Open Agenda

Health and Wellbeing Board

Thursday 17 September 2026
10.00 am
Southwark Council, Ground floor meeting rooms, 160 Tooley Street,
London SE1 2QH

Supplemental Agenda No. 1

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Date: 10 September 2026

Agenda Item 14

Meeting Name:	Health and Wellbeing Board
Date:	17 September 2026
Report title:	Better Care Fund 2026/27
Ward(s) or groups affected:	All
Classification:	Open
From:	Gabi Darby, Southwark Place Executive Lead, NHS South East London ICB

RECOMMENDATION(S)

1. The Health and Wellbeing Board is asked to approve the 2026/27 Better Care Fund (BCF), as set out in the planning templates (Appendices 1 and 2).

PURPOSE OF THE ITEM

2. It is a national condition that the Better Care Fund plan is agreed by the Health and Wellbeing Board.

BACKGROUND INFORMATION

3. The Better Care Fund (BCF) was established in 2015/16 as a national policy initiative to drive forward the integration of community based health and social care services. It requires local authorities and NHS commissioners to agree a pooled budget and a joint plan for service delivery. It is a requirement that the BCF plan is agreed by the Council, Integrated Care Board (ICB) and the Health and Wellbeing Board and submitted to NHSE for assurance and agreement.

4. The 2026/27 BCF funding framework and planning guidance was issued on 17th February, requiring submission of a BCF plan meeting the requirements by 19th May. The completed planning templates have been agreed through the Joint Commissioning Oversight Group and the formal governance processes of both the council and the ICB, including sign off by the Chief Executive and Director of Finance of each organisation. They have been submitted on a provisional basis to NHSE, subject to agreement by this Health and Wellbeing Board meeting. This governance route was previously agreed as preferable to the alternative of holding an extraordinary board meeting immediately before submission and is permitted in the guidance.

5. Since submitting the BCF to NHSE it has been advised that the plan has been conditionally approved through the national assurance process, and the letter of agreement will be issued after Health and Wellbeing Board approval has been confirmed.

6. This report was originally prepared for the board meeting scheduled for June 2026 that was postponed.

KEY ISSUES FOR CONSIDERATION

7. The Better Care Fund submission consists of 2 templates submitted for the national assurance process as follows:

   - **Narrative template** (appendix 1)**:** Provides a description of the plan, how it delivers the planning requirements, and what it is trying to achieve**.**

   - **Finance and data template** (appendix 2): this provides a breakdown of the financial details of the plan including brief descriptions of the 35 schemes within the plan. It also provides details of the performance metrics and targets for 2025/26.

8. All key issues for consideration are summarised in the narrative template, including the main changes since 2025/26.

9. A summary "plan on a page" of the BCF is shown in **Figure 1** overleaf, highlighting key features of the plan.

10. The BCF is committed to funding a range of core health and social care services that require recurrent funding. As a result, the majority of the 2026/27 plans carry forward 2025/26 spending plans. In the current plan there have been a number of changes to what is funded by the BCF as opposed to mainstream resources, but these do not reflect any underlying reduction to services.

11. Note: The BCF templates are as submitted in May before the appointment of the current chair of the Health and Wellbeing Board. NHSE have been informed separately of the change of chair.

Next steps

12. Following approval by the Board a letter of approval should be issued by NHSE. A Section 75 agreement underpinning the joint commitment can then be signed to formally establish the budget.

13. The national BCF team has indicated that more radical change to the BCF will be consulted on in the autumn, in which it is expected that the BCF will be further aligned or incorporated into the first Neighbourhood Health Plan.

Policy framework implications

14. The Department of Health and Social Care and the Ministry of Housing, Communities and Local Government published the BCF policy framework for the implementation of the BCF in 2026/27 on 17 February 2026 requiring the development of plans at Health and Wellbeing Board level. The BCF plan submitted is consistent with the national framework and reflects local policy on integration as set out in the Partnership Southwark Health and Care Plan and the Health and Wellbeing Strategy.

Figure 1. Better Care Fund 2026/27 plan on a page

Overarching objective: to effectively support the delivery of integrated and preventative community based health and social care

This incorporates:

Supporting the shift from sickness to prevention –timely, proactive and joined-up support for people with more complex health and care needs; use of home adaptations and technology; and support for unpaid carers.

Supporting people living independently and the shift from hospital to home –help prevent avoidable hospital admissions; achieve more timely and effective discharge from hospital settings; support people to recover in their own homes; and reduce the need for long-term residential or nursing home care.

Supporting the emerging Neighbourhood Health model: The 2026/27 plan also sets out how the BCF aligns with the emerging Neighbourhood Health agenda.

Pooled Budget of £58.8m (minimum requirement) with the funding coming from:

- **NHS minimum contribution: £34.7m**
- **Council Better Care grant: £22.0m**
- **Disabled Facilities Grant: £2.2m**

Overall, this is a 2.2% increase on 2025/26.

National Conditions

- A jointly agreed plan between health and social care, signed off by the chief executives and finance directors of the council and ICB, and approved by the Health and Wellbeing Board.
- Plan required to deliver integrated and preventative care, linked to the relevant areas of neighbourhood health and social care services.
- Provides the stipulated minimum funding to adult social care from the NHS contribution.
- Compliance with detailed planning guidance confirmed through NHSE assurance process.
- Pooled budget commitments reflected in a binding section 75 agreement with effective governance and reporting.

How it is spent:

Social Care £44.4m including:

- Home care, reablement, intermediate care, residential and nursing care homes, hospital discharge and transfers of care teams, equipment and telecare, flexi care and step-down flats, mental health, carers and VCS services.

Community health £12.3m including:

- GSTT community health including intermediate care, @home, urgent community response, falls service, palliative care, neuro-rehab, therapies, equipment, complex discharges placements, discharge to assess.

Housing adaptations: £2.1m:

- Disabled Facilities Grants (for non-council housing adaptations) to enable people to live safely at home. Includes handyperson service.

Expenditure is further categorised by type, of which the most significant are; care homes (£16.0m), long term care at home (£15.5m), home based intermediate care (£14.1m), assistive technology and equipment (£2.8m) and hospital discharge team (£2.2m) and flexicare housing (£1.3m).

Local BCF priorities

- Alignment with the Southwark Health and Wellbeing strategy and with Partnership Southwark's health and care plan, including Integrated Neighbourhood Teams and the roll out of the frailty model.
- Contribute to system sustainability through improved admissions avoidance and supporting discharge.
- Ensuring a good quality and sustainable care sector, particularly for care homes.

Key targets and metrics 2026/27

- **Emergency hospital admissions by Southwark residents aged over 65 yrs:** 6% reduction
- **Hospital discharge delays:** 90% patients discharged on discharge ready date, and improved performance on average days delayed
- **Care home admissions:** maintain admissions at 2025/26 levels despite demographic growth

There are subsidiary measures on admissions due to falls, avoidable admissions and discharge to usual place of residence monitored locally.

