

Health and Wellbeing Board
25th June 2026

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

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

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: <ul style="list-style-type: none"> • 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
	Dec-25	520	1,748		Dec-26	514	1726	6.50
Forecasted	Jan-26	498.00	1,674	Forecasted	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

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

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)