objective is the shift from sickness to prevention. This places a strong emphasis on preventing ill health before it escalates into more serious conditions requiring hospital treatment. It focuses on early intervention, supporting

residents to manage their health, and improving overall population health. By reducing the incidence of illness, this approach aims to ease pressure on acute services while delivering better long-term outcomes.

6.1.4 The second objective is supporting people to live independently and the shift from hospital to home. This reflects a move towards enabling residents to remain in their own homes wherever possible, supported by community-based care. It includes improving hospital discharge processes, expanding services that support recovery at home, and reducing the need for long-term residential care. This objective is central to the “home first” approach, where independence and community-based support are prioritised over institutional care.

6.2 Local Approach

6.2.1 Haringey’s BCF plan for 2025/26 reflects these national objectives and sets out a clear local approach focused on improving outcomes for residents through integrated, community-based care.

6.2.2 The plan builds on existing partnership arrangements between the Council, the NHS, and wider stakeholders, and aligns with the borough’s broader strategic priorities, including reducing health inequalities and improving population health. A strong emphasis is placed on delivering person-centred care that supports independence and responds to the needs of Haringey’s diverse communities.
6.2.3 Central to this approach is the “Home First” model, which aims to ensure that residents are supported to remain in their own homes wherever possible. This is supported by a range of services, including community reablement, discharge support, and preventative interventions. The plan also reflects the borough’s Age Well priorities, with a focus on prevention, dementia support, and out-of-hospital care.

6.2.4 The plan highlights the role of digital solutions, integrated working practices, and strengthened governance arrangements in supporting delivery.

6.3 Financial context

6.3.1 Financial delivery for the programme has been achieved in full. The total BCF allocation of £43,225,531 has been spent in line with plan, supporting the delivery of agreed services and priorities.

6.3.2 DFG allocation was £3,557,776; NHS contribution was £27,569,953 and Local authority better grant was £12,097,802

	2025-26
Source of Funding	Planned Income
DFG (including top-up)	£3,557,776
Minimum NHS Contribution	£27,569,953
Local Authority Better Care Grant	£12,097,802
Additional LA Contribution	£0
Additional NHS Contribution	£0
Total	**£43,225,531**

6.3.3 The total BCF funding allocation was deployed across 50 schemes, with 22 schemes delivered by the Integrated Care Board and 28 schemes delivered by the Local Authority.

6.3.4 Funding has been used effectively and that the programme has delivered value for money while maintaining focus on its strategic objectives

6.3.5 The year-end position also highlighted the importance of ensuring that future uplifts are targeted towards those areas of pathway pressure most closely linked to discharge, coordination and community resilience.

6.4 Delivery of outcomes against 25/26 objectives

6.4.1 The 2025/26 Better Care Fund was delivered against a narrative plan which set out a clear focus on prevention, independence, and a “Home First” model of care delivery. The plan prioritised reducing avoidable hospital admissions, improving discharge pathways, and supporting residents to remain independent within their communities.

6.4.2 In relation to prevention, the early part of the year saw reduced levels of avoidable admissions, indicating that community-based services and preventative interventions were having a positive impact. This reflects the system’s focus on early intervention and supporting residents to manage their health more effectively.

6.4.3 In terms of supporting independence, performance remained strong throughout the year for admissions to long-term residential and nursing care. The fact that this metric remained consistently on track across all quarters indicates that residents are being supported to live independently for longer, in line with the objectives of the programme.

6.4.4 Discharge performance was strong in the first half of the year, with performance exceeding the 92% target for discharge on the discharge ready date. However, performance declined during Quarter 4, falling to 89.6% in January, 87.4% in February and 88.5% in March. Similarly, the average number of days between discharge readiness and discharge increased to over 10 days in February and March, exceeding the 7.5-day target. This reflects the impact of increased winter pressures, greater discharge complexity, and capacity constraints across the system.

6.4.5 Taken together these outcomes show that while challenges emerged during the latter part of the year, the programme has made meaningful progress in delivering a more integrated, preventative, and community-focused model of care.

6.5 Performance against National Metrics

6.5.1 Performance against the national Better Care Fund (BCF) metrics provides a clear and consistent framework for assessing the extent to which the programme is delivering improved outcomes for residents and supporting the core objectives of prevention, independence, and reducing reliance on hospital-based care. These metrics form a central part of the national assurance process and are used to demonstrate local delivery against agreed plans.

6.5.2 Overall, performance across 2025/26 was stronger during the first three quarters of the year, with a number of key metrics performing in line with, or above, target. However, performance deteriorated in Quarter 4, reflecting sustained winter pressures, increased demand, and challenges relating to system flow and discharge capacity. This pattern is consistent with the wider position described throughout this report.

6.5.3 In relation to Emergency Admissions for people aged 65 and over, performance across the final quarter was 1.3% above target. While performance exceeded plan during several months earlier in the year, and Quarter 4 initially showed a positive trajectory, there was a deterioration in the final month. This reflects the impact of sustained winter pressures, including increased urgent care demand and flow challenges across the acute pathway. These pressures reduced the ability of the system to maintain earlier gains in admission avoidance.

6.5.4 Performance against the metric measuring the percentage of people discharged on their Discharge Ready Date was strong during the first half of the year, exceeding the 92% target. However, performance declined during Quarter 4, falling to 89.6% in January, 87.4% in February and 88.5% in March. This decline reflects increased discharge complexity, constraints in community service capacity, and wider system flow challenges, particularly during periods of heightened demand.

6.5.5 A similar trend is observed in the average number of days between Discharge Ready Date and discharge. Performance during the first part of the year remained well within the 7.5-day target, indicating effective discharge coordination and system flow. However, this deteriorated significantly during Quarter 4, with performance increasing to approximately 10.2 days in February and 10.1

days in March. This reflects delays in discharging residents who were clinically ready, particularly those with more complex needs and where onward care capacity was constrained.

6.5.6 Performance relating to admissions into long-term residential and nursing care remained more stable across the year and continued to indicate that residents were being supported to remain independent at home for longer. This is a key indicator of success for the BCF programme and aligns with the strategic objective of reducing reliance on long-term institutional care, although performance should continue to be closely monitored in the context of increasing demand and complexity.

6.5.7 Supporting metrics provide additional context to the overall performance position. Avoidable admissions fluctuated across the year but remained broadly in line with expected levels, with some improvement observed towards the end of the year. Falls among people aged 65 and over also improved towards year-end, with March performance recorded at 12, although variation across the year likely reflects changes in demand as well as improvements in data completeness and coding.

6.5.8 Taken together, these metrics demonstrate that the BCF programme delivered positive outcomes across much of 2025/26, particularly during Quarters 1 to 3, where performance was largely aligned with plan. While Quarter 4 presented challenges, driven by system-wide pressures, the overall position indicates that the programme has continued to support improved outcomes for residents. The issues identified through performance in the final quarter have directly informed both the risk profile and the priorities set out within the 2026/27 Better Care Fund plan.

6.6 Overall outcomes and Impact

6.6.1 The Better Care Fund has had a significant impact on how health and social care services are delivered in Haringey, supporting a more joined-up and person-centred approach to care. Using pooled funding and shared planning, the programme has enabled partners to work together more effectively to meet the needs of residents.

6.6.2 One of the most important outcomes has been the strengthening of community-based support. Services funded through the BCF have helped residents to remain independent in their own homes, reducing reliance on hospital care and long-term residential settings. This not only improves individual outcomes but also helps reduce pressure on the wider health and care system.

6.6.3 The programme has also supported improved hospital discharge processes, particularly during the first half of the year. More coordinated working between hospital teams, social care, and community services has helped to ensure that residents are discharged safely and more quickly, with appropriate support in place at home.

6.6.4 In addition, the BCF has contributed to a stronger focus on prevention. By investing in services that intervene earlier and support people before their needs escalate, the programme has helped reduce avoidable hospital admissions and improve long-term health outcomes.

6.6.5 While system pressures affected performance towards the end of the year, particularly during Quarter 4, this is evidenced by the deterioration in key discharge metrics, including the reduction in the proportion of residents discharged on their discharge ready date and an increase in delays to discharge, with average waiting times rising above 10 days in February and March. Despite these pressures, the overall impact of the programme remains positive, with strong performance across the first three quarters and sustained progress against core objectives.

6.7 Key learnings

6.7.1 Strong performance during the first three quarters of the year demonstrates that when capacity is available within community services, the system is better able to reduce avoidable hospital admissions and support timely discharge. Maintaining and strengthening this capacity will be critical going forward.

6.7.2 The challenges experienced during Quarter 4 also highlight the impact of system-wide pressures. The deterioration in discharge performance, including a reduction in discharges on the discharge ready date to below 90% and an increase in delays exceeding 10 days, demonstrates how increased demand, higher patient complexity, and workforce constraints can significantly affect performance.

6.7.3 Another key learning is the value of integrated working. Where services worked closely together across organisational boundaries, outcomes for residents were improved, particularly in supporting independence and reducing delays in care. Continued focus on strengthening partnerships and joint working arrangements will therefore remain a priority.

6.7.4 The importance of data and performance monitoring has also been highlighted. Regular reporting throughout the year has enabled early identification of issues and supported timely responses. Further strengthening of performance frameworks and analytical insight will help to improve decision-making and support continuous improvement.

6.7.5 These learnings have directly informed planning for 2026/27, with a clear focus on strengthening community capacity, improving discharge pathways, enhancing integration, and building a more resilient system that can respond effectively to future pressures.

6.8 Key Risks and Mitigation

6.8.1 Delivery of the Better Care Fund (BCF) programme in 2025/26 has highlighted a number of key risks which have directly informed the development of the 2026/27 BCF plan and submission. This is particularly important in the context of Quarter 4, where performance deteriorated against a number of core metrics following stronger delivery across the first three quarters of the year. This reflects the overall position already set out in the report, namely that system pressures in Quarter 4 impacted emergency admissions and discharge-related performance.

6.8.2 One of the principal risks relates to emergency admissions for people aged 65 and over. Across the quarter, Haringey was 1.3% above

target, with performance exceeding plan in several months during the year. Although Quarter 4 started strongly, performance deteriorated in the final month. This reflects sustained winter pressures, including high urgent care demand and wider flow challenges across the acute pathway.

6.8.3 A second key risk relates to the percentage of people discharged on their discharge ready date. Performance was above the 92% target during the first half of the year, but fell below target in Quarter 4, with delivery at 89.6% in January, 87.4% in February and 88.5% in March. This decline is linked to increased discharge complexity, capacity constraints in community services, and ongoing system flow issues.

6.8.4 A related risk is reflected in the average number of days from discharge ready date to discharge. Performance was strong during the first half of the year and remained well below the 7.5-day target, but worsened significantly in Quarter 4, reaching approximately 10.2 days in February and 10.1 days in March. This reflects delays for people who were not discharged on their ready date, particularly those with more complex needs and limited onward capacity.

6.8.5 Wider supporting metrics also reinforce the need for continued system focus. Avoidable admissions fluctuated across the year but remained broadly in line with expected levels, with some improvement towards year end. Falls among people aged 65 and over also improved towards the end of the year, although variation across the year suggests the influence of changes in demand and coding completeness. These indicators provide important context and demonstrate that, while some pressures intensified, there were also areas where performance remained stable or improved.