Community impact statement

15. The BCF provides funding for a range of services aimed at all residents who meet the criteria for social care and/or health services, promoting independence, wellbeing and choice and supporting community resilience.

Equalities (including socio-economic) impact statement

16. The BCF plan provides funding for essential community support for people with health and social care needs. This benefits people with protected characteristics, particularly older people, and those with disabilities or mental ill-health. The plan also funds a range of voluntary sector services promoting community resilience.

17. Other beneficiaries of this investment are the homecare workforce who have been paid the London living wage since April 2018 under Southwark's Ethical Care Charter. This workforce has a high proportion of women and people from the global majority communities. This principle has been expanded in the current plan to care home staff through funding for the Residential Care Charter.

Health impact statement

18. The Better Care Fund supports a broad range of community-based health and social care services aimed at improving health and wellbeing outcomes for Southwark residents. The plan aligns with the Health and Wellbeing Strategy and the South East London ICB Five Year Strategic Commissioning Plan.

Climate change implications

19. The BCF plan will be delivered in line with the Partnership Southwark policy statement on environmental sustainability which incorporates the environmental policies of partnership organisations. By promoting prevention and the shift from hospital to the community the plan helps reduce the carbon footprint of health services.

Resource implications

20. The finance template in appendix 2 sets out the breakdown of the funding sources and the planned expenditure against each scheme for 2026/27.

Consultation

21. The BCF plan is not subject to a formal consultation process.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

Strategic Director of Resources (CAS26-05ASC)

22. The Strategic Director of Resources notes the recommendations of this report for the Health and Wellbeing Board to agree the submitted provisional 2026-27 BCF Planning templates. In addition also notes the breakdown of how funds will be allocated as detailed in Appendix 2. It is important that officers ensure expenditure is in line with the allocated plan and monitored and reported through the respective governance pathways.

23. The pooled budget income streams now represent a significant proportion of the funding and the Better Care Fund and Local Authority Better Care Grant contributes in excess of £44m to the council's Adults Social Care budget. Therefore a longer term commitments and multi-year agreements for these funds would be welcome to ensure additional clarity and confidence into the budget setting process. Given the current economic climate which affects both organisations a longer term view on budget planning is encouraged in future years.

Background Papers	Held At	Contact
BCF background documents	160 Tooley St	Adrian Ward Adrian.ward@selondonics.nhs.uk

APPENDICES

No.	Title
Appendix 1	**Narrative Template**
Appendix 2	**Finance and data template**

AUDIT TRAIL

Lead Officer	Gabi Darby, Southwark Place Executive Lead, NHS South East London ICB
Report Author	Adrian Ward, Head of Planning, Performance and Business Support, NHS Southeast London Integrated Care Board
Version	Final
Dated	10 September 2026
Key Decision?	Yes

CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / EXECUTIVE MEMBER		
Officer Title	**Comments Sought**	**Comments Included**
Director of Law and Governance	No	No
Strategic Director of Resources	Yes	Yes
Executive Member	No	No

Choose an item.

Department of Health & Social Care | Ministry of Housing, Communities & Local Government | NHS England

Southwark 19.05.26

APPENDIX 1

Better Care Fund 2026-27 Narrative return

Introduction and guidance

This return has been designed to enable ICBs and local authorities, working with Health and Wellbeing Boards (HWBs), to submit information which demonstrates how their plans for the Better Care Fund (BCF) meet the national conditions and planning requirements for 2026-27. Completing and submitting the BCF narrative return is a required part of the overall BCF submission process. Planning leads should ensure that all questions within this narrative return are fully addressed.

This year, the length of the narrative return has been reduced. This reflects feedback on the benefits of a more focused BCF assurance process. In completing the return, HWBs, ICBs and local authorities may wish to develop more detailed joint plans for BCF expenditure for their own use and/or draw on other joint plans.

Each question in the return has a suggested length of around a page (around 500 words) and we would generally expect the overall submission to be around 2500 words. These act as a guide to support a more focused assurance process rather than strict limits.

The narrative provided in this return should align with the expenditure plans and the ambitions for the national metrics set out in your BCF excel numerical return.

When completing the narrative return, please use the following documents for guidance and support, these can be found on the BCF Exchange:

- **Planning Principles:** outlines what good practice looks like in relation to each narrative question and aligns with the relevant national conditions.
- **Metrics Handbook:** provides the formal technical specifications for the national metrics within the framework, including the rationale, methodology, required data inputs and worked examples.

Submission Requirements:

- Each HWB area must have its own BCF excel numerical return, but a single narrative BCF return covering multiple HWBs may be submitted where this reflects local integrated working arrangements.
- Each HWB area included in a combined narrative return should provide clarity and state any specific details relevant to the separate HWBs within the narrative questions (and more words may be required for this than a single HWB return). Local authorities, ICBs and HWBs for each area should formally sign off the shared narrative return and their individual numerical excel BCF return.

- The deadline for completing this narrative return is **19 May 2026.**
- Please submit this return to both: england.bettercarefundteam@nhs.net and your regional better care manager(s).

Submission details

Mandatory to complete, please do not submit a return without completing the details below:

Adapt as necessary	**HWB area 1**	**HWB area 2**
HWB	**Southwark**	
ICB	**South East London ICB**	
ICB		
ICB		

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.**

Objectives of the Southwark Better Care Fund

The overarching objective of the Better Care Fund as set out in the updated planning framework is to **effectively support the delivery of integrated and preventative care**. This aligns with the longstanding objectives of the services funded from the Southwark BCF that will continue into 2026/27 which are as follows:

- **To support the shift from sickness to prevention** – including timely, proactive and joined-up support for people with more complex health and care needs; use of home adaptations and technology; and support for unpaid carers.

- **To support people living independently and the shift from hospital to home** – including help prevent avoidable hospital admissions; achieve more timely and effective discharge from acute, community and mental health hospital settings; support people to recover in their own homes (or other usual place of residence); and reduce the proportion of people who need long-term residential or nursing home care.

During 2026/27 the emphasis will be on aligning these services with the emerging neighbourhood health model and NHS Ten Year Plan delivery in line with the planning framework, laying the foundations for 2027/28 when the BCF is anticipated to be incorporated into the first Southwark Neighbourhood Health Plan.

BCF alignment to neighbourhood health and social care priorities and the ICB 5 Year Strategic Commissioning Plan

As a pilot borough in the National Neighbourhood Health Implementation Programme, partners are creating an integrated health and care model to deliver the shift of care from hospitals to communities and focusing on prevention. Initial priorities include frailty, long-term conditions, and children.

