TORBAY COUNCIL

Title: **Torbay Better Care Fund Plan 2026-27**

Wards Affected: All

To: Torbay Health and Wellbeing Board **On: 25 June 2026**

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1. Purpose

The Department of Health and Social Care (DHSC) and the Ministry of Housing, Communities & Local Government published guidance, February 2026 for the development of Better Care Fund (BCF) Plans for the 2026-27 financial year.

BCF Plans, were submitted to NHS England, 19th May 2026 and required joint development between Integrated Care Boards, Local Authorities, NHS providers and voluntary, community and social enterprise sector to develop a joint plan to further support integration in local areas, address national objectives and work to achieve delivery against key performance indicators BCF seeks to positively impact.

Torbay's plan has been developed jointly with system partners, co-written and co-produced via local BCF governance arrangements and planning meetings along with wider engagement via Local Care Partnership meetings where possible.

The 2026-27 planning guidelines outlines the need for Integrated Care Board and Local Authority Chief Executives to sign off plans. Local Health and Wellbeing Boards retain oversight and formal endorsement for BCF Plans to be "signed off" by local systems.

This paper aims to outline the BCF planning requirements, arrangements, finance and performance for Torbay HWBB area.

2. Background

The Better Care Fund (BCF) is the only mandatory policy to facilitate integration between Health and Social Care, providing a framework for joint planning and commissioning. The BCF brings together ring-fenced budgets from NHS allocations, ring-fenced BCF grants from Government, the Disabled Facilities Grant, and voluntary contributions from local government budgets. Each Health and Wellbeing Board has responsibility for the oversight of the BCF and is accountable for its delivery.

Better Care Fund Policy Framework has outlined 2026/27 as being the first year of BCF reform. Further details of reforms are described within this document. All Better Care Fund Plans must be considered within the context of wider system planning, aligning to NHS operating plan submissions and ICB 5-year commissioning plans. The Torbay BCF submission contributes towards the following ICB 5-year commissioning intentions:

	Commissioning intention
NHS Devon Five Year Commissioning Plan 2026/31	• Keeping people safe and well in their neighbourhood • Shifting traditional acute care into communities • Prevention and inequalities

The BCF assurance return was submitted 19th May 2026. BCF plans had to include the following:

- 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

To comply with these requirements, two documents have been produced. This includes a strategic narrative document and a numerical return. The completed BCF plan can be found in the appendix of this document.

3. National Policy and Planning

As set out in the 10 Year Health Plan for England, a commitment has been made to reform the Better Care Fund (BCF), to provide a more consistent and effective approach to funding services which are essential to deliver in a fully integrated way. As a first step in this reform journey, an initial set of changes to the BCF in 2026 to 2027 have been made to help local areas go further in joining up delivery of health and social care services, in line with the government's objectives for neighbourhood health and devolving more responsibilities.

These new arrangements include asking health and wellbeing boards, ICBs and local authorities to more closely align plans for integrated health and social care services to the development of relevant areas of neighbourhood health services, such as intermediate care. Care should be taken not to disrupt the delivery of critical services that rely on BCF funding and increase investment in adult social care.

ICBs and local authorities are to agree local goals with their health and wellbeing boards for:

1. Non-elective admissions (for people aged 65 and over)
2. Delayed discharges
3. Focus on improving reablement outcomes (reablement is short-term care to help people regain independence after, for example, a hospital stay, illness or fall)
4. Reduce demand for long-term residential and nursing home care.

Better Care Fund plans should not be seen or treated in isolation. Therefore, BCF plans link to wider commissioning plans - including the ICB 5-year strategic commissioning plan - rather than being limited to the impact of pooled budgets.

It is recognised that for 2026/27, (the first year of BCF reform), it will not be possible to comprehensively integrate BCF planning and neighbourhood health planning. However, health and wellbeing boards, ICBs and local authorities are asked to take a pragmatic approach to linking BCF plans with local priorities for more integrated health and social care. Opportunities this year may include:

- improve joint commissioning of integrated neighbourhood teams and bring together urgent community response, intermediate care and other community services at a multi-neighbourhood level

- ensure that services funded from the BCF are part of wider plans to support people living with frailty and others with more complex health and social care needs

- improve shared understanding and transparency about the outcomes and impact of the current BCF locally

- lay a strong shared foundation for future reform of the BCF and begin alignment with neighbourhood health services

In line with national BCF conditions, ICBs and local authorities were asked to submit agreed BCF assurance returns by email to the national BCF team and regional better care manager by 19th May 2026.

