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		