The SEL ICB 5 Year Strategic Commissioning Plan sets out how the five integrated neighbourhood teams across Southwark will roll out the successful frailty pilot scheme across all neighbourhoods. This will provide proactive co-ordinated local support to people at risk of losing their independence, preventing ill-health and avoiding the need for urgent care or care home admission. These aims and objectives clearly align strongly with the objectives of the services funded from the BCF as set out above. There is also a strong overlap between the frailty cohort the teams will initially focus on and current BCF service users.

The BCF funds the integrated Intermediate Care Southwark service, including Rehab & Reablement. It also provides extensive funding for home care services. These services are aligning their team structures with the five agreed neighbourhood footprints, and are all strongly focused on preventing admissions to hospital and care homes and securing timely and effective discharge from hospital. These are targets that are held in common by the BCF and the neighbourhood health programme further emphasising the level of alignment.

Other services funded by the BCF are part of the local network of resources that will be vital for the delivery of neighbourhood objectives even if not organised at a neighbourhood level, for example the Integrated Community Equipment Service, Disabled Facilities Grants, Telecare, hospital discharge teams, Flexi -Care, VCSE and related services.

A significant tranche of BCF funding is applied to the residential and nursing care home sector. Care homes are a key enabler of the shift from hospital to the community, and fundamental to the delivery of the two key targets around reducing delayed transfers of care and preventing avoidable hospital admissions.

The BCF also funds community based mental health services for adults, which will be an area of future focus in the neighbourhood health programme.

Changes in the 2026/27 plan

In terms of expenditure, the total budget has increased £1.279m (2.2%) to £58,847,822 in 2026/27.

The existing plan was reviewed by partners against the revised planning guidance and found to be already in alignment with the new emphasis around integrated preventative care and alignment with neighbourhoods, and no funding changes were deemed necessary to meet planning requirements. However, there have been some significant changes that relate to local priorities, rationalising funding arrangements, changes in services, value for money judgements and cost pressures. Key changes including the reasons for the changes, and the impact of the changes both in relation to services with reduced BCF funding and the positive impact of investing new funding in the growth areas, are set out below.

Changes in the 2026/27 plan (ICB expenditure)

ICB changes: significant reductions

- The Kings Outreach Therapy Service (£176,000) is no longer funded from the BCF having been absorbed into mainstream KCH funding following a successful pilot period with BCF funding. This demonstrates how the BCF can be successfully used to pilot service initiatives.

- The Homeless discharge funding (£120,000) is now sourced from central ICB funding.

- The Falls service funding is being reduced by £129,071 to align to improved accuracy of cost allocations across GSTT community services. It is not an underlying service change.

- Mental health services: ICB funded adult mental health services relating to discharge step down flats (£389,000) are being funded as a separate commissioned service through the main mental health trust contract and are no longer being treated as a BCF scheme. Similarly, the Enhanced Intervention Service (£235,181) was absorbed into the main mental health trust contract after initially being set up as a BCF funded scheme. Also, Positive Behavioural Support (£100k) is to be funded from alternative funding sources during 2026/27 from the ICB whilst a review is undertaken of total resources across SEL ICB and viability of long term funding is considered.

ICB changes: significant increases

The funding released by the above changes and the use of BCF uplift has enabled the following changes:

- The discharge support team and associated supported discharge budgets (£1,216,584) were previously part of the GSTT contract but not part of the BCF. These are being bought into the BCF to consolidate all Intermediate Care Southwark related spend into the BCF.

- Therapy services (£164,624) to align to improved accuracy of cost allocations across GSTT community services. Not an underlying service change.

- Spot purchasing of complex intermediate Pathway 2 and 3 discharges budget increased £96,644 in anticipation of continued rising demand.

- A budget of £40,000 provided to fund primary care in-reach into a bedded intermediate care unit.

- Integrated Community Equipment Service (ICES) budgets increased by £75,287 reflecting projected cost increases.

- Other community health contractual uplifts of £92,329.

These changes are in the context of a total of £12.289m budget for ICB led services, an increase of £0.536m (4.6%) on 2025/26.

Council Changes

Changes due to realignment of lines / funding

- Pathway 3 Discharge Support - Residential Care (increase £947,413). This line was re-aligned to ensure the plan reflect the appropriate funding flows. This includes the addition of the previous budget for D2A funding (council costs) (£540,600) which was freed up by a change in local arrangements for the funding of placements prior to completion of the CHC assessment process, and the Voluntary Sector Carers Services funding which was being used for residential respite to support carers (£158,000).
- Nursing Care Placements (social care costs) – increased £465,529 due largely to consolidation with Residential Care Charter budget (£500,000).
- Voluntary Sector Prevention Services. This line was reduced by £425,000 as result of re-aligning funding streams within the council. There was no reduction in the overall preventative voluntary sector investment from the council and the reduction on this line was re-invested into preventative Flexi-care accommodation. Continued expenditure on Aging Well Southwark Contract, Care Home visiting service and dementia support.
- Urgent community response reduced by £206,422 to reflect actual team configurations, budget moved to rehab and reablement.

Council Changes: Increases

- Residential Care Placements – increase of £195,227(5%) in line with year-on-year cost increases and inflationary uplift.
- Flexicare Accommodation - Preventative service (£449,503) – This scheme is added as the Council's strategic vision to reduce residential and nursing care placements. The aim is to support residents to live independently for longer.
- Disabled Facilities Grant – uplifted £75,105 from original 2025/26 BCF plan in line with grant determination (although to be noted that amount is £72,208 lower than 2025/26 final income as additional DFG received in-year).
- A range of schemes were uplifted in line with inflationary increases (including London Living Wage, staffing inflation etc)

Council Changes: Reductions

- Telecare – This line was reduced by £102,000 in line with changes to the service and the introduction of revised criteria for provision.

- Avon Unit bedded step down reduced in line with VFM decisions to close unit (£195,227 reduction in reablement budget).
- Discharge to Assess Council costs (£540,600): this 2025/26 budget was transferred to the main residential care budget under revised CHC funding arrangements. Overall investment in discharge to assess was not reduced by this change.

These changes are in the context of a total budget of £46,558,939 for local authority led services, an increase of £660k (3%) on 2025/26.

Intermediate Care Southwark

The Intermediate Care Southwark service funded by the BCF provides reablement, rehabilitation and intermediate care through a single integrated team incorporating social care and community health. The key aim of the service is admissions avoidance and supporting safe and effective discharge, supporting a successful home first discharge and reablement strategy that is not reliant on significant bed based services.

This is a particularly mature model in Southwark, first established in 2018, and it has continued to develop in line with the best practice set out in the BCF framework as “business as usual”. This has helped to target limited resources more effectively and deliver improved outcomes. The multidisciplinary team brings together six professional groups: social work, occupational therapy, community nursing, physiotherapy, pharmacy, and speech and language therapy.