6.8.6 In response to these risks, a number of mitigating actions have been built into the 2026/27 BCF submission. These include:

- strengthening admission avoidance initiatives, including expansion of community-based alternatives to hospital care
- increasing virtual ward capacity, to support more people safely at home and reduce avoidable hospital attendance and admission
- targeting support through neighbourhood teams, to improve early intervention and coordinated local care
- strengthening discharge pathways through improved brokerage and better coordination with system partners
- increasing step-down capacity, to improve patient flow and reduce discharge delays
- improving pathway management and escalation arrangements, particularly for people with more complex needs
- increasing community capacity to reduce delays and strengthen resilience during periods of sustained demand

6.8.7 These mitigating actions provide assurance that the issues identified through 2025/26 delivery and highlighted through the HWB end-of-year reporting process, have been fully considered and translated into concrete actions within the 2026/27 plan.

6.9 Next steps and priorities for 2026/27

6.9.1 The 2026/27 Better Care Fund (BCF) plan has been developed in direct response to the delivery, performance and system pressures identified during 2025/26, and forms part of the wider Health and Wellbeing Board (HWB) partner planning framework for the coming year. This ensures that the priorities set out within the BCF submission are fully aligned with both local system objectives and national BCF policy requirements.

6.9.2 A key priority for 2026/27 will be strengthening prevention and admission avoidance, reflecting both the national BCF objective of shifting from sickness to prevention and the deterioration in emergency admissions performance for people aged 65 and over during Quarter 4 of 2025/26. The plan includes the expansion of community-based alternatives to hospital care, increased virtual ward capacity, and more targeted delivery through neighbourhood teams to support earlier intervention and reduce escalation into acute services.

6.9.3 Improving hospital discharge performance and system flow will be a central focus of the 2026/27 plan, in response to the decline in performance against discharge metrics observed in Quarter 4. This includes addressing the reduction in the proportion of residents discharged on their discharge ready date and the increase in time between discharge readiness and discharge. The plan sets out actions to strengthen brokerage, increase step-down capacity, and improve coordination between acute, community and social care services.

6.9.4 The 2026/27 BCF submission also places a strong emphasis on reducing delays for residents with more complex needs, recognising the impact this cohort had on performance in the latter part of 2025/26. This will be supported through improved pathway management, enhanced escalation arrangements, and increased capacity within community services to support more timely discharge.

6.9.5 In line with wider HWB and North Central London priorities, the programme will continue to support the development of neighbourhood-based and integrated models of care, ensuring that services are more closely aligned around local populations and that care is delivered in a more coordinated, person-centred way.

6.9.6 Strengthening data, performance oversight and system intelligence will also be a key priority. Building on learning from 2025/26, there will be a continued focus on improving data quality and reporting across core metrics, including emergency admissions, discharge performance, avoidable admissions and falls, to enable earlier identification of emerging pressures and more responsive system management.

6.9.7 Addressing health inequalities remains a core component of both the HWB partner report and the 2026/27 BCF plan. Services will continue to target those residents and communities with the highest levels of need, supporting the delivery of equitable outcomes and improved population health.

6.9.8 These priorities are reflected within the 2026/27 Better Care Fund submission presented to the Health and Wellbeing Board for approval, providing assurance that the programme is evolving in response to delivery experience and system pressures. They are also aligned with the wider HWB strategic framework,

ensuring that the BCF continues to play a central role in delivering integrated, preventative and community-based care across Haringey.

7 Contribution to strategic outcomes

The Better Care Fund Plan plays a central role in delivering the objectives of the Adults, Health and Wellbeing priorities within the Haringey Deal, supporting residents to live healthy, independent and fulfilling lives within their communities.

Through targeted investment in integrated services, the BCF contributes to:

- Reducing avoidable hospital admissions
- Improving discharge outcomes and system flow
- Supporting residents to remain independent at home
- Reducing reliance on long-term institutional care

The plan directly supports the delivery of key local and system strategies, including:

- The Haringey Deal and Corporate Plan
- The Joint Health and Wellbeing Strategy
- North Central London system priorities and the NHS Long-Term Plan

The BCF also contributes to reducing health inequalities by:

- Targeting services toward populations with higher levels of need
- Supporting earlier intervention in more deprived communities
- Improving access to coordinated, community-based care

Overall, the Better Care Fund supports a shift towards earlier intervention, improved coordination of care and reduced reliance on hospital services, ensuring that residents receive the right support at the right time in the most appropriate setting

8 Finance

8.1 The allocated Better Care Fund for 2025/26 was £43,225,531, however the outturn spend position for 2025/26 was £43,771,970, a variation against the budget of £546,259. The breakdown of the spend is detailed in the table below:

Activity	Number of Schemes	Sum of Expenditure for 2025-26 (£)
Assistive technologies and equipment	2	£2,389,645
Bed-based intermediate care (short-term bed-based rehabilitation, reablement and recovery services)	5	£1,885,465
Disabled Facilities Grant related schemes	1	£3,324,019
Discharge support and infrastructure	14	£24,956,149
End of life care	1	£766,000
Evaluation and enabling integration	2	£355,424
Home-based intermediate care (short-term home-based rehabilitation, reablement and recovery services)	2	£3,706,100
Housing related schemes	1	£99,768
Long-term home-based community health services	1	£651,988
Long-term residential/nursing home care	1	£216,000
Other	6	£1,205,731
Personalised budgeting and commissioning	2	£854,975
Support to carers, including unpaid carers	1	£1,491,238
Wider local support to promote prevention and independence	11	£1,869,468
Grand Total	**50**	**£43,771,790**

8.2 The budget assigned to the assistive technology and community equipment, tends to be an indicative budget as the final year-end allocation is determined by demand, the needs of individuals and cost. In 2025-26, there were additional cost of £545,259 over the budget due to:

- Increased demand in the need for equipment following discharge from hospital back into the community.
- the additional cost pressure arising from the liquidation of NRS Healthcare in August 2025. The health and social care system had to seek and put in place alternative providers at increased cost to the system.
- This was an increase charge to the ICB and recharged accordingly as part of community equipment service.

8.3 **Legal**

The Better Care Fund requires local authorities and Integrated Care Boards to agree joint plan, owned by the Health and Wellbeing Board. These joint plans, funded by a pooled budget, supports integration governed by an agreement under s75 National Health Service Act 2006.

The Better Care Fund Policy Framework 2025 to 2026 updated March 2025 sets out the objectives, funding and conditions for the BCF 2025 to 2026. Local areas should review and develop plans to support 2 policy objectives: Objective 1 is reform to support the shift from sickness to prevention. Objective 2 is reform to support people living independently and the shift from hospital to home.

Health and Wellbeing Boards are expected to produce plans, supporting a 'home first' goal with a systematic adoption of best practice in preventing avoidable hospital and care home admissions.

The Policy Framework also confirms the conditions and funding for the BCF in 2025 to 2026, and the steps Health and Wellbeing Boards must take to deliver on the BCF objectives. The conditions are:

- Jointly agreeing a plan
- Implementing the objectives of the BCF
- Complying with the grant conditions and the BCF funding conditions
- Complying with the oversight and support processes

Within the 4 conditions, local areas have flexibility to decide how best to spend the fund across health, social care and housing schemes or services and agree how much spending will improve performance against the BCF metrics for 2025 to 2026.

The 3 headline metrics are:

- Emergency admissions to hospital for people aged over 65
- Average length of discharge delay for all acute patients
- Long term admissions to residential care homes and nursing homes for people aged 65 and over

This report sets out the area's performance against these metrics.

10. Equality

The Council and its NHS partners have a Public Sector Equality Duty (PSED) under the Equality Act 2010 to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations between groups.

The Better Care Fund Plan supports these duties by:

- Targeting services toward residents with higher levels of need, including older people, those with disabilities and people living in more deprived communities

- Supporting earlier intervention and prevention to reduce inequalities in health outcomes
- Improving access to coordinated and integrated care for vulnerable groups

While the BCF primarily operates as a funding mechanism, its delivery is closely aligned with the Ageing Well Strategy and wider system priorities, which aim to reduce inequalities and improve outcomes across protected characteristics.

An Equalities Impact Assessment (EIA) was previously undertaken as part of the Ageing Well Strategy. The impact of the 2025/26 Better Care Fund programme and its continued delivery model has been reviewed against this framework to ensure that services continue to support equitable access and outcomes. This assessment has also informed the development of the 2026/27 plan.

11. Use of Appendices

- Appendix 1: Haringey Better Care Fund 2025/26 End Of Year Return

HM Government

NHS England

Better Care Fund 2025-26 EOY Reporting Template

2. Cover

Version 1.0

Please Note:

- The BCF quarterly reports are categorised as 'Management Information' and data from them will be published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.

- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.

- All information will be supplied to BCF partners to inform policy development.

- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Haringey	
Completed by:	Caroline Humphrey / Maitress Murdoch	
E-mail:	Caroline.humphrey@haringey.gov.uk / Maitress.murdoch@NHS.net	
Contact number:	07976346023 /07867372591	
Has this report been signed off by (or on behalf of) the HWB Chair at the time of submission?	No	
If no, please indicate when the report is expected to be sig	Thu 25/06/2026	<< Please enter using the format, DD/MM/YYYY

Checklist

Complete:
Yes
Yes
Yes
Yes
Yes
Yes

Question Completion – when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County

Complete

	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5. Income & Expenditure	Yes

For further guidance on requirements please refer back to guidance sheet – tab 1.

<< Link to the Guidance sheet

Haringey LONDON

NHS North Central London Integrated Care Board

Better Care Fund 2025-26 EOY Reporting Template

3. National Conditions

Selected Health and Wellbeing Board: Haringey

Confirmation of Nation Conditions			Checklist Complete:
National Condition	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in the quarter and mitigating actions underway to support compliance with the condition:	
1) Plans to be jointly agreed	Yes		Yes
2) Implementing the objectives of the BCF	Yes		Yes
3) Complying with grant and funding conditions, including maintaining the NHS minimum contribution to adult social care (ASC) and Section 75 in place	Yes		Yes
4) Complying with oversight and support processes	Yes		Yes

Better Care Fund 2025-26 EOY Reporting Template

4. Metrics for 2025-26

Selected Health and Wellbeing Board: Haringey

For metrics time series and more details: BCF dashboard link

For metrics handbook and reporting schedule: BCF 25/26 Metrics Handbook

4.1 Emergency admissions

Plan		Apr 25 Plan	May 25 Plan	Jun 25 Plan	Jul 25 Plan	Aug 25 Plan	Sep 25 Plan	Oct 25 Plan	Nov 25 Plan	Dec 25 Plan	Jan 26 Plan	Feb 26 Plan	Mar 26 Plan
Emergency admissions to hospital for people aged 65+ per 100,000 population	Rate	1,478.9	1,593.2	1,394.9	1,694.1	1,475.6	1,371.4	1,458.8	1,599.9	1,613.4	1,596.6	1,462.1	1,344.5
	Number of Admissions 65+	440	474	415	504	439	408	434	476	480	475	435	400
	Population of 65+	29,751.0	29,751.0	29,751.0	29,751.0	29,751.0	29,751.0	29,751.0	29,751.0	29,751.0	29,751.0	29,751.0	29,751.0

Assessment of whether goal has been met in Q4:	Not on track to meet goal
You may use this box to provide a very brief explanation of overall progress if you wish.	Haringey was 1.3% over target on activity across the quarter. Over the last quarter, progress in managing 65+ emergency admissions in Haringey has been supported by closer system working across intermediate care and discharge pathways. This has included stronger alignment between Adult Social Care, Whittington Health and community partners, alongside development of a joint therapy and reablement offer (including D2A and Home from Hospital). Strengthening intermediate care pathways through joint Health and ASC therapies and reablement remains a key focus. This has included mapping existing provision, identifying gaps and duplication, and beginning to design a more integrated offer aligned to Haringey's population needs. This will support clearer pathways, reduce handoffs between services, and ensure people receive support more quickly, with the aim of improving outcomes, reducing length of stay, and supporting independence at home. We have also taken steps to increase D2A and therapy capacity, including recruitment approvals for additional occupational therapy and physiotherapy roles to support discharge to assess and community rehabilitation. While early in delivery, this is expected to improve access to timely assessment and follow-up care, strengthen system resilience, and reduce the risk of readmissions. Overall while some elements remain in development there is clear progress in building a more joined-up and responsive intermediate care system in Haringey to tackle the emerging demand related to 65+ admissions. The focus now is on embedding these improvements, strengthening data quality and oversight, and ensuring that increased capacity and pathway changes translate into measurable reductions in avoidable admissions and improved outcomes for residents in Haringey.

