AGENDA ITEM

REPORT TO HEALTH AND WELLBEING BOARD

29th July 2026

REPORT OF: Better Care Fund (BCF)

STOCKTON BETTER CARE FUND (BCF) UPDATE

Stockton-on-Tees BCF plans 26/27

1. Summary

The purpose of this paper is to provide the Health and Wellbeing Board an update on the BCF Plan for 26/27. The plan has been endorsed by the Stockton-on-Tees Health and Social Care Collaborative and approved by the Pooled Budget Partnership Board (PBPB). The final plan was signed off by the SBC and ICB Chief Executives, along with the Health and Wellbeing Board (HWB) Chair, prior to submission to NHS England on 18 May 2026, in line with assurance processes and planning requirements.

2. Recommendation

The Health and Wellbeing Board are asked to:

1. Acknowledge the submission of the Stockton-on-Tees BCF Plans 26/27 to NHS England as part of the planning requirements.

3. Background

The aim of the BCF is to support ICB and local authority 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.

The BCF policy framework sets out the objectives, funding and conditions for the BCF for 26/27. As set out in the 10 Year Health Plan for England, the government is committed to reforming the BCF to provide a more consistent and effective approach to funding services that it is essential to deliver in a fully integrated way. The first step is to make initial changes to the BCF for 2026–2027 to support further integration of the delivery of health and social care services, in line with the government's objectives for the Neighbourhood Health Plans.

The BCF plan was developed collaboratively by ICB, local authority and key system partners. It is informed by national planning guidance and principles, alongside evaluation of the impact of previous BCF plans.

4. Governance

The Stockton-on-Tees Health and Social Care Collaborative was established in 2025/26 to strengthen BCF governance. Meeting every six weeks, it brings together commissioning, finance, and BCF leads from the ICB and SBC, along with partners from the University Hospital of Tees, TEWV NHS Foundation Trust, and Primary Care Networks. The group oversees planning, reviews business cases, monitors BCF expenditure, ensures compliance, and promotes partnership working to support the Neighbourhood Health model.

The Pooled Budget Partnership Board meets bi-monthly, receiving recommendations from the Collaborative, providing strategic direction, and approving business cases related to the BCF.

The Health and Wellbeing Board (HWB) has statutory responsibility for approving and overseeing delivery of the BCF plan, ensuring it aligns with local needs, the Health and Wellbeing Strategy, and system integration priorities.

Overall, the governance structure ensures clear joint decision-making, strong financial oversight, and regular performance monitoring, enabling early identification of issues and effective targeting of BCF funding for best outcomes and value for money.

5. Details

The Stockton-on-Tees BCF plans consists of 2 elements:

1. Numerical return (appendix 1) sets out:

    a. Goals against the BCF metrics which include Non-Elective Admission to hospital, Discharge delays and long-term admissions to residential/nursing care homes
    b. Planned expenditure from the BCF funding sources
    c. How ICB maintain and meet the NHS's minimum contribution to adult social care
    d. Assurance statements to demonstrate ICB and LA are meeting the 3 national conditions

2. Narrative return (appendix 2) sets out:

    a. 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
    b. Rationale for how the ICB and LA set goals against the BCF metrics, and how to monitor and drive progress in preventing avoidable long-term care home admissions and improving outcomes from reablement
    c. Explanation on the planned impact of BCF funding on achievement of goals
    d. Outline how ICB and LA have confidence that the BCF funded services represent value for money and productivity
    e. Outline the robust joint governance for managing the expenditure of BCF and performance

6. BCF Plan Overview

Performance (Metrics)

The plan sets out ambitions on metrics (the monthly targets can be seen in Appendix 1). The metrics include the following:

a. **Non-Elective Admissions (NEL)** - The trajectory is based on a rolling 12-month historical baseline, with the 2026/27 plan informed by average performance and growth trends over the past three years. It reflects the ongoing impact of existing BCF-funded schemes, incorporates seasonal variations, and includes a 2.9% efficiency assumption. This approach aims to maintain the consistent reduction in non-elective admissions (NEL) seen in Stockton, with confidence that, despite expected population growth—particularly within the target cohort—current schemes and ongoing monitoring and expansion will sustain this positive trend.

b. **Delayed Discharges (Discharge Ready Date DRD %)** - DRD goals are aligned with national discharge planning principles, with increased ambition for 2026/27 while maintaining positive trends in reducing delays. Strengthened discharge pathways, supported by BCF-funded roles and collaborative system working, continue to improve timely discharge, rehabilitation, and reduce readmissions and length of stay.

   The system remains focused on coordinated discharge through regular meetings and MDT support, while the Home First approach and emerging Integrated Neighbourhood Teams aim to improve continuity, reduce duplication, and address inequalities. Due to the emerging nature of the transformation programme, there may be some short-term impact on delayed discharge performance until the improvement work is fully embedded.

   Please note that data shown in the blue boxes was pre-populated by NHS England. Actual data for the period of Nov 25 to Mar 26 was not available when the template was developed and therefore could not be included.

c. **Long term care home admissions for aged 65 and over** - we use the Client Level Data (CDL) dashboard, locally reported activities and historical trends to set our target. Based on the evidence, the market shows an overall decrease from 24/25 to 25/26 in the number of permanent placements under contract into older people care homes. This reflects impact of the Home First approach, reablement and greater use of assistive technology. Therefore, we have set a target of a reduction of 1.75% for each quarter resulting in a 7% reduction by the end of the financial year.

Finance requirements:

ICB and local authority must pool their designated minimum contribution and the Local Authority Better Care Grant and Disabled Facilities Grant (DFG). The NHS minimum contribution to adult social care must be met and maintained by the ICB in line with the published BCF allocations. Local authority must comply with the grant conditions of the Local Authority Better Care Grant and the DFG, including the pooling of funding.

For full details of planned expenditure please see numerical return in appendix 1.

Better Care Fund plans should:

- set out expenditure against key categories of service provision and the sources of this expenditure from different components of the BCF (Table 1)
- set out how expenditure is in line with funding requirements, including the NHS minimum contribution to adult social care
- place the funding into 1 or more pooled funds under section 75 of the NHS Act 2006 once the plan is approved

Table 1:

	2026-27		
Running Balances	Income	Expenditure	Balance
DFG	£2,319,668	£2,319,668	£0
NHS Minimum Contribution	£20,906,301	£20,906,301	£0
Local Authority Better Care Grant	£8,847,725	£8,847,725	£0
Additional LA Contribution	£1,514,749	£1,514,749	£0
Additional NHS Contribution	£0	£0	£0
Total	**£33,588,443**	**£33,588,443**	**£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	£10,510,675	£16,100,087

Appendices: Stockton-on-Tees BCF Plan 26/27

Appendix 1: Numerical return

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Appendix 2: Narrative return

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