Recent improvements include the establishment of a BCF-funded care home liaison team, aiming to reduce the delayed transfers of care for new residents into care homes. This has also strengthened the interface between care homes and hospitals, helping to minimise hospital admissions. Where admissions do occur, improved communication ensures that key care information is shared promptly and supports safe, well-coordinated discharge back to the care home. Data from the maturing EPIC system is being increasingly used to help plan for the use of resources to match demand and capacity, including the rostering of staff, as well as better understanding the flow of patients through the system. Commissioner’s ability to ensure capacity matches demand is limited by the need to operate within finite budget resources. However, for home based intermediate care, residents being discharged home have their reablement support commence immediately after discharge with the commissioned care provider, shortly followed by assessments and therapy input. Contracting arrangements have successfully ensured sufficient capacity is available for this purpose.

During 2025/26, a proactive review of a 17-bed unit providing reablement and discharge-to-assess placements helped to optimise the balance between bed-based and home-based intermediate care. Based on value for money (including void levels), affordability, length of stay and patient outcomes, partners agreed to build on the strengths of the successful home-based

model by transitioning away from this bed-based approach. The unit is instead used as additional nursing care, responding to a recognised area of high demand and capacity pressure.

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.**

Non-elective admissions for over 65 year olds target

The 2026/27 target set for non-elective admissions reflects an ambitious reduction of around 6% on 2025/26. This is based on our acute provider operational plan trajectories, which have been mapped to Southwark. The level of reduction reflects an assumed shift away from non-elective admissions arising from two main drivers:

- Targeted reduction of non-elective admissions in line with Medium Term Planning Framework. This is supported by the assumption that ICBs will deliver more urgent care in the community and reduce avoidable admissions through the neighbourhood agenda aligned with BCF related services.
- The shift of activity from non-elective inpatient admissions to Same Day Emergency Care (SDEC) SDEC type services, including Extended Emergency Medicine Ambulatory Care (EEMAC).

The target is subject to revision if there is a change in counting and coding for some ED Type 5 activity, which may be reclassified as non-elective admissions under recent “Model ED” guidance.

The target is considered to be especially stretching when taking into account the aging population in Southwark. The projected change in over 65’s between 2025 and 2027 alone is 8% (source: POPPI). The numbers of older people with dementia and long terms conditions is also rising correspondingly, with, for example, a 4% rise in dementia and 7% rise in CVD over the same period.

Discharge targets

The targets set for discharge have been retained at 2025/26 levels, which have proved very challenging to meet locally. However, these are felt to be valid targets that should be attained through existing system flow initiatives. National data quality concerns render meaningful benchmarking difficult, however the data does suggest significantly higher average days delayed for those not discharged on the discharge ready date. It is noted that these metrics are expected to be subject to a national re-launch with more precise guidance to ensure greater accuracy and consistency. The ICB will work with Trusts on any data quality issues in relation to Southwark patients. This may well impact significantly on baseline performance and

benchmarking. Should that be the case Southwark will seek to submit revised 2026/27 BCF targets.

The targets align with the level of ambition set out in the planning submissions of our main local trusts.

There are a wide range of BCF schemes that will contribute to this target (see Q3) but of particular note is the support provided by Intermediate Care Southwark and Discharge to Assess pathways.

Ongoing improvement plans for discharge are overseen by the multi-agency Discharge Operational Delivery Group covering Southwark and Lambeth partners.

Care Home Admissions

The partnership will continue to monitor local data on permanent care home admissions against the target which will be to maintain rates at 2025/26 levels. This target has been met during 2025/26, however, it remains challenging in the demographic context set out for the non-elective admissions target.

The increased investment in Flexicare housing as an alternative to permanent care home admission is a key enabler for this target. Reduced admissions will also be an expected outcome of the Integrated Neighbourhood Team frailty, end of life and long term conditions work.

Reablement outcomes

Monitoring of reablement outcomes continued in Southwark after the withdrawal of the previous target from the BCF and will continue with a focus on the re-defined target. From Q1 there will be monthly reporting of the new measure in the adult social care dashboard, which will feed into our BCF quarterly monitoring. Targets will be developed when more baseline data and benchmarking information is available. There is also monitoring of the proportion of patients receiving reablement on discharge and outcomes in terms of reduced ongoing needs for long term care services after reablement.

Monitoring performance

As stated in the governance section, the Joint Commissioning Oversight Group receives routine benchmarking and trend reports on the three main targets and subsidiary metrics taken from the DHSC BCF dashboard. The performance dashboards are also reported to the Integrated Governance and Assurance Committee and the Partnership Southwark Strategic Board for information.

3. **Please provide a short explanation of the planned impact of BCF funding on achievement of goals.**

In planning the BCF for 2026/27 a mid-year review was undertaken which included an assessment of how well services contribute to the main BCF targets and goals. It was judged that the services being carried forward into the 2026/27 plan have a very clear link to delivery of one or more BCF targets, with a number impacting on all three. All services have good alignment with the overall goal of effectively supporting the delivery of integrated and preventative care

Overall, the Southwark BCF will support the shift from hospital to home by funding services that help ensure that avoidable hospital and care home admissions are prevented and that patients who are admitted to hospital are supported to be safely and effectively discharged as soon as they are ready for discharge.

These services will be operating within the strategic framework that underpins the Neighbourhood Health Model, focusing on proactive integrated care targeted at those at risk of admission to hospital.

Specific examples of how BCF services impact on targets are set out below:

Target 1: Minimising non-elective inpatient admissions to hospital for over 65s

- Home care packages offer tailored support vital to enable people to continue living safely and independently in their own home, reducing avoidable care home admissions and hospital admissions and essential for supporting discharge arrangements. (Schemes 1, 18)
- Intermediate Care Southwark “step up” reablement and rehab services provide urgent community response services to those identified as in need of immediate support to prevent admission. (Schemes 4,7, 20, 24, 34)
- Intermediate Care Southwark “step down” services help ensure that people discharged from hospital are supported to regain independence, reducing the rate of readmission. (Schemes 4,7, 20, 24, 34)
- GSTT @home services provide hospital at home type services to reduce the need for inpatient admissions (Scheme 24)

- Telecare and community equipment and disabled facilities grants all help ensure a safe home environment for those at risk of admissions, for example in relation to falls. (Schemes 13,14,23, 29)
    - The falls service works with people who are at risk of admission due to falls, and supports care homes in reducing the risk of falls. (Scheme 25)

- The Palliative Care @home service supports people to die in their normal place of residence if in line with their wishes, without the need for emergency admissions (Scheme 26)
- Support for carers help maintain the ability of informal carers to support their loved ones, without which hospital admissions would increase (Scheme 16)

Target 2: Minimising the number of patients discharged from hospital after their discharge ready date and average days of delay