4.2 Discharge Delays

Original Plan	Apr 25 Plan	May 25 Plan	Jun 25 Plan	Jul 25 Plan	Aug 25 Plan	Sep 25 Plan	Oct 25 Plan	Nov 25 Plan	Dec 25 Plan	Jan 26 Plan	Feb 26 Plan	Mar 26 Plan
Average length of discharge delay for all acute adult patients (this calculates the % of patients discharged after their DRD, multiplied by the average number of	0.60	0.60	0.60	0.60	0.60	0.60	0.60	0.60	0.60	0.60	0.60	0.60
Proportion of adult patients discharged from acute hospitals on their discharge ready date	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%
For those adult patients not discharged on DRD, average number of days from DRD to discharge	7.50	7.50	7.50	7.50	7.50	7.50	7.50	7.50	7.50	7.50	7.50	7.50

Assessment of whether goal has been met in Q4:	Not on track to meet goal
You may use this box to provide a very brief explanation of overall progress if you wish.	Over the last few months, discharge delay improvement in Haringey has been supported by clearer case oversight, defined escalation routes, and closer partnership working with acute services and the Transfer of Care Hub. This has included structured tracking of delayed patients, clearer ownership of actions, and regular joint reviews to resolve barriers. As a result hospital partners are identifying and progressing discharge actions earlier, reducing escalation of delays and improving the timeliness and consistency of discharge processes. The learning from this will then be applied to the other hospital sites such as North Middlesex and Royal Free Group, UCLH and others. The regular Hospital Discharge Huddle has provided a consistent forum to review risks, agree actions and update partners, improving communication between Adult Social Care, hospital teams and community services. This has enabled quicker decision-making on complex cases and strengthened shared ownership of delays. In parallel, "action required" lists from the Transfer of Care Hub have improved the timeliness and clarity of local authority updates, reducing delays caused by unclear actions or gaps in communication. Work is underway to embed updated discharge pathways and a shared operating model across Haringey. This is supporting greater consistency in how cases are managed and reducing variation across teams, with further work planned to strengthen this approach. Capacity is also being strengthened through recruitment approvals for additional occupational therapy and physiotherapy roles to support Discharge to Assess and community rehabilitation. This will improve the timeliness of functional assessments, reduce delays linked to equipment and adaptations, and support safer, more sustainable discharges. Recent case reviews have identified gaps at the A&E interface, in referral quality, and in escalation and out-of-hours processes. These are being actively addressed with partners through strengthened NCL referral standards, clearer escalation routes, and improved weekend arrangements, demonstrating a proactive approach to reducing repeat delays. Training was also delivered to ensure that referral qualiy and standards were aligned accross Haringey and Hospital teams. This is open to regular reviews incase gaps are identified so these can be mitigated earlier. Despite this progress delays continue to reflect system-wide challenges, including care placement bed availability for nursing and residential, increasing complexity of need, and capacity pressures across health and social care. Ongoing collaboration across Haringey and the wider system remains key to sustaining progress and reducing delays further and to ensure that the metric continues to deliver as it should. Challenges in data quality and reporting for discharge ready date (including inconsistencies across sites and pathways) reduce confidence in performance analysis and limit the ability to fully evidence impact and target improvement.

4.3 Residential Admissions

Actuals + Original Plan		2023-24 Full Year Actual	2024-25 Full Year CLD Actual	2025-26 Plan Q1 (April 25-June 25)	2025-26 Plan Q2 (July 25-Sept 25)	2025-26 Plan Q3 (Oct 25-Dec 25)	2025-26 Plan Q4 (Jan 26-Mar 26)
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Rate	343.2	504.2	121.0	121.0	121.0	121.0
	Number of admissions	100.0	150.0	36.0	36.0	36.0	36.0
	Population of 65+*	29751.0	29751.0	29751.0	29751.0	29751.0	29751.0

Assessment of whether goal has been met in Q4:	On track to meet goal
You may use this box to provide a very brief explanation of overall progress if you wish.	This metric continues to perform well and is on track to meet the year end target, with progress consistent across all quarters.

Better Care Fund 2025-26 EOY Reporting Template

5. Income & Expenditure

Selected Health and Wellbeing Board: Haringey

Source of Funding	2025-26 Planned Income	Updated Total Income for 25-26	DFG EOY Actual Expenditure
DFG (including top-up)	£3,557,776	£3,557,776	£3,557,776
Minimum NHS Contribution	£27,569,953	£27,569,953	
Local Authority Better Care Grant	£12,097,802	£12,097,802	
Additional LA Contribution	£0	£0	
Additional NHS Contribution	£0	£0	
Total	**£43,225,531**	**£43,225,531**	

		% of Planned Income
End of Year Actual Expenditure	£43,225,531	**100%**

If expenditure by activity has changed since the original plan, please confirm that this has been agreed by local partners. If that change in activity expenditure is greater than 5% of total BCF expenditure, please use this box to provide a brief summary of the change.	n/a

Haringey LONDON

NHS North Central London Integrated Care Board

Better Care Fund 2024-25 EOY Reporting Template

6. Year End Impact Summary

Selected Health and Wellbeing Board: Haringey

Confirmation of Statements		
Question statements	**Confirmation**	**If the answer is "No" please provide an explanation:**
Overall delivery of BCF has improved joint working between health and social care	Yes	
Our BCF schemes were implemented as planned in 2025-26	Yes	
The delivery of our BCF plan 2025-26 has had a positive impact on the integration of health and social care in our locality.	Yes	

Highlight success and challenges within reference to the most relevant enablers from SCIE logic model:	
Logic model for integrated care - SCIE	
Success and Challenges	**Narrative**
2 key successes observed towards driving the enablers for integration	Increased joint working with acute partners through forums such as the Tuesday & Friday patient flow meeting - Magnolia unit has strengthened shared accountability for flow and discharge planning. Collaborative system discussions (e.g. Re-grouping on Hospital Discharge (including Brokerage) and DAG call) have supported alignment of priorities across ASC, brokerage, and NHS partners. Continued focus on Discharge to Assess (D2A), reablement, and therapy-led support has improved the ability to discharge patients earlier and more safely. Work to align and map intermediate care pathways across the system has supported a clearer and more consistent offer.
2 key challenges observed towards driving the enablers for integration	Challenges in data quality and reporting (including inconsistencies across sites and pathways) reduce confidence in performance analysis and limit the ability to fully evidence impact and target improvement. Ongoing constraints in care market capacity, therapy provision, and community support continue to delay discharge for patients with complex needs. Demand remains high, particularly within the 65+ population, with increasing complexity and acuity. Cases requiring multi-agency input (health, ASC, housing) continue to experience delays due to coordination challenges and dependency on multiple services. Housing-related barriers and sourcing appropriate placements remain a key driver of delays.

Report for: **Health and Wellbeing Board – 25th June 2026**

Item Number:

Title: **Approval of Haringey Better Care Fund (BCF) 2026/27 Plan Submission (Numerical and Narrative)**

Report authorised by: Sara Sutton, Corporate Director, Adults, Health and Communities, London Borough of Haringey.

Jo Baty, Service Director, Adults, Health and Communities, London Borough of Haringey.

Lead Officer: Caroline Humphrey, Head of Service for Service, Improvement and Development, London Borough of Haringey.

Tim Miller, Assistant Director of Place, Integration, Transformation & Delivery (Haringey), ICB NHS

Ward(s) affected: **All**
Report for Key/ Non Key Decision: **N/A**

1. Describe the issue under consideration

The Better Care Fund (BCF) is a national programme designed to support the integration of health and social care services through pooled funding arrangements between local authorities and NHS partners. Its purpose is to enable local systems to work together to deliver more person-centred care, improve outcomes for residents, support independence, reduce avoidable admission to hospital and improve discharge pathways. In Haringey, the BCF is a jointly managed pooled budget between the London Borough of Haringey and the North Central London Integrated Care Board, governed through a Section 75 agreement.

This report sets out the Better Care Fund (BCF) Plan for 2026/27 and seeks formal approval from the Health and Wellbeing Board for the submission of both the numerical planning template and narrative return required under national BCF guidance.

The plan was submitted to NHS England on 19 May 2026 and requires formal approval by the Health and Wellbeing Board to complete the assurance process.

2. Cabinet Member Introduction

Not Applicable

3. Recommendations

3.1 The Health and Wellbeing Board is asked to approve the submission of the Haringey Better Care Fund Plan for 2026/27, enabling the continued operation of the pooled budget and delivery of integrated health and social care services.

3.2 The Health and Wellbeing Board is asked to confirm that the plan meets national Better Care Fund requirements, including the required pooled budget, funding conditions, and jointly agreed performance metrics.

3.3 The Health and Wellbeing Board is asked to note the national policy context, the local funding position, and the implications of future BCF reform.

4. Reasons for decision

4.1 Approval of the 2026/27 Plan is required to meet national conditions, which state that Integrated Care Boards and local authorities must develop and agree joint plans through the Health and Wellbeing Board setting out how BCF funding will be used to deliver integrated and preventative care.

4.2 The proposals are consistent with local strategic priorities, including the Haringey Deal, Ageing Well Strategy and NHS Long-Term Plan, ensuring that the BCF continues to support wider system transformation.

4.3 Without approval, Haringey and its partners would risk:

- Non-compliance with national BCF requirements and potential impact on funding assurance
- Disruption to integrated service delivery and discharge pathways
- Reduced ability to respond to system pressures and demand

5. Alternative options considered

5.1 The option of not approving the plan was rejected on the basis that submission and approval of the Better Care Fund Plan is a mandatory national requirement.

6. Background information

6.1 Overview of the Better Care Fund

6.1.1 The Better Care Fund (BCF) was introduced nationally in 2015 to support closer integration between health and social care services. In Haringey, the BCF has become a central mechanism for delivering coordinated, person-centred care across the local system. It brings together funding from the Council and the NHS into a pooled budget, enabling joint commissioning and shared accountability for outcomes.

6.1.2 The core purpose of the BCF is to improve outcomes for residents by reducing avoidable hospital use, supporting timely discharge from hospital, and helping people to remain independent in their own homes for as long as

possible. Over time, the scope of the BCF in Haringey has expanded, and it now supports a broad range of services delivered across adult social care, community health services, and the voluntary and community sector.

