

Better Care Fund (BCF) Planning Principles

2026-27

Better Care Fund



Introduction and Guidance

For the Better Care Fund (BCF) 2026-27 planning submission, you will need to complete two mandatory returns: the numerical return and the narrative return. This document has been developed in collaboration with partners to support completion of the BCF 2026-27 narrative return.

The planning principles are intended to support high-quality submissions and promote a consistent approach to integrated planning for the 2026-27 BCF cycle. It aims to help integrated care boards (ICB), local authorities and health and wellbeing boards (HWBs) prepare their narrative responses and directing them to relevant resources, tools and guidance. It includes sections on:

- Cross cutting principles – to consider when completing the numerical return and the narrative return.
- For the three national conditions:
 - The planning requirements and how the two returns (numerical and narrative) need to demonstrate these (as set out in the Better Care Fund Framework)
 - Reference to the four assurance statements included in the numerical return
 - Reference to the five narrative questions and an outline of what a good practice response may include for each narrative question – this is provided as a guide only. These do not substitute or add to the formal planning requirements and published guidance on how these requirements should be demonstrated, and it is important that submissions as a whole respond to all the requirements. There is flexibility for areas to use alternative wording or approaches when answering the narrative questions, rather than necessarily following the ‘good practice’ structure.

For guidance and support in developing the numerical return, please use the BCF 2026-27 Metrics Handbook: this provides the technical specifications for the BCF national metrics, including the rationale, methodology, required data inputs and worked examples.

All supporting documents can be found on the BCF Exchange: [Supporting Documents & Templates - Better Care Exchange - Better Care Fund](#)

Cross-cutting principles

Outcome-Focused



Planning should be anchored in delivering tangible and measurable improvement in outcomes for people and communities, across both health and care. It should reflect shared accountability for public value and be shaped by the voices of local service users, carers and citizens.

Accountable and Transparent



Effective joint planning requires clarity and shared understanding of roles, responsibilities and accountabilities across local areas. Governance structures should support transparent, inclusive decision making, enable joint oversight and constructive challenge, and ensure alignment with strategic objectives at a health and wellbeing board, neighbourhood, place and system level. HWBs play a central role in convening partners, embedding shared ownership and accountability and maintaining public trust.

Evidence-Based and Locally Informed



Decisions made as part of joint planning should be underpinned by robust and inclusive analytical foundations, drawing on population health and wellbeing data, demand and capacity modelling, workforce insights, productivity analysis and local intelligence. Analysis should reflect both health and care perspectives, be informed by lived experience and benchmarked against best practice to support continuous improvement and equitable outcomes.

Collaborative and Delivery Focused



Planning should bring together staff from across health, care and wider local area functions, including finance, commissioning, workforce, operation delivery, therapy leadership and those with lived experience, to ensure that work is co-ordinated, inclusive and shaped by those responsible for implementation. Joint planning should reflect the expertise and insight of all partners, enabling confident delivery and continuous improvement.

Ambitious, Realistic and Co-Owned



Joint returns should aim to achieve the purpose of BCF: 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. The returns should be realistic and based on understanding of resources required such as workforce and funding. Reference to strategies for managing risks regarding performance of metric goals should be underpinned by robust triangulation across governance and data quality.

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.

Planning Requirement	Where is this demonstrated
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.	Numerical return Narrative return Question 1
ICBs and local authorities must set out plans that: <ul style="list-style-type: none"> 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 	Numerical return Narrative return Question 2
ICBs and local authorities must demonstrate that their plans for the use of the BCF represent value for money and improve overall productivity	Narrative return Question 3

To demonstrate these requirements:

Named ICB and local authority chief executives and a named health and wellbeing board chair must confirm that BCF expenditure is agreed and aligned with wider strategic objectives for neighbourhood health and social care

114

The BCF assurance return must include a short statement setting out how BCF funding will support wider strategic objectives, including those referenced in the ICB 5-year strategic commissioning plan. This statement must include:

- a short explanation for any substantial changes in allocations compared with the 2025 to 2026 BCF funding and, if doing so, set out how ICBs and local authorities are ensuring continuity of critical services
- a summary of assessments in the demand and capacity needed for intermediate care

The assurance return must also:

- set out local goals for non-elective hospital admissions for people aged 65 and over and discharge delays and the rationale for these goals, including alignment with local NHS provider medium-term planning assumptions. It should also set out plans to drive progress in preventing avoidable long-term care home admissions and improving outcomes from reablement and, if agreed locally, the rationale for local goals for long-term admissions to care homes
- include an explanation of how BCF-funded services will contribute to meeting these goals

Set out 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. The value for money section of the return must reference how the joint governance set out under national condition 3 will review value for money and productivity

The planning (numerical) and assurance (narrative) return must be submitted to the national BCF team and to regional better care managers via email, using the provided template on the BCF Exchange by **19 May 2026**