4. BCF and the neighbourhood health service

The neighbourhood health service is a central policy in the 10 Year Health Plan. It will:

- bring more care into local communities
- unite professionals from different organisations into teams aligned around people's needs
- join up services
- focus health and care services increasingly on the prevention of ill health

Over time, it will shift the NHS from hospital to community, from sickness to prevention, and from analogue to digital. The overarching goal is to help people live

more healthy and independent lives and transform their experience of health and care services.

For 2026 to 2027, one of the early steps in developing the neighbourhood health service will be to introduce more systematic and effective support for people with complex health and social care needs.

The initial focus will be on priority cohorts including those with frailty and those nearing the end of life. This will include further development of integrated neighbourhood teams for these groups, bringing together primary care, community health services, social care providers and others to provide more joined-up, person-centred care. It will also involve developing appropriate capacity and optimal use of community-based urgent response and intermediate care services (encompassing both health and social care, as appropriate) to prevent avoidable hospital and care home admissions and support timely hospital discharge.

5. Purpose of the BCF

The aim of the BCF is to support ICBs and local authorities in designing and delivering more integrated and preventative care, particularly for people with more complex health and social care needs, helping people stay independent for longer.

This includes - but is not limited to:

- developing integrated intermediate care services that help people retain or recover their independence.

It also covers other health and social care services that:

- support independence,
- prevents avoidable admission to hospital or long-term residential care, and
- enables timely and effective acute, community and mental health hospital discharge.

Better Care Fund monies can only be used for the above intended purpose and must be distributed within the applicable local authority boundary.

6. Specific factors to consider during planning

During the planning process BCF plans were required to take into consideration specific factors when agreeing BCF expenditure.

The Better Care Fund plan has considered how to work with community health and social care providers to develop integrated, **intermediate care services**. This has been informed by refreshing hospital discharge demand and capacity plans, with a particular focus on Home First and reducing reliance on bed-based care. Examples include funding allocated to community intermediate care teams, hospital discharge hubs and reablement focused pathway 1 and 2 provision.

Unpaid carers provide vital care and support for people. Plans have consider how the NHS and local authorities meet their duties in relation to unpaid carers. Examples of funding allocated include the commissioning of specialist replacement care services delivered through domiciliary and residential care providers.

Disabled facilities grants will also help with the cost of making changes to people's homes to enable them to stay well and remain independent for longer. Within plans in specific local authority areas, DfG monies is being used to support capital programmes to increase accommodation with care provision such as Extra Care Housing schemes.

Partnerships with the **voluntary, community and social enterprise (VCSE) sector** have also been included to support the shift from sickness to prevention and hospital to community. Investment areas include, providing information advice and guidance, wellbeing co-ordination functions to keep people well in their communities, support with wider hospital discharge functions and connecting to wider community support to manage health and social care needs.

7. Phases of BCF reform

2026 to 2027 financial year is considered to be the initial year of BCF reform. Local areas are asked to start to align plans for pooled funding within their wider approach to the development of neighbourhood health plans.

For 2027 to 2028 onwards, government will:

1. consider whether local areas should be given more flexibility in deciding the level of pooled funding needed to support better integrated services.
2. There will be a consultation on any proposed changed to minimum NHS and local authority contributions.
3. Government, working joint with the NHS and local authorities will develop clearer expectations of the types of services that should be subject to pooled funding.
4. There will be no changes introduced to the NHS and local authority minimum contributions to the BCF before financial year 2027 – 2028.

8. Performance

The BCF Policy Framework 2026/27 introduces a set of national headline metrics. Four key performance indicator are proposed for this financial year. Two are mandatory and two are for local development and monitoring. The below table presents the four proposed metrics:

	Key Performance Indicator		**Mandatory / Local**	**Requirement of the numerical Template**
1.	Reduce avoidable non-elective admissions for people aged 65 and over		**Mandatory**	**YES**
2.	The average length of discharge delay for all acute adult patients, derived from:	Proportion of adult patients discharged from acute hospitals on their discharge ready date (DRD)	**Mandatory**	**YES**
		for those adult patients not discharged on their DRD, the average (mean) number of days from the DRD to discharge		
3.	Long-term admissions to residential care homes and nursing homes for people aged 65 and over		**Local**	**YES**
4.	Drive improvements on the proportion of people aged 65 and over discharged from hospital, with reablement provided partly or solely by local authorities, who remained in the community within 12 weeks of discharge		**Local**	**NO**

The development of targets for each key performance indicator have been developed in partnership in Torbay. The BCF plan has developed targets in-line with NHS Operating Plan requirements and has ensured consistency with recent submissions.