6.1.3 For 2026/27, national policy sets out two key objectives which shape the design and delivery of the Better Care Fund. The first objective is to support a shift from hospital-based care to community-based care, with the aim of reducing reliance on acute services and long-term institutional care. This includes a focus on reducing non-elective hospital admissions for older people, improving discharge processes and reducing delays, and avoiding unnecessary admissions to residential and nursing care.

6.1.4 The second objective is to support a shift from reactive care towards prevention and independence. This reflects a wider move across the health and care system towards earlier intervention, supporting people before needs escalate. This includes increasing emphasis on prevention and early support, strengthening reablement and recovery services following illness or hospital admission, and providing the support required for residents to remain safely and independently at home.

6.1.5 The BCF plays a critical role in aligning resources with strategic priorities across the health and care system. It enables partners to take a whole-system view of demand, capacity and outcomes, ensuring that investment is directed towards services that prevent deterioration, reduce crisis demand, and support recovery and independence.

6.2 Local context and need

6.2.1 Haringey is a diverse inner London borough with significant variation in deprivation, health outcomes and need across its communities. While the borough has a relatively young population overall, the number of residents aged 65 and over is increasing and is projected to continue to grow over the coming years.

6.2.2 This demographic change is accompanied by increasing levels of frailty, long-term conditions and complex needs. Many residents are living longer but spending more years in poorer health, particularly in more deprived areas. These drive increased demand for both health and social care services, including higher rates of emergency hospital admission and more complex discharge requirements.

6.2.3 Health inequalities are a significant feature of the borough. Residents in more deprived areas tend to develop long-term conditions earlier and experience poorer outcomes. This creates additional pressure on the system and reinforces the need for services that focus on prevention, early intervention and coordinated care.

6.2.4 In this context, there is a clear need for integrated, community-based services that can respond earlier, reduce escalation of need, and support people to remain independent. The BCF is a key mechanism through which these services are commissioned and delivered.

6.3 National policy context

6.3.1 The 2026/27 Better Care Fund sits within a wider programme of national reform aimed at strengthening integration between health and social care. National policy is increasingly focused on improving outcomes, reducing variation in performance, and ensuring that services are delivered in a coordinated and efficient way.

6.3.2 A key area of focus is the development of neighbourhood health services. This approach brings together multidisciplinary teams operating at a local level, providing more joined-up care for residents with complex needs. It aims to improve continuity of care, reduce duplication, and ensure that services are delivered closer to home.

6.3.3 The 2026/27 year is identified as a transition period. While funding structures remain broadly stable, expectations have shifted towards stronger joint planning, clearer performance management, and measurable improvements in key metrics such as hospital admissions, discharge delays, and reablement outcomes.

6.3.4 More significant reforms are expected from 2027/28 onwards. These are likely to include changes to funding arrangements, increased flexibility in how funding is used, and a stronger focus on outcomes-based commissioning. This creates an imperative for local systems to begin adapting service models and pathways in preparation.

6.4 Financial context

6.4.1 The total Better Care Fund allocation for Haringey in 2026/27 is £43.89 million, representing an increase of approximately £0.9 million compared to the previous year. This increase is primarily driven by uplifts in the NHS minimum contribution and the Disabled Facilities Grant, while the Local Authority contribution remains unchanged.

6.4.2 The NHS minimum contribution increases to £28.35 million, reflecting continued investment in integrated health and care services. The Disabled Facilities Grant increases to £3.44 million, supporting adaptations that enable residents to remain safely at home. The Local Authority grant remains at £12.10 million.

6.4.3 The minimum contribution to Adult Social Care increases to £8.84 million. This reflects the continued reliance on social care services to support discharge pathways, prevent admission to long-term care, and enable independence.

6.4.4 While the overall increase in funding is marginal, it must be considered within the context of rising demand, inflationary pressures and workforce constraints. This reinforces the need for targeted investment, robust financial management and demonstrable value for money across BCF schemes.

Funding is primarily directed toward:

- Discharge and intermediate care services
- Reablement and recovery support
- Community-based prevention and coordination
- Equipment and adaptations to support independence

6.4.5 The plan has been developed to ensure that funding is used efficiently and delivers value for money, with investment focused on services that have the greatest impact on reducing demand and improving outcomes.

6.5 Scheme funding and changes

6.5.1 The overall Better Care Fund scheme framework for 2026/27 remains largely consistent with the previous year. This provides continuity in service delivery and allows existing pathways to continue to embed, mature and deliver improved outcomes.

6.5.2 However, a small and targeted adjustment has been made to how the NHS minimum uplift has been applied across schemes.

6.5.3 Some of the uplift has been aligned to the Multi-Agency Care and Coordination (MAC) Team social care element to align with the neighbourhood agenda. This additional investment will support the placement of an additional social worker within the service, strengthening capacity to support residents with more complex needs and improving coordination across the system. This increases the number from 2 to 3 and allows greater alignment to the localities and neighbourhood model.

6.5.4 The Integrated Care Board has directed its full uplift into one particular scheme, which relates to Community Equipment Provision. This reflects continued investment in equipment services that support timely discharge from hospital and enable residents to remain safely at home.

6.5.5 Overall, these funding adjustments demonstrate a deliberate and targeted approach to resource allocation. While the overall scheme structure remains stable, funding has been directed towards areas expected to have the greatest impact on improving discharge, strengthening system flow and supporting residents with higher levels of need.

6.5.6 These changes also ensure that the 2026/27 Better Care Fund remains aligned with national policy objectives, particularly the focus on strengthening community-based services, improving discharge pathways, and supporting independence.

6.5.7 The programme reflects the delivery experience of 2025/26, particularly the Quarter 4 pressures seen across discharge pathways, community capacity and coordination for residents with more complex needs. The minor funding changes proposed for 2026/27 are therefore intended to strengthen those points in the pathway most likely to improve system flow, reduce avoidable delay and support more timely, coordinated care.

6.6 Performance and metrics

6.6.1 The Better Care Fund framework for 2026/27 is focused on improving performance across four key areas:

- Non-elective hospital admissions for older people
- Discharge performance and reduced delays
- Long-term admissions to residential and nursing care
- Reablement outcomes and independence

6.6.2 Current performance reflects ongoing system pressure, particularly in relation to hospital demand and discharge pathways, driven by increasing demand and complexity of need.

6.6.3 Local targets have been set based on national guidance, local performance trends, benchmarking and delivery capacity.
These include:

- A planned 1.25% monthly reduction in non-elective admissions
- A 0.5% reduction in delayed discharges
- A target of 124 long-term admissions per year (31 per quarter)

6.6.4 These targets are designed to be realistic but progressive, recognising current system constraints while supporting gradual improvement over time.

6.6.5 Baseline performance has been used to inform the setting of these targets, ensuring that they reflect current system performance and capacity while supporting improvement over time

6.6.6 Performance will be monitored through a structured governance framework, including regular reporting, benchmarking against comparable areas where available, and escalation processes where required.

6.6.7 Performance will be reported regularly through the Better Care Fund governance structure, including oversight groups within the Council and NHS partners, with escalation to senior leadership and the Health and Wellbeing Board where required

6.6.8 The approach ensures a clear line of sight between investment, service delivery and measurable outcomes, enabling ongoing assessment of impact and value for money.

6.7 Impact of investment

6.7.1 Better Care Fund investment is targeted towards interventions that have demonstrated impact in reducing hospital demand and improving independence. This includes services such as discharge to assess, reablement, intermediate care and community-based prevention.

6.7.2 Evidence from local performance and pathway reviews indicates that these interventions are most effective when delivered in a coordinated and timely manner. For example, improving access to discharge to assess pathways reduces delays in hospital and enables people to recover more effectively in a community setting.

6.7.3 Reablement services play a key role in supporting residents to regain independence following a period of illness or hospital admission. Evidence shows that people who receive reablement are more likely to remain at home and require less ongoing support.

6.7.4 Intermediate care and step-down services are also critical in supporting safe discharge for residents who cannot return home immediately. These services reduce pressure on hospital beds and improve overall system flow.

6.7.5 Taken together, these interventions demonstrate that targeted investment at key points in the pathway can deliver measurable improvements in both outcomes and system performance.

6.7.6 The 2026/27 plan therefore prioritises continued investment in these services, alongside targeted adjustments to strengthen coordination and capacity where required.

6.8 Risks and mitigation

6.8.1 Key risks to delivery include:

- Capacity of community services to meet increasing demand
- Ongoing financial pressures and constrained public sector funding
- Delivery risk associated with national reform and service change

6.8.2 The most significant risks relate to community capacity and discharge performance, which have a direct impact on system flow and hospital pressures.

6.8.3 These risks are mitigated through:

- Established governance structures and programme oversight
- Regular performance monitoring and reporting
- Service reviews and pathway redesign where required
- Strong partnership working across the Council, NHS and wider system

6.8.4 Risk management is overseen through established partnership governance arrangements, with clear ownership of risks and regular review to ensure that mitigation actions remain effective

6.8.4 This structured approach ensures that risks are identified early, actively managed and escalated where necessary.

6.9 Key issues

6.9.1 The Better Care Fund 2026/27 represents a transition year, with broadly stable funding but increasing demand driven by an ageing population, rising complexity of need and ongoing health inequalities. This creates continued pressure on both health and social care services.

6.9.2 The plan maintains a clear focus on prevention, independence and reducing reliance on hospital services. However, delivery will depend on sustained improvements in key areas, particularly discharge performance, community capacity and reablement outcomes.

6.9.3 Performance targets have been set to balance ambition with realism. Improvements in reducing hospital admissions and discharge delays are expected to be gradual, reflecting the complexity of the system and current operational constraints.

6.9.4 A critical issue is the capacity of community-based services to meet increasing demand as more care is delivered outside hospital settings. This will require ongoing monitoring, potential service redesign and close partnership working across the system.

6.9.5 These issues are addressed within the proposed plan through targeted investment, strengthened community capacity, and a continued focus on prevention, discharge and independence, supported by robust governance and performance oversight.

6.9.6 As national policy continues to evolve, we will have a greater understanding of the implications for BCF and we will be required to review the funding allocations to ensure fully with any revised policies and expectations. This may present a risk for currently funded schemes and work will be ongoing to understand this for 27/28 onwards

6.9.7 The plan aims to respond to these issues through targeted investment, strengthened coordination and continued focus on prevention and independence. However, delivery will require ongoing monitoring and flexibility to respond to changing demand and emerging national policy requirements

7 Contribution to strategic outcomes

The Better Care Fund Plan plays a central role in delivering the objectives of the Adults, Health and Wellbeing priorities within the Haringey Deal, supporting residents to live healthy, independent and fulfilling lives within their communities.

Through targeted investment in integrated services, the BCF contributes to:

- Reducing avoidable hospital admissions
- Improving discharge outcomes and system flow
- Supporting residents to remain independent at home
- Reducing reliance on long-term institutional care

The plan directly supports the delivery of key local and system strategies, including:

- The Haringey Deal and Corporate Plan
- The Joint Health and Wellbeing Strategy
- North Central London system priorities and the NHS Long-Term Plan

The BCF also contributes to reducing health inequalities by:

- Targeting services toward populations with higher levels of need
- Supporting earlier intervention in more deprived communities
- Improving access to coordinated, community-based care

Overall, the Better Care Fund supports a shift towards earlier intervention, improved coordination of care and reduced reliance on hospital services, ensuring that residents receive the right support at the right time in the most appropriate setting

8 Finance

The Better Care Fund supports the integration of health and social care services through pooled funding arrangements between local authorities and NHS partners. As part of this pooled arrangement the local authority's contributions include the Local Authority Better Care Fund £12.10m and Disabled Facilities Grant of £3.44m and the NHS minimum contribution to Haringey of £8.84m.