- Residential Care and Nursing Care, including permanent admissions and Discharge to Assess temporary placements, are key services in reducing average delays in hospital discharge. (Schemes 2, 3, 19, 21, 30, 35). Shortfalls in capacity in these services are a key driver of discharge delays and the substantial BCF investment in these services is crucial.
- The discharge system in Southwark embodies a strong ethos on "home first" discharge to assess, and has relatively low reliance on bed based step down options. Funding for intermediate care providing reablement and rehab packages is essential for safe and effective discharge as part of this approach. (Schemes 4,7, 20, 24,34). The initial home care support is also vital as part of the pathway (Scheme 1).
- The additional funding provided from the BCF for Community Equipment has been key is maintaining this service, which can frequently be a cause of delayed discharge.
- Complex health funded P2 and P3 discharges fund high needs intermediate step down placements without which long delays would often result. (Scheme 30)

Target 3: Minimising permanent care home admissions

- Flexicare services that provide flexible care within a housing scheme to maximise a person's independence and reduces long term nursing and residential care admissions. (Schemes 17,22)
- The discharge service has a strong "home first" approach focussed on provision of intermediate care at home. (Scheme 5)
- All services listed above as helping hospital admissions avoidance also contribute to the goal of care home admissions avoidance. Services that support people to live independently at home, such as intensive home care, provide both an alternative to permanent care home admission, and prevent the deterioration and loss of independence that can necessitate care home admission. In addition, by avoiding hospital admission there is reduced chance of needing to be discharged to a care home.

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.**

Joint commissioning arrangements – focus on value for money

Southwark has a longstanding integrated commissioning team for health and social care that ensures that value for money considerations are built in to each stage of the commissioning cycle. The commissioning framework in use (VERQ: Visibility, Evidence, Relationship, Quality) ensures a systematic focus on the use of benchmarking to identify value for money opportunities and optimal service and pricing models. Needs are identified and the required outcomes are defined to ensure appropriate targeting of resources, procurement arrangements ensure optimal provider arrangements balancing cost and quality, and contract delivery is monitored.

The Joint Commissioning Oversight Group oversees these arrangements for jointly funded services and plays a key role in leading the development and delivery of the BCF on behalf of the Health and Wellbeing Board, including the review of business cases for new service development and evaluation reports. The group's membership includes the ICB Place Executive Lead and Council Strategic Director for Integrated Health and Care, the Director of Adult Social, the joint Director of Integrated Commissioning, the Director of Partnership Delivery and Sustainability and the council/ICB Director of Finance representatives.

Additional assurance is provided by the Age Well Commissioning Board which oversees key procurements and contracts such as for home care.

Intermediate Care Southwark (as described in Q1) has specific oversight arrangements to help ensure services are delivering value for money, including a joint GSTT and local authority forum. The overall GSTT contract is managed by the SELICB planning team, and has a contract monitoring board that is attended by Southwark commissioners.

Strong governance within partner organisations

Both the council and the ICB have a duty to secure best value that is thoroughly embedded within the governance arrangements of each organisation, including procurement, scheme of delegation, budget and financial management and audit. It is the responsibility of the lead organisation for each BCF scheme to ensure value for money is obtained in line with their organisational requirements.

Budget processes

Both the ICB and Council have to manage finite resources that are under extreme pressure and have developed challenging annual budget setting processes that have a rigorous focus on identifying potential efficiency savings.

Health services funded from BCF

As stated above the ICB and local authority have confidence that BCF funded services represent value for money through robust strategic commissioning, governance, and ongoing performance management arrangements. Performance is also reported and referenced at Provider Contract Monitoring Boards (CMBs), at regular intervals during the year, to ensure oversight. In South East London, BCF investment is aligned to the ICB's Medium Term Financial Strategy (MTFS), which provides a clear allocative framework linking funding decisions to population need, agreed outcomes, and national priorities such as prevention, community-based care and reducing inequalities.

Investment decisions are increasingly subject to explicit tests of return on investment, benefits realisation and value for money, including post-investment review and reprioritisation where schemes do not demonstrate sufficient impact. The use of weighted population approaches and targeted funding provides further assurance that resources are directed to areas of highest need.

Productivity improvement is a core requirement within the financial framework. All services are expected to contribute to system-wide efficiency and productivity gains, including those funded through the BCF. This is supported by a combination of embedded efficiency assumptions within funding uplifts (2% in 26/27), service redesign, and integration at place and neighbourhood level to shift activity away from higher-cost acute settings

System sustainability

The focus of BCF services is to help ensure system sustainability by preventing or delaying the need for more intensive services such as hospital or care home admission. This helps deliver whole system value for money, maximising outcomes from the "Southwark £", a guiding principle of the local care partnership.

Examples of how value for money have been achieved include:

- Intermediate Care Southwark restructured its service model moved to a new neighbourhood patch based approach, which is considered to have significantly increased efficiency by linking in more effectively with local networks and community assets. It has also rationalised how care hours are better targeted to have the greatest impact working with MDTs.

- Past decisions to step down BCF services deemed to be no longer delivering value for money including the Nightowls overnight home care service and the Avon Unit for bedded step down intermediate care.
- The recent home care tender used benchmarking to inform the tender evaluation and pricing model.
- BCF funding for Flexicare has increased over time, which is serving as an alternative to Residential and Nursing Care that offers better quality and outcomes as well as improved value for money.
- The care home commissioning strategy has developed lower cost care options through the strategic use of council owned land and buildings.

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.

The BCF plan is agreed between the council and the ICB prior to approval by the Health and Wellbeing Board. After a draft has been agreed through the Joint Commissioning Oversight Group it is formally agreed through each organisation's respective governance requirements, including Chief Executive and Director of Finance sign off as required by the guidance. (See Q4 for further details about the Joint Commissioning Oversight Group).

The Southwark Health and Wellbeing Board does not allow for delegated approval of the BCF submission, and has elected not to hold extraordinary meetings for sign off arrangements. It will therefore be approved at the next Health and Wellbeing Board after submission. The date for this has not been set but is expected to be 18 June 2026.

Following submission to NHSE the plan is subject to both the regional and national assurance process and any comments or suggestions received to improve the plan are addressed.

The pooled budget arrangements are governed by a Section 75 agreement between the council and the ICB which sets out in detail the shared responsibilities to implement the planned spending as agreed. This Section 75 agreement is formally finalised and signed after the national approval letter has been received.

The BCF is subject to quarterly and year end reporting to NHSE on performance and finance. This is reviewed by the Joint Commissioning Oversight Group on behalf of the Health and Wellbeing Board and agreed by the council and ICB before submission.

Each scheme in the BCF is assigned a lead organisation responsible for the expenditure on that budget which is managed within the governance arrangements of the lead organisation.