The key performance indicator to drive improvements in the proportion of people aged 65 and over discharged from hospital, who remained in the community within 12 weeks of discharge has not been included in the numerical template. This is to be determined locally 2026/27. It represents a previous Adult Social Care Outcomes Framework (ASCOF) indicator which ceased to be reported and monitored nationally. Local authority areas will be required to re-establish data collection local and is being perceived within the context of BCF as an indicator to monitor intermediate care and wider neighbourhood team effectiveness.

The below information provides an overview of the three key performance indicators included within the numerical template submission:

Non-elective Admissions

TORBAY		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
Non elective admissions to hospital for people aged 65 and over per 100,000 population	Rate	1,677	1,844	1,849	1,915	1,679	1,831	2,064	1,935	1,928	2,019	1,724	1,925
	Number of admissions 65+	641	705	707	732	642	700	789	740	737	772	659	736
	Population of 65+	38,234	38,234	38,234	38,234	38,234	38,234	38,234	38,234	38,234	38,234	38,234	38,234

Discharge Delays

TORBAY	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	0.39	0.4	0.56	0.51	0.39	0.54	0.45	0.6	0.57	0.6	0.65	0.47
Proportion of adult patients discharged from acute hospitals on their discharge ready date	93.00%	93.20%	90.50%	91.70%	92.60%	91.60%	92.40%	89.80%	90.70%	90.40%	89.70%	92.20%
For those adult patients not discharged on DRD, average number of days from DRD to discharge	5.58	5.94	5.87	6.18	5.34	6.37	5.86	5.92	6.19	6.21	6.32	5.95

Residential Admissions

TORBAY		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	844.8	831.7	813.4	766.3	724.5	706.2	685.3	666.9
	Number of admissions	323	318	311	293	277	270	262	255
	Population of 65+*	38,234	38,234	38,234	38,234	38,234	38,234	38,234	38,234

9. Monitoring Better Care Fund

Monitoring of Better Care Fund plans will be undertaken on a quarterly basis, and will commence in quarter 1 2026-27. These reports will need to be signed off by

HWB chairs ahead of submission. Reporting will be streamlined from previous years and include:

- a short narrative on progress against metrics
- spend to date
- where planned expenditure has changed, a summary of important changes and confirmation that these have been agreed by local partners and continue to meet national conditions
- A full end-of-year report will also be required to account for spend and this report will also be required to include a comparison with the intermediate care demand and capacity plan.

Enhanced support and oversight

Where Better Care Fund plans are adrift from agreed trajectories including both finance and performance, local areas will be required to engage in enhanced support and oversight from NHSE.

The reason for enhanced support and oversight may include, but not be limited to:

- current performance against headline metrics (2026-27) – and therefore risks to performance in year
- the identification of significant risks through the assurance process
- failure of HWB areas to agree a plan
- not meeting BCF national conditions across the 2026-27 delivery cycle

10. Finance

BCF national funding conditions must be adhered to with compliance demonstrated within BCF submission. The Better Care Fund outlines three national conditions:

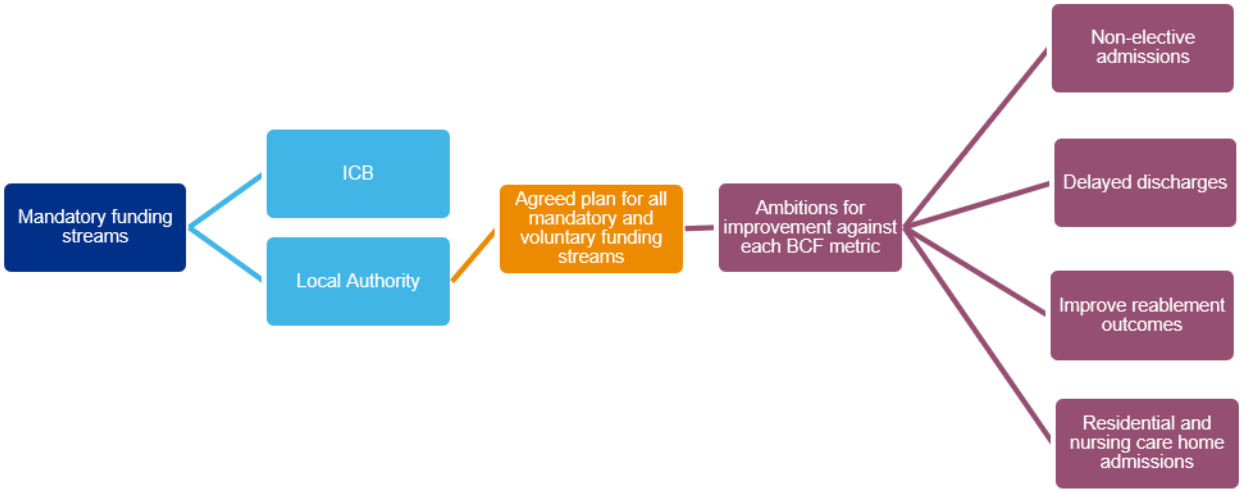
1. effectively support the delivery of integrated and preventative care
2. comply with expenditure and grant conditions
3. demonstrate effective governance, reporting and engagement

To satisfy the above national funding conditions, 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 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 comply and engage with BCF planning, governance and reporting requirements, including adherence to any assurance and oversight processes.

The below diagram illustrates the funding flow from central government departments and its application to the two Better Care Fund objectives.



The below table outlines the total financial values as reflected in the Torbay Better Care Fund (2026-27). For 2026-27, the NHS minimum contribution to adult social care has been uplifted by 4.4%. Integrated Care Boards are required to pass this uplift to Adult Social Care. The remaining ICB contribution has been uplifted by 2.1%.

Local Authorities have been allocated uplifts to the Disabled Facilities Grant only. The percentage uplift varies across each local authority area. For the second consecutive year the LA BCF Grant has not received an uplift.

Funding	**£**
Total ICB allocation	**17,192,845**
of which: ICB minimum contribution to ASC	5,286,000
of which: ICB discharge allocation	1,887,000
of which: remaining ICB minimum contribution	10,019,845
Disabled facilities grant	**2,736,176**
LA BCF Grant	**10,902,595**
of which: LA discharge fund	2,056,763
of which: remaining LA BCF Grant (Previously known as iBCF)	8,845,832
Total BCF allocation	**30,831,616**

Additional ICB contribution	0
Additional LA contribution	0
Total	**30,831,616**

Details of investments can be found in the Numerical Template for the Torbay Health and Wellbeing Board area.

Within the BCF Narrative Plan, governance arrangements have been described to provide assurance of grip, control and delivery of BCF investments. This includes elements of strategic agreement and co-ordination, contract management and review processes. Where performance is off-track or utilisation of finances is not in-line with expectations local BCF governance arrangements must demonstrate strong leadership and either improve delivery or re-invest monies in appropriate schemes aligned to BCF aims and objectives.

Financial reviews of BCF investments will be key to support further alignment with the development and delivery of integrated neighbourhood team arrangements. NHS Devon, Cornwall and Isles of Scilly have commenced meetings to plan a peninsula wide approach to reviewing investments whilst recognising local differences in current BCF commitments. A proposal with timescales will be developed shortly. It should be noted that the Better Care Fund is used in part to contribute to statutory acute and community health service provider contracts and funds current core services. Consideration will need to be given to how these investments are reviewed, to ensure provider are cognisant of the BCF contribution and greater visibility of delivery against BCF targets is monitored and achieved.

11. Next steps

Better Care Fund Plans were submitted 19th May 2026 to NHS England.

National and Regional Assurance panels are now reviewing all Better Care Fund plans.

Upon receipt of national endorsement, health and wellbeing board areas are required to develop section 75 agreements between ICBs and local authorities.

Section 75 agreements are to be developed, signed by local partners and confirmation provided to NHS England by 30th September 2026.

Recommendations

1. Torbay Health and Wellbeing Board to note the report and strategic direction for greater alignment with Neighbourhood Health developments.

2. Torbay Health and Wellbeing Board is asked to sign off the Torbay BCF Plan 2026-27.

Appendices

Background Papers:
The following documents/files were used to compile this report:

Appendix

List of background papers

Document	
Torbay BCF Narrative Plan	 TORBAY BCF 2026-27 Narrative Re
Torbay BCF Numerical Template	 TORBAY BCF 202627 Numerical Template 2