There has been a marginal increase to the NHS minimum contribution in 2026-27 of which the distribution of the uplift was to specific schemes to meet inflationary cost, with a new investment in the Multi-Agency and Co-ordination Team (MAC) of one social worker to align with the neighbourhoods' model.

Outside the change mentioned above, there has been no further change to the financial investment of existing schemes.

9 Legal

The Better Care Fund framework 2026 to 2027, published in February 2026 sets out expectations around how integrated care boards (ICBs) and local authorities should plan and agree expenditure for 2026 to 2027, working with local partners, and how these plans will be assured.

The framework introduces the first steps in Better Care Fund reform and places emphasis on alignment of the Better Care Fund with neighbourhood health service development, the agreement of specific local outcome goals for non elective admissions for people aged 65 and over, delayed discharges, focus on reablement outcomes and reducing demand for longer term residential and nursing home care. Goals must be agreed with the Health and Wellbeing board.

National guidance requires ICBs and local authorities to submit agreed BCF assurance returns 19 May 2026. The BCF assurance returns must include:

- assurance statements showing how they have met the national BCF conditions, including:
  - how their BCF spending plans link to wider strategic objectives for neighbourhood health and social care
  - the rationale for the goals they are setting and how they will drive progress in preventing avoidable long-term care home admissions and improving outcomes from reablement services
  - the expected impact of BCF-funded activities and value for money
- a breakdown of their planned BCF expenditure by category of spend and funding source, including delivering the NHS minimum contribution to social care

The framework also sets out three national funding conditions which must be demonstrated as part of the assurance process. These are: effectively support the delivery of integrated and preventative care, compliance with expenditure and grant conditions and effective governance, reporting and engagement.

ICBs and local authorities must:

- develop joint plans, agreed by health and wellbeing boards, outlining how ICBs and local authorities intend to use BCF funding to deliver more integrated and preventative care, linked to the relevant areas of neighbourhood health and social care services.
- pool their designated minimum contribution

- have effective joint governance in place to ensure local accountability for delivery of outcomes, including reviewing performance against plan objectives and local goals, and taking action if necessary to bring delivery back on track

ICBs, local authorities and Health and Wellbeing boards are required to engage with BCF reporting, oversight and support processes

10. Equality

The Council and its NHS partners have a Public Sector Equality Duty (PSED) under the Equality Act 2010 to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations between groups.

The Better Care Fund Plan supports these duties by:

- Targeting services toward residents with higher levels of need, including older people, those with disabilities and people living in more deprived communities
- Supporting earlier intervention and prevention to reduce inequalities in health outcomes
- Improving access to coordinated and integrated care for vulnerable groups

While the BCF primarily operates as a funding mechanism, its delivery is closely aligned with the Ageing Well Strategy and wider system priorities, which aim to reduce inequalities and improve outcomes across protected characteristics.

An Equalities Impact Assessment (EIA) was previously undertaken as part of the Ageing Well Strategy. The impact of the 2026/27 BCF Plan has been reviewed against this framework to ensure that services continue to support equitable access and outcomes. Ongoing monitoring of service delivery and performance will ensure that equality impacts are kept under review and that any emerging issues are identified and addressed.

The 2026/27 plan also reflects learning from 2025/26 delivery, ensuring that services continue to be targeted towards those residents and communities most at risk of poorer outcomes.

11. Use of Appendices

- Appendix 1: Haringey Better Care Fund 2026/27 Narrative Return

- Appendix 2: Haringey Better Care Fund 2026/27 Numerical Template

Appendix 1

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:

Haringey is an inner London borough structured around three neighbourhoods (East, Central and West) with significant variation in levels of deprivation and health need across communities. While the borough retains a relatively young overall population profile, the number of residents aged 65 and over has grown rapidly and now represents more than 10% of the population, with continued growth projected over the medium term. This demographic change is occurring alongside lower healthy life expectancy, with many residents living longer in poor health with complex multimorbidity,

particularly in more deprived areas. Haringey remains among the most deprived boroughs in London, and deprivation is closely associated with earlier onset of long-term conditions, greater frailty and higher complexity of need. Together, these factors have direct implications for demand, capacity and the need for integrated, preventative models of care, including rising pressure on urgent and emergency care and increasing complexity around timely hospital discharge.

In Haringey, Better Care Fund (BCF) funding is used to maximise the delivery of integrated and preventative health and social care services by supporting the borough's place-based and neighbourhood health and social care models of delivery. The rationale for BCF investment is to address demand pressures associated with an ageing population, health inequalities that drive earlier frailty and complexity, and sustained pressures on urgent and emergency care, enabling residents to remain independent and supported within their local communities for longer.

BCF priorities for 2026/27 continue to reflect those set out in the 2025/26 narrative, with a sustained focus on prevention, early intervention and supporting timely discharge from hospital. Investment is targeted towards services delivered across health, social care and the voluntary sector through Haringey's three neighbourhoods. The neighbourhoods model brings together adult social care, community health services and wider partners, enabling more coordinated, neighbourhood-level responses to need and improved continuity of care.

This approach aligns with wider strategic frameworks shaping Haringey's direction of travel, including the Joint Strategic Needs Assessment, local population health and health inequalities priorities, the ICB five-year strategic commissioning plan and emerging national direction through the NHS long-term planning framework. These strategies consistently emphasise prevention, neighbourhood delivery, integrated working and a shift towards community-based support, all of which are reflected in Haringey's application of BCF funding.

For 2026/27, BCF funding is aligned to updated national priorities, including further development of neighbourhood health and social care services, strengthening intermediate care capacity and productivity, and reducing avoidable hospital activity. The emphasis is on building on existing provision, improving productivity and flow within pathways, and maximising the impact of current investment rather than introducing new service models.

There are no fundamental changes to the overall application of BCF funding between 2025/26 and 2026/27. However, limited targeted adjustments have been made in response to service reviews and operational insight. The NHS minimum uplift has not been applied to Scheme 1, Scheme 25, Scheme 47 and Scheme 48, and the resulting unallocated uplift has been redirected to strengthen frontline capacity where demand pressures are greatest. Scheme 14 has been increased to support an additional social worker within the Multi-Agency Care (MAC) team, strengthening capacity to support people with complex needs. This increase has been funded through the unallocated uplift alongside a reduction to Scheme 33, with continuity of core reablement capacity maintained to avoid disruption.

Within this context, Haringey has accelerated plans to further develop neighbourhood health and social care services. Building on the existing BCF-funded proactive and anticipatory care service, the borough will implement three neighbourhood-based Integrated Neighbourhood Teams for adults with complexity in 2026/27, creating a clearer neighbourhood footprint within an established integrated model.

Using additional funding outside the BCF, while building on core BCF investment, the service will deliver an expanded multidisciplinary offer including enhanced secondary care medical input, psychiatry and dedicated analytical capacity to support proactive case finding. This will provide a core Integrated Neighbourhood Team offer for adults with complex needs, including those with long-term conditions, frailty and dementia, maintaining a focus on prevention, hospital and residential care avoidance, and person-centred, strengths-based support.

Stronger interfaces will be developed with Urgent Community Response, General Practice and reablement services, improving coordination across pathways and supporting more effective step-up and step-down care. This will support more residents to maintain or regain independence, while reducing pressure on acute and long-term care services.
As part of BCF planning for 2026/27, Haringey has undertaken demand and capacity analysis for intermediate care and reablement, drawing on current activity, in-year performance and projected demand growth. This has informed a continued focus on improving productivity and flow within existing intermediate care pathways, rather than expanding provision without evidence of impact. Learning from this work reinforces the importance of aligning neighbourhood teams, discharge pathways and reablement services to ensure capacity is used effectively and targeted to those most likely to benefit.
Alongside this, several BCF-funded services already operate on a neighbourhood footprint and will align more explicitly with this approach in 2026/27. This includes district nursing, which will co-locate alongside Integrated Neighbourhood Teams within enhanced neighbourhood health centres, including Hornsey Central, which has benefitted from first-wave national funding for Neighbourhood Health Centres.

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:

Haringey's goals for non-elective admissions (65+) and delayed discharges have been set using an evidence-led approach aligned to national BCF guidance and local delivery capacity. The starting point is the National BCF Dataset. A Haringey-specific version has been developed for local modelling and trajectory setting, refined using borough- and hospital-level intelligence on activity patterns, pathway pressures and expected service changes in 2026/27. The ICB analytics team has supported this work with borough- and provider-level performance data for Whittington Hospital and North Middlesex University Hospital, with benchmarking against BCF Exchange and wider system data.
Key local conditions influencing goal setting include sustained operational pressure at both Whittington Hospital and North Middlesex University Hospital, high levels of emergency demand linked to frailty and long-term conditions, and constraints within discharge pathways arising from patient complexity, housing availability and care needs. These factors have been reflected in the scale and pace of improvement assumed. The ICB analytics team has used borough- and provider-level data, alongside benchmarking against BCF Exchange and wider system data, to ensure that goals are ambitious but deliverable and aligned with NHS provider and ICB planning trajectories, with no divergence from NHS planning assumptions.
For non-elective admissions (65+), goals have been deliberately set to support steady, sustained improvement rather than short-term step change. A 1.25% per month improvement trajectory has been agreed, based on historic trends, local modelling and evidence that pathway-level interventions can deliver incremental reductions once embedded, reflecting the scale and complexity of local emergency demand. Delivery is underpinned by end-to-end pathway work, including development of a pathway map and focused joint working with Whittington Hospital in the first half of the year, with learning then applied at North Middlesex University Hospital in the second half. Local modelling and operational estimates suggest that, once embedded, this work could reduce emergency admissions by

around eight admissions per month at each hospital, equating to around 70 fewer admissions over the year.
Delivery is supported by the Enhanced Health in Care Homes (EHCH) model. EHCH MDT in-reach and trusted assessor arrangements support early identification of deterioration, timely intervention and discharge planning, reducing avoidable non-elective admissions and length of stay for people aged 65 and over. EHCH also supports avoidance of long-term residential and nursing care through anticipatory care planning, falls prevention and rapid post-discharge review, linked with reablement services and Adult Social Care. Progress will be monitored through BCF and EHCH metrics and joint oversight; stronger system-wide evaluation would strengthen attribution.
Delayed discharge goals use historic trends with a local adjustment for improved Discharge Ready Date recording at one main hospital, reflected in the 2026/27 baseline and trajectory. Assumptions also reflect planned expansion of Haringey's multi-agency care coordination service, where current evidence indicates around 34% lower attendance and admission rates; the expansion is expected to extend benefits to around 375 additional residents aged 65+. For delayed discharges, the trajectory assumes a 0.5% reduction against the 2025/26 baseline, reflecting local experience that improvement depends on consistent operational grip over time.
Current in-year figures are demonstrating early signs of improvement, supporting confidence that recovery actions are beginning to take effect. Recent volatility, including pronounced month-to-month highs and lows, may reflect data quality and reporting variability alongside operational pressures. Work is underway with system partners to review reporting consistency across sites, validate unusually high or low monthly submissions, and improve alignment between operational definitions and practice. This will help determine whether recent changes represent genuine performance improvement or improved capture of activity, and given this context, the focus is on stabilisation and sustained performance rather than further decline below recent low points.
Delivery will be driven through oversight of discharge-ready patients, escalation processes, joint working between hospital discharge teams and Adult Social Care, and routine review of Discharge Ready Date recording. Limits to faster improvement include increasing patient complexity, including cognitive impairment, safeguarding concerns and clinical uncertainty. Preventing avoidable admissions to residential and nursing care and improving outcomes from reablement are core to this approach. For 2026/27, Haringey has agreed a reduction in the target for long-term residential and nursing placements from 132 to 124 (around 31 placements per quarter). Goals for long-term residential and nursing care admissions are set and monitored on a rolling 12-month basis, in line with BCF metric definitions, to reflect underlying trend rather than cumulative in-year totals.
Work is underway to review the current reablement model, with recommendations to follow later in the year. Plans include retendering reablement provision with a single provider to enable closer joint working and stronger integration with discharge pathways, while maintaining a strong Home First reablement offer focused on hospital discharge. In parallel, Intermediate Care pathways across North Central London are being mapped to align local delivery with the Hospital Integrated Care Model (HICM). Improving reablement outcomes, particularly the proportion of older people remaining at home 12 weeks after discharge, will be supported through earlier intervention, improved discharge planning and alternatives to long-term care. Progress will be monitored through BCF metrics, local placement data and reablement outcomes to ensure reduced long-term care admissions are associated with improved and sustainable resident outcomes