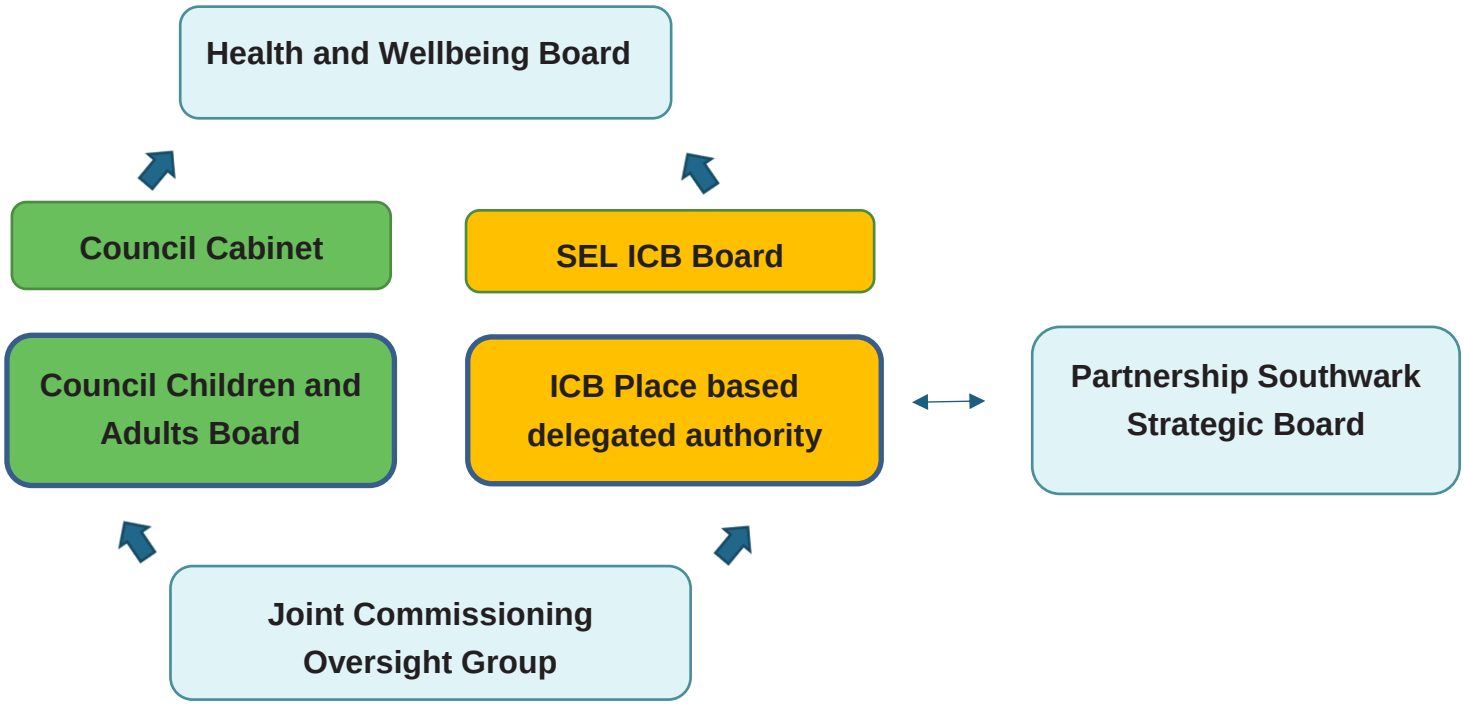
The Joint Commissioning Oversight Group meets bi-monthly and reviews the development and delivery of the BCF Plan, including oversight of the quarterly monitoring process. The group includes the Director of Adult Social Care, the Director of Integrated Commissioning (joint post) the Strategic Director for Integrated Health and Care/Southwark Place Executive lead (joint post), the ICB Director of Partnership Delivery and Sustainability and the Finance leads from the council and ICB.

The monitoring information reviewed by the Joint Commissioning Oversight Group also includes bi-monthly detailed spend and projections for each scheme, including overspends. For performance the group receives benchmarking and trend charts on the three main targets and subsidiary metrics taken from the DHSC BCF dashboard.

The performance dashboards are also reported to the Integrated Governance and Assurance Committee and the Partnership Southwark Strategic Board for information. The board requested a deep dive on the subject of discharge delays performance arising from this report. This resulted in revised action plans in the discharge teams, illustrating that the governance arrangements do have impact.

It is anticipated that during 2026/27 the governance will be reviewed to reflect BCF reforms and the intended merging of the BCF into Neighbourhood Health Plan governance in 2027/28.

Summary: Governance Structure for the Southwark BCF



Department of Health & Social Care | Ministry of Housing, Communities & Local Government | NHS England

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 may also be 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 information (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 research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- All information will be supplied to BCF partners (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

			Complete:
Health and Wellbeing Board:	Southwark		Yes
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		Yes
If no indicate the reasons for the delay.	No scheduled Health and Wellbeing Board meeting prior to submi		Yes
If no please indicate when the HWB is expected to sign off the plan:	Thu 18/06/2026	<< Please enter using the format, DD/MM/YYYY	Yes

Submitted by:	Adrian Ward		Yes
Role and organisation:	BCF lead (Southwark) South East London ICB		Yes
E-mail:	adrian.ward@selondonics.nhs.uk		Yes
Contact number:	0208 176 5349		Yes
Documents submitted (please select from drop down) **In addition to this template the HWB are submitting the following:**	Narrative		Yes

	Role:	Professional title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:	Organisation	
Health and wellbeing board chair(s) sign off	Health and wellbeing board chair	Cllr	Evelyn	Akoto	cllrevelyn.akoto@southwark.gov.uk		Yes
	Health and wellbeing board chair						

Named accountable person	Local authority chief executive	n/a	Althea	Loderick	althea.loderick@southwark.gov.uk		Yes
	ICB chief executive 1	n/a	Andrew	Bland	andrew.bland@selondonics.nhs.uk	NHS SEL ICB	Yes
	ICB chief executive 2 (where required)						
	ICB chief executive 3 (where required)						
Finance sign off	LA section 151 officer	n/a	Clive	Palfreyman	clive.palfreyman@southwark.gov.uk		Yes
	ICB finance director 1	n/a	Mike	Fox	mike.fox@selondonics.nhs.uk	NHS SEL ICB	Yes
	ICB finance director 2 (where required)						
	ICB finance director 3 (where required)						
Area assurance contacts	Local authority director of adult social services	n/a	David	Quirke-Thornton	David.Quirke-Thornton@southwark.gov.		Yes
	DFG lead	n/a	Keith	Kiernan	Keith.Kiernan@southwark.gov.uk		Yes
	ICB place lead 1	n/a	Darren	Summers	darren.summers@selondonics.nhs.uk	NHS SEL ICB	Yes
Please add any additional key contacts who have been responsible for completing the plan	ICB place lead 2 (where required)						
	ICB place lead 3 (where required)						
	Head of Planning, Performance and Business Support, SELICB	n/a	Adrian	Ward	adrian.ward@selondonics.nhs.uk	NHS SEL ICB	
	Director of Joint Commissioning	n/a	Claire	Belgarde	Belgard, Claire <claire.belgard@southwark	Joint post	

Question Completion - When all questions have been answered and the validation boxes below have turned green, please send the template to the Better Care Fund Team england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your better care manager(s).