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:

BCF funding in Haringey is directed toward interventions with the strongest demonstrated impact on admission avoidance, timely discharge, and improved independence. This focus is informed by analysis of service performance, pathway reviews and outcome monitoring, which together evidence consistent trends across each metric. Local performance review shows that early community and rapid response interventions reduce escalation to hospital admission for older adults and people with physical disabilities. Discharge pathway evidence indicates that delays increase when Discharge to Assess capacity is constrained, while strengthened same-day D2A provision is associated with improved discharge-ready performance and reduced length of stay. Outcome monitoring also demonstrates that reablement supports greater independence and reduced residential admissions, while operational evidence shows that step-down capacity reduces delays for residents unable to return home immediately, improving overall hospital flow in Haringey.

Funding decisions have been shaped by identifying where specific population groups in Haringey experience the greatest benefit from targeted interventions. Older adults with frailty and people with physical disabilities disproportionately drive hospital admission, delayed discharge and long-term care demand in the borough. BCF resources are therefore prioritised toward interventions shown to be most effective for these cohorts, including Discharge to Assess, reablement and step-down support, where timely access enables recovery, supports independence and prevents escalation to residential care. This targeted approach ensures funding is focused on points in the pathway where impact for Haringey residents is greatest.
In 2026/27, BCF funding will be used to directly support admission avoidance, timely discharge, and improved independence for residents in Haringey. Investment is focused on strengthening intermediate care across step up and step down pathways, improving capacity, consistency, productivity and outcomes so that people receive the right support at the right time. Community-based admission avoidance pathways and rehabilitation services will be reinforced to help residents remain well at home and reduce avoidable hospital attendance, particularly for older adults and people with physical disabilities who benefit most from early intervention and reablement.
Recent performance review of discharge pathways has highlighted the importance of Discharge to Assess in improving the discharge-ready metric. BCF-funded contributions to Discharge to Assess, including scheme 73, support Haringey's needs-led model, where pathway decisions are based on the purpose of discharge support rather than bed availability. Same-day D2A capacity is maintained to minimise delays and length of stay, with complex or high-risk cases escalated for managerial oversight. The model is kept under active review in response to performance, demand and wider system pressures.
BCF funding also sustains and strengthens core discharge schemes, including P1 Bridging to Home and P3 Complex Support, alongside Integrated Discharge Team capacity (schemes 26, 70 and 71). Local delivery evidence shows these interventions are most effective when aligned with Haringey's neighbourhood model, enabling coordinated health and social care input at neighbourhood level and reducing delays at key points in the discharge pathway.
Reablement remains a central driver of improved independence and reduced long-term demand. Investment in reablement services (scheme 33) is directly linked to reducing long-term residential admissions and supporting timely hospital discharge. Local evidence demonstrates increased proportions of people leaving reablement with no ongoing package or reduced care needs, reflecting best-practice evidence that short-term, goal-focused interventions are more effective than dependency-based models.
In addition, step-down capacity plays a critical role in improving discharge-ready performance for people who cannot return home immediately. The Supported

Housing Step-down Flat Scheme (scheme 38), alongside additional intermediate care beds and MDT support (schemes 51 and 43), provides short-term accommodation with support for up to three months post discharge, enabling timely hospital discharge and recovery planning in the community.
In parallel, funding through the NCL Out of Hospital Care Model supports targeted interventions for cohorts at heightened risk of delayed discharge and repeat admissions, including continued investment in homelessness discharge pathways (scheme 72), recognising the interaction between housing instability, poor health outcomes and prolonged hospital stays within Haringey's population.
Together these investments form part of a wider aligned network of neighbourhood and borough-wide services that reduce hospital demand, support independence and enable smoother transitions of care. They operate alongside system-wide offers where shared delivery and scale support effective implementation and value for money, ensuring BCF funding contributes directly to improved outcomes across Haringey's health and care system.

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:

In Haringey, the Integrated Care Board and the local authority have confidence that services funded through the Better Care Fund represent value for money through a clear focus on service delivery, measurable outputs, and demonstrable impact for Haringey residents supported by ongoing performance and financial oversight.

BCF funding is directed towards services that respond to known local pressures and support prevention, early intervention, hospital discharge, and independence. This includes both statutory and voluntary sector provision such as Hospital to Home, NAVNET, the Haringey Advice Partnership, and Singing for the Brain, alongside wider health and social care pathways.

At the point of funding, schemes are required to set out clear objectives and expected outputs, including how they will contribute to improvements in outcomes such as improved discharge flow, avoidance of long-term residential and nursing care, and improved wellbeing and independence.

Confidence in value for money is strengthened through a structured BCF evaluation process led at borough level. An evaluation form is issued to the commissioner responsible for the individual BCF-funded scheme, requiring them to demonstrate how the service is performing against its agreed objectives, expected outputs, and funding allocation. Completed evaluations are returned to the BCF team, who review them alongside service activity, performance data, and financial outturns. Where further assurance is required, the BCF team follows up with the commissioner to request additional information or undertake a focused

discussion to explore delivery, impact, and improvement actions in more detail. This provides a clear mechanism for testing value for money and impact in practice.

Value for money is also assessed in the context of peer performance and cost where data is available. Haringey reviews comparative information from BCF Exchange, ICB-led benchmarking and London borough comparator data to understand how the cost, activity and outcomes of key BCF-funded services compare with similar provision elsewhere. This benchmarking is used to identify variation, test the appropriateness of local delivery models, and shape commissioning discussions, service reviews and productivity expectations where improvement opportunities are identified.

Productivity is actively improved through a focus on optimising local pathways and service delivery models, ensuring that capacity is used effectively and activity is delivered at the most appropriate point in the system. In Haringey, this includes strengthening intermediate care and reablement pathways, improving flow through step-up and step-down provision, and maximising the use of community-based alternatives to hospital admission. Services are expected to demonstrate how they are making best use of available capacity, including reducing delays between pathway stages and improving throughput.

Local performance intelligence is routinely reviewed by LBH and ICB BCF performance team to identify variation and pressure points, including reviewing performance over time and across comparable local pathways enabling targeted action to improve efficiency and productivity and support incremental improvements in productivity over time.

Ongoing assurance is provided through routine contract monitoring and performance review arrangements, enabling early identification of under-performance and informing service improvement or future funding decisions. Through this approach, Haringey ensures that BCF-funded services deliver value for money and continue to improve productivity over time.

The outputs from this monitoring, evaluation and productivity work are used to inform formal governance and decision-making arrangements as set out in Question 5.

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:

Robust joint governance arrangements are in place to manage Better Care Fund expenditure and to ensure that funding delivers agreed outcomes, represents value for money, and supports continuous improvement across health and social care.

Governance operates across both borough and system levels providing clear accountability for financial control, performance, and delivery.

Regular system-wide meetings and routine joint meetings between the London Borough of Haringey and the Integrated Care Board provide coordinated

oversight of BCF delivery, enabling partners to review progress against the national BCF metrics, consider emerging system pressures, and maintain alignment with wider urgent and emergency care priorities.

Formal assurance is provided through established governance boards. The Haringey Finance and Performance Partnership Board provides joint scrutiny of BCF expenditure, delivery against agreed objectives, and financial performance ensuring that spend remains within agreed envelopes and is aligned to planned activity. Strategic oversight is provided by the Health and Wellbeing Board, which ensures that BCF investment supports local priorities, statutory duties, and agreed health and wellbeing outcomes.

Strategic oversight is jointly provided by Local Authority Chief Executives, Directors of Adult Social Services (DASSs) and ICB Executive Leaders, who share accountability for BCF priorities, resource use and alignment with wider system goals.

The assessment of value for money and impact is embedded within commissioning and performance processes as part of BCF assurance process. Commissioners are required to complete value for money evaluations for BCF funded services, setting out how schemes are performing against agreed objectives, expected outputs, and funding allocations. These evaluations are reviewed alongside performance data and financial outturns if available allowing partners to verify whether BCF investment is delivering the outputs required to support improvements in areas such as non elective admissions, discharge delays, long term care admissions, and reablement outcomes.

Ongoing performance and financial assurance is delivered through routine contract management and review meetings, where activity, quality, performance indicators, and spend are monitored. This provides a clear mechanism for identifying under performance schemes and agreeing remedial actions where necessary. Where schemes are not delivering the expected outcomes or value for money, this information informs commissioning decisions, including service redesign or recommissioning where appropriate.

Continuous improvement is supported by agreed performance indicators, BCF dashboards, and reporting through governance boards ensuring that learning from delivery, evaluation, and contract monitoring is used to refine services and maximise the impact of BCF funding over time.

In light of the merger of the ICB to form WNL ICB and associated changes to system working arrangements, we have ensured that NWL and NCL processes and governance approach are aligned in this initial year of the WNL ICB, and governance and oversight arrangements will be reviewed and refreshed during 2026/27.

Department of Health & Social Care

Ministry of Housing, Communities & Local Government

Better Care Fund 2026-27 Numerical Template

2. Cover

Version 1.0

Please Note:
- The BCF numerical template is categorised as 'Management Information' and data from them will be published in an aggregated form on the NHS England website and gov.uk. This will include any narrative section. Some data
published in non-aggregated form on gov.uk. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.
- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting informa
(including recipients who access any information placed on the Better Care Exchange) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or re
without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- All information will be supplied to BCF partners (MHCLG, DHSC, NHS England) to inform policy development.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Governance and Sign off

Health and Wellbeing Board:	Haringey
Confirmation that the plan has been signed off by Health and Wellbeing Board ahead of submission - Plans should be signed off ahead of submission.	No
If no indicate the reasons for the delay.	Following the Annual General Meeting (AGM) which took place on 20th May 2026 appoinments have been made for appropriate lead Members for the different governance arrangements within Haringey Council. The BCF narrative and numerical template will be taken to the HWB for ratification on 25th June 2026.
If no please indicate when the HWB is expected to sign off the plan:	Thu 25/06/2026 << Please enter using the format, DD/MM/YYYY

Submitted by:	Caroline Humphrey / Maritess Murdoch
Role and organisation:	Head of Service Improvement and Development /Servi
E-mail:	Caroline.Humphrey@haringey.gov.uk; maritess.murdoc
Contact number:	07976346023 /07867372591
Documents submitted (please select from drop down) **In addition to this template the HWB are submitting the following:**	Narrative

Appendix 2

Haringey LONDON

NHS North Central London Integrated Care Board

Better Care Fund 2026-27 Numerical Template

3. Income

Selected HWB: Haringey

Local authority contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Haringey	£3,443,342
DFG breakdown for two-tier areas only (where applicable)	
Total Minimum local authority contribution (exc local authority BCF gran	**£3,443,342**

Local authority better care grant (LABCG)	Contribution
Haringey	£12,097,802
Total Local authority better care grant	**£12,097,802**

Are any additional local authority contributions being made in 2026-27? If yes, please detail below	No

Local authority additional contribution	Contribution	Comments - Please use this box to clarify any specific uses or sources of funding
Total additional local authority contribution	**£0**	

NHS minimum contribution	Contribution
NHS North Central and West London ICB	£28,345,300

Are any additional NHS contributions being made in 2026-27? If yes, please detail below	No

Additional NHS contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
Total additional NHS contribution	**£0**	
Total NHS contribution	**£28,345,300**	

	2026-27
Total BCF pooled budget	**£43,886,444**

Funding contributions comments For any useful details please use the text box below (for no additional comments, insert 'NA')
N/A

Better Care Fund 2026-27 Numerical Template

4. Expenditure

Selected Health and Wellbeing Board:	Haringey

	2026-27		
Running Balances	Income	Expenditure	
DFG	£3,443,342	£3,443,342	
NHS Minimum Contribution	£28,345,300	£28,345,300	
Local Authority Better Care Grant	£12,097,802	£12,097,802	
Additional LA Contribution	£0	£0	
Additional NHS Contribution	£0	£0	
Total	**£43,886,444**	**£43,886,444**	

Required spend on adult social care from NHS minimum allocations

	2026-27	
	Minimum required spend	Planned Spend
Adult Social Care services spend from the NHS minimum allocations	£8,840,602	£8,840,602

Scheme ID	Scheme Name	New Total for 26/27
1	Health-orientated information, advice and guidance as part of wider advice model for citizens in Healthy Neighbourhoods	£ 57,158.81
2	COPD Exercise Programme	£ 13,000
3	Dementia Day Opportunities	£ 515,594.85
4	Self-Management Support	£ 91,600
6	Disabled facilities grant	£ 3,443,342.00
7	Nursing services, including community matrons for MACC Team	£ 7,115,211
8	Whittington Integrated Therapies and Therapeutic Support for Urgent Care Response	£ 3,734,293
11	Multi-Agency Care & Coordination Team (GP Federation Commissioned Element)	£ 397,000
12	Multi-Agency Care & Coordination Team (Additional Nursing & Therapies Element)	£ 341,348
13	Multi-Agency Care & Coordination Team (Mental Health Element)	£ 89,000
14	Multi-Agency Care & Coordination Team (Social Care Element)	£ 198,325.78
15	Multi-Agency Care & Coordination Team (MDT Teleconference including primary care)	£ 213,447
16	Social Care Team	£ 306,100.52
18	Strength and Balance Opportunities	£ 58,000
19	Enhanced Health in Care Homes & Trusted Assessor	£ 216,000
21	Palliative Care & Advanced Care Planning Facilitator	£ 766,000
52	Wheelchair Services	£ 693,206
23	Alcohol Liaison Services	£ 66,848.23
24	Support for Dementia Friendly Haringey	£ 70,555.08
25	Support for Community Navigation / Social Prescribing and VCSE Infrastructure	£ 46,766.30
26	Increase Single Point of Access/IDT-support function to meet demand (ASC component)	£ 288,834.06
50	Community Equipment Provision (ICB Component)	£ 1,548,973
29	Home from Hospital	£ 162,819.43
30	Rapid Response Service (inc at NMUH) & Virtual Ward - Community Health & Primary Care Elements	£ 381,000
31	Rapid Response Service - ASC Element	£ 77,067.86
33	Reablement Solutions	£ 3,660,223.69
36	iBCF Short-term packages of care to support people to return home from hospital with reablement	£ 183,523.00
38	Step down flats	£ 160,866.00
39	Care Home Intermediate Care Beds (iBCF-funded)	£ 644,736.00
42	Enhanced MDT to support patient recovery & move-on in (particularly care home) P2 beds - Community Health element (Enabler of IC Bedded Units (39-41, 57))	£ 725,399
43	Enhanced MDT to support indivudals' recovery & move-on in (particularly care home) P2 beds and in P1 Home First - LBH element Enabler of IC Bedded Units (39-41, 57)	£ 234,394.84
44	Supporting people with challenging housing needs to return home post-hospital discharge	£ 104,204.43
51	Additional Care Home Intermediate Care Beds (Minimum CCG Contribution)	£ 135,830.48
46	Carers' Support	£ 1,557,547.99
47	Principal Social Worker	£ 62,355.06
48	Commissioning Support	£ 297,975.10
60	Community Health Specialised LTC Services	£ 651,988
61	Bereavement Support	£ 15,000
62	Complex Case Management	£ 473,573.32
69	Non-S22 Checklist Cohort	£ 557,000
70	Contribution to LA's Integrated Discharge Teams	£ 164,000.00
71	Transfer of Care Hubs	£ 347,000
72	Homelessness	£ 202,000
73	Contribution to ICB D2A costs	£ 538,000
74	Discharge funding 25/26 - Care purchasing	£ 376,000.00
75	Discharge funding 25/26 - Care purchasing	£ 250,000.00
76	Early help Solutions	£ 524,426.59
77	LA workforce for discharge	£ 2,403,474.00
78	Discharge funding 25/26 - Care purchasing	£ 8,705,203.00
79	Singing for the Brain (SFTB)	£ 20,233

Better Care Fund 2026-27 Numerical Template

5. Metrics for 2026-27

Selected Health and Wellbeing Board: Haringey

5.1 Non-Elective admissions

		Apr 25 Actual	May 25 Actual	Jun 25 Actual	Jul 25 Actual	Aug 25 Actual	Sep 25 Actual	Oct 25 Actual	Nov 25 Actual	Dec 25 Actual	Jan 26 Actual	Feb 26 Actual	Mar 26 Actual
Non elective admissions to hospital for people aged 65 and over per 100,000 population	Rate	1,479	1,513	1,613	1,731	1,479	1,462	1,765					
	Number of admissions 65+	440	450	480	515	440	435	525					
	Population of 65+*	29,751	29,751	29,751	29,751	29,751	29,751	29,751					
		Apr 26 Plan	May 26 Plan	Jun 26 Plan	Jul 26 Plan	Aug 26 Plan	Sep 26 Plan	Oct 26 Plan	Nov 26 Plan	Dec 26 Plan	Jan 27 Plan	Feb 27 Plan	Mar 27 Plan
	Rate	1,445	1,476	1,593	1,694	1,462	1,429	1,741	1,593	1,728	1,654	1,459	1,546
	Number of admissions 65+	430	439	474	504	435	425	518	474	514	492	434	460
	Population of 65+	29,751	29,751	29,751	29,751	29,751	29,751	29,751	29,751	29,751	29,751	29,751	29,751

Source: https://digital.nhs.uk/supplementary-information/2025/non-elective-inpatient-spells-at-english-hospitals-occurring-between-01-04-2020-and-30-11-2024-for-patients-aged-18-and-65

5.2 Discharge delays

*Dec Actual onwards are not available at time of publication

	Apr 25 Actual	May 25 Actual	Jun 25 Actual	Jul 25 Actual	Aug 25 Actual	Sep 25 Actual	Oct 25 Actual	Nov 25 Actual	Dec 25 Actual	Jan 26 Actual	Feb 26 Actual	Mar 26 Actual
Average length of discharge delay for all acute adult patients (this calculates the % of patients discharged after their DRD, multiplied by the average number of days)	0.30	0.39	0.49	0.49	0.26	0.58	0.47	0.44				
Proportion of adult patients discharged from acute hospitals on their discharge ready date	93.2%	92.0%	92.3%	92.3%	93.7%	93.3%	93.0%	94.2%				
For those adult patients not discharged on DRD, average number of days from DRD to discharge	4.5	4.9	6.4	6.3	4.1	8.7	6.8	7.5				
	Apr 26 Plan	May 26 Plan	Jun 26 Plan	Jul 26 Plan	Aug 26 Plan	Sep 26 Plan	Oct 26 Plan	Nov 26 Plan	Dec 26 Plan	Jan 27 Plan	Feb 27 Plan	Mar 27 Plan
Average length of discharge delay for all acute adult patients	0.28	0.37	0.46	0.45	0.24	0.54	0.44	0.40	1.00	0.79	0.48	0.48
Proportion of adult patients discharged from acute hospitals on their discharge ready date	93.7%	92.5%	92.8%	92.7%	94.2%	93.8%	93.5%	94.7%	88.2%	90.1%	92.6%	92.6%
For those adult patients not discharged on DRD, average number of days from DRD to discharge	4.46	4.88	6.33	6.23	4.08	8.66	6.74	7.48	8.50	8.04	6.54	6.54

5.3 Admissions to residential and nursing care homes

indicated

		Actual Ending 31-12-2024	Actual Ending 31-03-2025	Actual Ending 30-06-2025	Actual Ending 30-09-2025	2026-27 Plan Ending 30-06-2026	2026-27 Plan Ending 30-09-2026	2026-27 Plan Ending 31-12-2026	2026-27 Plan Ending 31-03-2027
Long-term admissions to residential and nursing care homes for people aged 65 and over per 100,000 population	Rate	541.2	558.0	480.7	440.3	430.2	423.5	420.2	416.8
	Number of admissions	161	166	143	131	128	126	125	124
	Population of 65+*	29,751	29,751	29,751	29,751	29,751	29,751	29,751	29,751

*Population of people aged 65 and above are based on the latest available mid-year estimates from the ONS