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

^^ Link back to top

Better Care Fund 2026-27 Numerical Template

3. Income

Selected HWB: Southwark

Local authority contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Southwark	£2,167,336
DFG breakdown for two-tier areas only (where applicable)	
Total Minimum local authority contribution (exc local authority BCF grant)	**£2,167,336**

Local authority better care grant (LABCG)	Contribution
Southwark	£22,017,633
Total Local authority better care grant	**£22,017,633**

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

Complete:

Yes

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**	

Yes

NHS minimum contribution	Contribution
NHS South East London ICB	£34,662,853
Total NHS minimum contribution	**£34,662,853**

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

Yes

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	**£34,662,853**	

Yes

	2026-27
Total BCF pooled budget	**£58,847,822**

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

Yes

Better Care Fund 2026-27 Numerical Template

4. Expenditure

Selected Health and Wellbeing Board: Southwark

	2026-27		
Running Balances	Income	Expenditure	Balance
DFG	£2,167,336	£2,167,336	£0
NHS Minimum Contribution	£34,662,853	£34,662,853	£0
Local Authority Better Care Grant	£22,017,633	£22,017,633	£0
Additional LA Contribution	£0	£0	£0
Additional NHS Contribution	£0	£0	£0
Total	**£58,847,822**	**£58,847,822**	**£0**

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	£22,373,970	£22,373,970

Checklist

Column complete:

	Yes	Yes	Yes	Yes	Yes

Number	Category of scheme	Description of scheme	Source of funding	Adult Social Care Spend	Expenditure for 2026-27 (£)
1	Long-term home-based social care services	Pathway 1 Discharges - Care at Home	NHS Minimum Contribution	Yes	£4,018,003
2	Long-term residential/nursing home care	Pathway 3 Discharge Support - Nursing Care	NHS Minimum Contribution	Yes	£3,576,280
3	Long-term residential/nursing home care	Pathway 3 Discharge Support - Residential Care	NHS Minimum Contribution	Yes	£3,844,668
4	Home-based intermediate care (short-term home-based rehabilitation, reablement and recovery services)	Intermediate Care Southwark - Rehab and Reablement	NHS Minimum Contribution	Yes	£1,292,000

5	Discharge support and infrastructure	Transfer of Care Service -staffing costs	NHS Minimum Contribution	Yes	£2,109,000
6	Urgent community response	Intermediate Care Southwark - Urgent Community Response	NHS Minimum Contribution	Yes	£409,000
7	Home-based intermediate care (short-term home-based rehabilitation, reablement and recovery services)	Reablement Care	NHS Minimum Contribution	Yes	£1,970,000
8	Long-term home-based social care services	Community Mental Health Services	NHS Minimum Contribution	Yes	£711,658
9	Wider local support to promote prevention and independence	Enhanced Psychological Support for those with LD	NHS Minimum Contribution	Yes	£29,725
10	Personalised budgeting and commissioning	Learning Disability - Personal Budgets	NHS Minimum Contribution	Yes	£234,843
11	Home-based intermediate care (short-term home-based rehabilitation, reablement and recovery services)	Mental Health Reablement	NHS Minimum Contribution	Yes	£366,640
12	Personalised budgeting and commissioning	Mental Health - Personal Budgets	NHS Minimum Contribution	Yes	£1,013,434
13	Assistive technologies and equipment	Integrated Community Equipment Services (ICES)	NHS Minimum Contribution	Yes	£1,057,836
14	Assistive technologies and equipment	Telecare	NHS Minimum Contribution	Yes	£521,995
15	Wider local support to promote prevention and independence	Voluntary Sector Prevention Services (council spend) – range of services provided by the voluntary sector to promote independence including care home visit, aging well Southwark, disability hub and associated services.	NHS Minimum Contribution	Yes	£527,385
16	Support to carers, including unpaid carers	Range of different carers offers including respite, carers groups, advisory support and signposting	NHS Minimum Contribution	Yes	£242,000
17	Housing related schemes	Care support for Flexicare schemes - Preventing long term residential and nursing care placements.	NHS Minimum Contribution	Yes	£449,503
18	Long-term home-based social care services	Home care support to enable residents to return home from hospital – supporting home first approach. Includes costs of ethical care charter.	Local Authority Better Care Grant	Yes	£10,783,338

19	Long-term residential/nursing home care	Nursing Care Placements (Council costs)	Local Authority Better Care Grant	Yes	£6,866,878
20	Home-based intermediate care (short-term home-based rehabilitation, reablement and recovery services)	Reablement care	Local Authority Better Care Grant	Yes	£1,795,000
21	Long-term residential/nursing home care	Residential Care Placements	Local Authority Better Care Grant	Yes	£1,676,178
22	Housing related schemes	Flexicare and Stepdown accommodation	Local Authority Better Care Grant	Yes	£896,239
23	Disabled Facilities Grant related schemes	Disabilities Facilities Grant	DFG	Yes	£2,167,336
24	Home-based intermediate care (short-term home-based rehabilitation, reablement and recovery services)	Admissions avoidance - Enhanced Rapd Response, Discharge support, Intermediate Care Southwark and @home .	NHS Minimum Contribution	No	£6,214,754
25	Home-based intermediate care (short-term home-based rehabilitation, reablement and recovery services)	Falls Service (GSTT community health)	NHS Minimum Contribution	No	£533,387
26	End of life care	Palliative Care at Home (GSTT community health)	NHS Minimum Contribution	No	£603,835
27	Home-based intermediate care (short-term home-based rehabilitation, reablement and recovery services)	Therapy Services - Occupational Health, Foot Health, Speech & Language (GSTT community health)	NHS Minimum Contribution	No	£503,465
28	Home-based intermediate care (short-term home-based rehabilitation, reablement and recovery services)	Neuro - Rehabilitation Team. Home based rehab pathway (GSTT community health)	NHS Minimum Contribution	No	£215,290
29	Assistive technologies and equipment	Community Equipment Service	NHS Minimum Contribution	No	£1,233,045
30	Bed-based intermediate care (short-term bed-based rehabilitation, reablement and recovery services)	Pathway 2 & 3 Discharges - complex health funded intermediate placement	NHS Minimum Contribution	No	£1,170,360
31	Short-term home-based social care (excluding rehabilitation, reablement or recovery services)	Discharge to Assess (Social Worker costs)	NHS Minimum Contribution	No	£120,000
32	Discharge support and infrastructure	Care Home Liaison Service - joint funded scheme ICB element	NHS Minimum Contribution	No	£60,000
33	Wider local support to promote prevention and independence	Voluntary Sector Prevention Services (ICB attributed spend) – range of services provided by the voluntary	NHS Minimum Contribution	No	£378,163
34	Home-based intermediate care (short-term home-based rehabilitation, reablement and recovery services)	Funding to GSTT element of Intermediate Care Southwark to support hospital discharge and avoid admissions. Includes double handed care.	NHS Minimum Contribution	No	£1,216,584
35	Bed-based intermediate care (short-term bed-based rehabilitation, reablement and recovery services)	Pulross Intermediate Care unit GP support	NHS Minimum Contribution	No	£40,000

4a. Expenditure Guidance

Guidance for completing expenditure sheet

1. Please enter spend information in the bottom table starting cell B30 including the category of spend which is a dropdown containing the categories listed in the table below. You must also enter scheme-level detail for the line of spend in 'Description of Scheme' with the appropriate level of information keeping this relatively succint, for example 'Community Health Rehabilitation' or 'MSK services' or 'Integrated Crisis and Rapid Response' would be sufficient. Please also enter source of funding which determines the total spend appearing in the source of funding table at the top. Ensure a 'Number' is entered in the 'Expenditure for 2026-27 (£)' so that the validation boxes can be marked as complete.