Better Care Fund 2026-27 Numerical Template

6: National Condition Planning Requirements

Health and wellbeing board: Haringey

HM Government

National Condition	Planning requirement	Assurance statement	Yes/No to assurance statement	Where the planning requirement or assurance statement is not met, please note the actions in place towards meeting the requirement	Timeframe for resolution
National Condition 1: effectively support the delivery of integrated and preventative care ICBs and local authorities must develop joint plans, agreed by health and wellbeing boards, outlining how ICBs and local authorities intend to use BCF funding to deliver more integrated and preventative care, linked to the relevant areas of neighbourhood health and social care services.	ICBs and local authorities must have considered how to use the BCF most effectively to support the delivery of more integrated and preventative services, particularly supporting those with more complex health and social care needs. This must include setting out how the funding will be used to develop the quality, efficiency and outcomes from intermediate care.	Named ICB and local authority chief executives and named HWB chair must confirm that BCF expenditure is agreed and aligned with wider strategic objectives for neighbourhood health and social care.	No	Has been approved by ICB and Local Authority Chief executives however Following the local elections, there have been significant changes at Haringey Council. Following the Annual General Meeting (AGM) which took place on 20th May 2026 appoinments have been made for appropriate lead Members for the different governance arrangements within Haringey Council. The BCF narrative and numerical template will be taken to the HWB on 25th June 2026.	1 month
	ICBs and local authorities must set out plans that: - show reasonable progress in the metrics of non-elective admissions (for people aged 65 and over) and delayed discharges - show how they will monitor and drive progress in preventing avoidable long-term care home admissions and improving outcomes from reablement - include the specific contribution of BCF-funded services.				
	ICBs and local authorities must demonstrate that their plans for the use of the BCF represent value for money and improve overall productivity				
National Condition 2: comply with expenditure and grant conditions ICBs and local authorities must comply with all national grant and funding conditions and deliver in accordance with their approved return. ICBs must maintain the NHS minimum contribution to adult social care and pool NHS BCF contributions into a section 75 (of the NHS Act 2006) pooled fund.	ICBs and local authorities must pool their designated minimum contribution (in the case of ICB partners) and the Local Authority Better Care Grant and DFG (in the case of local authority partners). ICBs and local authorities are able to voluntarily pool additional funding through the BCF where they consider this is likely to lead to an improvement in the services being funded.				
	The NHS minimum contribution to adult social care must be met and maintained by the ICB in line with the published BCF allocations. This represents an increase of 4.4% in each health and wellbeing board area.	ICBs and local authorities confirm compliance with BCF national grant and funding conditions, and that they will deliver in accordance with approved spend and BCF numerical return, including maintaining the NHS minimum contribution to adult social care.	Yes		
	Local authorities must comply with the grant conditions of the Local Authority Better Care Grant and the DFG, including the pooling of funding.	ICBs and local authorities confirm they will pool funds through Section 75 agreements by 30th September 2026.	Yes		
National Condition 3: - effective governance, reporting and engagement ICBs and local authorities must comply and engage with BCF planning, governance and reporting requirements including adherence to any assurance and oversight processes.	ICBs and local authorities must have effective joint governance is in place to ensure local accountability for delivery of outcomes, including reviewing performance against plan objectives and local goals, and taking action if necessary to bring delivery back on track.				
	ICBs, local authorities and health and wellbeing boards are required to engage with BCF reporting, oversight and support processes	ICBs and local authorities confirm full compliance with BCF planning and reporting requirements and will adhere to the BCF oversight and support processes.	Yes		

Haringey Health and Wellbeing Board: review of strengths and areas for future development in context of Neighbourhood Health

Dr Will Maimaris

Director of Public Health

Haringey Council

Agenda Item 10

What is in these slides

The next 4 slides outline some of the additional expectations on Health and Wellbeing Board Partnerships to support and oversee the development of Neighbourhood systems of Health and Care at borough (place level). These expectations link to the recent NHS Neighbourhood Framework published in March 2026.

The final 4 slides outline the process and findings of a recent Local Government Association (LGA) and Department of Health and Social Care (DHSC) support offer to review the strengths and areas for development of Haringey's Health and Wellbeing Board as we prepare for these additional expectations.

Enhanced role of the Health and Wellbeing Board Partnership overseeing Neighbourhood Health

Planning

Must Dos	Description of the Ask	Timeframe in Framework
Lead development of the neighbourhood health plan	HWBs must jointly lead and approve a locally owned neighbourhood health plan with ICBs and partners.	Plan developed during 2026-27 Implementation from 2027-28 financial year.
Define neighbourhood outcomes & metrics	HWBs must ensure that these are developed with partners and communities to set local outcomes covering the whole life course.	During 2026-27 as part of developing plans for 2027-28.
Agree neighbourhood geographies ("footprints")	HWBs must ensure that geographies are set for INTs and neighbourhood planning (aligned with natural communities).	By end of 2026-27 (listed as a "minimum basic requirement").
Embed community engagement and co-design	HWBs must ensure neighbourhood plans are co-designed with communities.	Throughout 2026-27 and 2027-28 planning period.

INT/ pathway development

Must Dos	Description of the Ask	Timeframe in Framework
Oversee development of Integrated Neighbourhood Teams (INTs)	HWBs must ensure that plans are agreed to establish INTs for frailty, end-of-life, multiple LTCs and CYP.	Plans required in 2026–27 as part of minimum requirements; full alignment by 2027–28.
Start planning new neighbourhood elective pathways	HWBs must drive system participation in designing devolved outpatient commissioning and new referral pathways.	During 2026–27 (minimum requirement).
Support INT rollout for cancer, frailty, LTCs and CYP	HWBs must help ensure INTs focus on national priority cohorts.	Initial setup 2026–27, with expanding coverage to 2028–29.

System improvement and alignment

Must Dos	Description of the Ask	Timeframe in Framework
Agree plans to reduce non-elective admissions & bed days	HWBs must be supportive to ICBs in shifting activity into urgent, reablement and community services.	Initial plan required in 2026-27.
Agree plans to improve GP access	HWBs must support partners to meet GP core hours, urgent access standards – by highlighting issues raised by citizens to reduce variation.	Plans in 2026-27 with trajectories building through 2027-29.
Confirm approach to 18-week community waits and eliminating 52-week waits	HWBs must ensure system plans are in place to meet community wait standards.	Plans confirmed during 2026-27; outcomes expected by 2027-29.
Align neighbourhood plans with wider public service reforms	HWBs must ensure integration of Best Start, SEND reforms, Pride in Place, Family Hubs, employment & housing programmes.	Throughout 2026-27 planning phase and included in final 2027-28 neighbourhood plan.

Foundations for implementation

Must Dos	Description of the Ask	Timeframe in Framework
Confirm use of pooled funding under BCF	HWBs must influence how BCF will be used to support neighbourhood health in line with national BCF guidance.	During 2026–27 as part of minimum requirements.
Ensure data-sharing arrangements are in place	HWBs must ensure partners have data-sharing arrangements enabling patient identification and evaluation.	Plans confirmed during 2026–27.
Confirm organisational ownership and governance model	HWBs must receive assurance of who is responsible for each part of delivery, including governance and partnership arrangements.	Finalised for the 2027–28 plan, with preparatory work during 2026–27.
Incorporate neighbourhood plan into ICB 5-year commissioning plan	Once agreed, the neighbourhood plan must be absorbed into the ICB's refreshed commissioning plan.	During 2027–28.

Haringey Health & Wellbeing Board Support Review

The Health and Wellbeing Board engaged in a recent Local Government Association (LGA) and Department of Health and Social Care (DHSC) support offer, helping to strengthen system readiness for the Neighbourhood Health model.

The Board received one to one support from Health Integration Partners including

- Completing a Conditions of Success (CoS) survey with core members of the Health and Wellbeing Board and Borough Partnership Executive.
- National webinars to understand best practice and reflect on implications locally.
- Co-ordinating a series of deep dive one to one interviews with Board members
- A facilitated session with core members of the Health and Wellbeing Board to discuss findings of our self-assessment

Their key findings are a synthesis of engagement, survey feedback and learning from other systems to support Haringey HWB in readiness for Neighbourhood Health Planning.

What's working well?

Haringey's Strategic Direction

- Health and Wellbeing Strategy
- Neighbourhood Integrator Model and Assurance
- Neighbourhood Working and Place-Based Planning Materials

On review of the above documents, Haringey demonstrates a clear focus on:

1. **Prevention and Health Inequalities**: A strong emphasis on tackling health inequalities through prevention, with a clear focus on addressing the social gradient and improving outcomes for underserved communities.
2. **Community-Centred and Co-Produced Approaches:** Embedding community voice, co-production and resident engagement as central to neighbourhood working and service design.
3. **Neighbourhood and Integrated Care:** Developing neighbourhood models through integrator approaches, bringing together health, care, VCSE and wider partners to deliver coordinated, place-based support.
4. **Wider Determinants of Health**: Recognising the critical role of housing, employment, environment and community assets in improving population health and reducing inequalities.
5. **System Integration and Partnership Working**: Strengthening collaboration across the borough partnership, with a focus on aligning organisations, resources and delivery around shared priorities.

START · LIVE · AGE
WELL
HARINGEY BOROUGH PARTNERSHIP

Health Integration Partners recommendations are set out overleaf.

Note that their recommendations are for the system as a whole, not just the board members, acknowledging that:

- HWBs are not the delivery lead – they are the strategic, convening, and assurance body
- Delivery of the Neighbourhood Health Framework is described in the guidance as ICB led, working through place-based partnerships. It is critical that Neighbourhoods do not take a 'health' only approach and form a true partnership between health, social care and wider partners.

Recommendations – What Does Good Look Like?

Priority	Influence of the Citizen Voice	VCFSE Representation/Influence	Shared Agenda With Outcomes
Objective	Embed lived experience as a core driver of decision-making and service design.	Position VCFSE as a core partner in design, delivery and decision-making.	Establish a clear, co-owned shared agenda that translates into measurable neighbourhood outcomes.
What Good Looks Like	✓ Bring chairs of existing engagement groups into HWB, with structured onboarding and coaching ✓ Introduce a mandatory requirement: all Board papers include lived experience ✓ Establish either/both: • Cohort-based advisory groups (e.g. CYP) • Neighbourhood steering groups (citizens + VCFSE) ✓ Create a system-wide feedback loop ("you said, we did") ✓ Develop cascade communication mechanisms across neighbourhoods ✓ Improve inclusivity and access (translation, digital tools, outreach) ✓ Launch monthly "walk the neighbourhood" leadership engagement ✓ Build staff capability in co-production methods and facilitation	✓ Identify and align sustainable resource (incl. BCF opportunities) ✓ Create clear routes into decision-making (not consultation) ✓ Align VCFSE leads with clinical leads to start building the Neighbourhood infrastructure ✓ Formalise Haringey VCFSE Alliance with agreed ToR and governance link to HWB ✓ Ensure representation from all neighbourhoods/diverse communities ✓ Define the alliance's role in: • Strategy input • Co-design • Delivery support ✓ Launch a capacity-building programme for VCSE partners ✓ Implement a rotating/democratic representation model	✓ Develop a co-produced "Haringey Health Manifesto" (system + VCSE + residents) ✓ Agree 3–5 system-wide priorities aligned to the HWB Strategy and neighbourhood model ✓ Define a clear outcomes framework for each priority (with neighbourhood-level metrics) ✓ Map and implement the golden thread: HWB → Borough Partnership Exec → neighbourhood delivery ✓ Introduce quarterly outcome tracking at HWB, focused on impact not updates ✓ Establish a shared system baseline (data, insight, resource mapping)
Milestones	• Priorities + manifesto agreed • Outcomes framework + baseline complete • Reporting and refinement embedded	• Representation as partner embedded • Alliance formalised + ToR agreed • Governance embedded • Full participation in priority delivery	• Priorities + manifesto agreed • Outcomes framework + baseline complete • Reporting and refinement embedded

What we are going to do next

The integrator organisations are developing a plan for the next 12 months on behalf of our wider partnership which will outline priorities for our Neighbourhoods Work in Haringey

This will include how we are going to address the priority recommendations set out in the previous slide. Our approach includes the following.

- We are developing a proposal for a community advisory forum which will provide a space for community and resident voice to input into the development of our Neighbourhood and Place based work on health and care
- Alongside this the role and membership of the Health and Wellbeing Board will need to be reviewed to ensure it is well placed to deliver the expected level of oversight of our local plans as set out in the NHS Neighbourhoods Framework
- We are looking at ways we can develop a co-ordinated voluntary sector infrastructure that is organised at Neighbourhood level
- We are reviewing and refreshing the initial 18-24 month action plan that is our mechanism for delivering the Haringey Health and Wellbeing Strategy 2024-29

Further updates on the above areas will be taken to upcoming Health and Wellbeing Boards