2. Please ensure 'Adult Social Care Spend' is marked 'Yes' when the money is spent on Adult Social Care across any funding source.

Scheme Types

Number	Category of scheme	Description
1	Assistive technologies and equipment	Using technology in care processes to support self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Community based equipment, Digital participation services).
2	Housing related schemes	This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.
3	DFG related schemes	The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes. The grant can also be used to fund discretionary, capital spend to support people to remain independent in their own homes under a Regulatory Reform Order, if a published policy on doing so is in place.
4	Wider support to promote prevention and independence	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and wellbeing.

5	Short-term home-based intermediate care (rehabilitation, reablement and recovery services)	Short-term (up to 6 weeks), therapy-led services in the person's usual residence (home or care home), following the 'Home First' principle. For adults 18+ to regain independence post-illness/injury/discharge (step-down) or prevent admissions/long-term care (step-up). Person-centred, with initial assessment and regular reviews; led by registered therapists (physiotherapists, occupational therapists, speech/language therapists) plus support from unregistered workers and other professionals (nurses, doctors, social workers). Outcomes: better function, confidence, wellbeing; less carer reliance and long-term care demand. Domiciliary social care (personal care, domestic help) included only within a rehab/reablement-focused package.
6	Short-term home-based social care (excluding rehabilitation, reablement and recovery services)	Short-term domiciliary social care (e.g. personal care, help with domestic tasks, voluntary sector support), except where it is provided as part of a package that also includes rehabilitation, reablement and/or recovery services.
7	Long-term home-based social care services	Ongoing social care services (e.g. personal care, help with domestic tasks), helping people continue to live at home and maintain independence.
8	Long-term home-based community health services	Ongoing health services provided in people's own homes or in other non-residential community-based settings.
9	Bed-based intermediate care (short-term bed-based rehabilitation, reablement or recovery)	Short-term (up to 6 weeks), therapy-led services in a community bed-based setting (e.g. community hospital, care home bed or designated facility). For adults 18+ to regain independence post-hospital stay (step-down) or prevent avoidable admission/long-term residential care (step-up from community). Person-centred, with initial assessment and regular reviews; led by registered therapists (physiotherapists, occupational therapists, speech/language therapists) plus multi-disciplinary support (unregistered workers, nurses, doctors, others as needed). Where safe and appropriate, transition to home-based intermediate care is required to continue recovery at usual residence. Outcomes: improved function, confidence, wellbeing; reduced acute admissions, readmissions and long-term social care demand. May include mixed health and social care interventions.
10	Long-term residential or nursing home care	Ongoing care provided in a residential care home or nursing home for people who need more intensive or specialised support than can be provided at home.
11	Discharge support and infrastructure	Services and activity to enable discharge. Examples include multi-disciplinary/multi-agency discharge functions or Home First/ Discharge to Assess process support/ core costs.
12	End of life care	Schemes specifically designed to provide care and support for people nearing the end of life.
13	Support to carers, including unpaid carers	Supporting people to sustain their role as carers and reduce the likelihood of crisis. This might include respite care/carers breaks, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence.

14	Evaluation and enabling integration	Schemes that monitor or evaluate the impact of integrated care schemes. Schemes or services that enable integrated care, such as (but not necessarily limited to): - Joint commissioning arrangements - Integrated care planning - Helping people navigate services - Workforce development or recruitment and retention
15	Urgent Community Response	Urgent community response teams provide urgent care to people in their homes which helps to avoid hospital admissions and enable people to live independently for longer. Through these teams, older people and adults with complex health needs who urgently need care, can get fast access to a range of health and social care professionals within two hours.
16	Personalised budgeting and commissioning	Various person centred approaches to commissioning and budgeting, including direct payments.
17	Other	This should only be selected where the scheme is not adequately represented by the above scheme types.

Better Care Fund 2026-27 Numerical Template

5. Metrics for 2026-27

Selected Health and Wellbeing Board: Southwark

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	1,918	1,883	1,743	1,848	1,813	1,778	1,848					
	Number of admissions 65+	550	540	500	530	520	510	530					
	Population of 65+*	28,682	28,682	28,682	28,682	28,682	28,682	28,682					
		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	1,680	1,478	1,538	1,712	1,611	1,628	1,747	1,471	1,586	1,632	1,541	1,586
	Number of admissions 65+	482	424	441	491	462	467	501	422	455	468	442	455
	Population of 65+	28,682	28,682	28,682	28,682	28,682	28,682	28,682	28,682	28,682	28,682	28,682	28,682

Complete:

Yes

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)	0.95	1.07	1.24	1.27	0.91	1.28	1.19	0.95				
Proportion of adult patients discharged from acute hospitals on their discharge ready date	89.8%	89.6%	87.4%	88.9%	90.8%	90.1%	88.7%	88.1%				
For those adult patients not discharged on DRD, average number of days from DRD to discharge	9.3	10.4	9.9	11.5	9.9	12.9	10.5	8.0				

	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	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	
Proportion of adult patients discharged from acute hospitals on their discharge ready date	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	Yes
For those adult patients not discharged on DRD, average number of days from DRD to discharge	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	Yes

Source: https://www.england.nhs.uk/statistics/statistical-work-areas/discharge-delays/discharge-ready-date/

5.3 Admissions to residential and nursing care homes

		Rolling 12 month total until end of quarter date 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	603.2	655.5	557.8	620.6	585.7	585.7	585.7	585.7	
	Number of admissions	173	188	160	178	168	168	168	168	Yes
	Population of 65+*	28,682	28,682	28,682	28,682	28,682	28,682	28,682	28,682	

*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: Southwark

HM Government

NHS England

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.**	Yes	Note that HWB Board will not be meeting until after the election, expected date is 18th June.	
	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**	**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.**				

Complete:

Yes

and pool NHS BCF contributions into a section 75 (of the NHS Act 2006) pooled fund.	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			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			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			Yes

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MUNICIPAL YEAR 2026/27

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Dated: 1 September 2026