National condition 1

Return	Question in BCF Narrative Return/ Assurance Statement	What does good look like: outlines what a good response to the narrative question could include, as guidance only.	KLOE for assurance
Numerical Return	<p>Assurance statement: 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.</p>		
Narrative Return	<p>Question 1: Please provide a short statement setting out the rationale for using BCF funding to maximise delivery of integrated and preventative services, linked to the relevant areas of neighbourhood health and social care services.</p>	<ul style="list-style-type: none"> • The response clearly sets out the priorities for BCF funding to deliver integrated and preventative services, aligned to the development of relevant areas of neighbourhood health and social care, and achieve positive outcomes for patients. including those referenced in the ICB 5-year strategic commissioning plan • It provides a brief explanation for any substantial changes in planned spend compared to 2025-26, including any factors that have influenced these decisions. If proposing substantial changes, it sets out how ICBs and local authorities will ensure continuity of key services and avoid disruption. • The response provides a summary of the HWB assessment of demand and capacity for intermediate care and explains how this assessment has informed planning (Please review the section on intermediate care in the BCF Framework 2026-27). The response may also wish to make brief reference to the other specific factors noted in the BCF Framework 2026-27. 	<p>Is there a clear rationale for using BCF funding to achieve delivery of integrated and preventative services and is there alignment with relevant neighbourhood health and social care priorities?</p>



National condition 1

Return	Question in BCF Narrative Return/ Assurance Statement	What does good look like: outlines what a good response to the narrative question could include, as guidance only.	KLOE for assurance
Narrative Return	<p>Question 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.</p>	<ul style="list-style-type: none"> • The response clearly explains the assumptions and evidence behind the goals for non-elective admissions (65+) and average length of discharge delay. These may include, for example, experience over the previous year, comparisons with peer group areas and the impact of service changes. • The response describes how HWB goals on non-elective admissions and discharge delays are aligned with NHS provider and ICB planning trajectories, outlining any differences where local expectations vary from NHS planning assumptions. • Where goals have been set for reducing long-term admissions to residential care or nursing homes, the response outlines the basis for the goals. If a goal is not set, the response will still set out how planned activity is expected to support progress on this metric. • The response will describe how planned activity is expected to improve reablement outcomes, particularly the proportion of older people who remain at home 12 weeks after discharge. • The response outlines how the HWB will ensure high-quality data, including accurate and complete recording and routine review of their Discharge Ready Date (DRD) information, and explains how any known data quality issues will be addressed for the BCF metrics. 	<p>Does the rationale:</p> <ul style="list-style-type: none"> • Outline their approach to develop metric goals in line with the advice in the 2026-27 Metric Handbook guidance? • Provide context/outline previous metric performance and how this has informed 2026-27 goals? • Explain alignment of the national metrics with the NHS planning trajectories?
	<p>Question 3: Please provide a short explanation of the planned impact of BCF funding on achievement of goals</p>	<ul style="list-style-type: none"> • The response explains how BCF funded services contribute to achieving the metric goals, drawing on evidence from recent delivery. It may highlight insights from reviews or improvement work that have shaped funding decisions, including any shifts toward services demonstrating the greatest impact (Note: we recognise that quantifying the impact of every intervention is unlikely to be feasible). • It describes how funding decisions have been informed by identifying which population groups benefit most from particular interventions and how resources have been targeted to maximise impact for those cohorts. 	<p>Does the response outline how the BCF-funded services contribute/ have impact on the achievement of metric goals?</p>

National condition 1

Return	Question in BCF Narrative Return/ Assurance Statement	What does good look like: outlines what a good response to the narrative question could include, as guidance only.	KLOE for assurance
Narrative Return	<p>Question 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.</p>	<ul style="list-style-type: none"> The response describes how ICBs, local authorities and HWBs have taken a structured approach to considering value for money e.g. optimal use of inputs, such as costs and demand management, outputs and impact. It highlights any benchmarking, or intention to benchmark, the cost and performance of key BCF-funded services against comparable services, and how these insights are being used to shape service improvement. It summarises how partners have considered opportunities to improve productivity in key services, such as longer-term contracting, digitisation, or changes in workforce skill mix or deployment. (Note: collectively, NHS trusts need to deliver a 2% year on year improvement in productivity over the next 4 years, and relevant spending through BCF may contribute towards these). <p>Note: achieving value for money and improving overall productivity should be a collective endeavour between the NHS, local government and partners. Strong governance arrangements should be in place to monitor efficiency, effectiveness, resource allocation and improvement. The role of joint governance in reviewing value for money should be set out in question 5, referenced briefly in this responses.</p>	<p>Does the statement reference a clear outline of the ICBs, local authorities and HWBs approach to achieve value for money and productivity drawing on learning and with appropriate consideration to relevant opportunities?</p>

117

Resources and tools to support with National condition 1:

- BCF Metrics Handbook – [Supporting Documents & Templates - Better Care Exchange - Better Care Fund](#)
- [Supplementary guidance to the Medium term Planning Framework - delivering change together 2026/27 to 2028/29](#)
- [The Government Efficiency Framework - GOV.UK](#)
- [NHS England » Medium-term planning framework: Revenue finance and contracting guidance](#)
- [NHS England » Medium Term Planning Framework – delivering change together 2026-27 to 2028/29](#)



National condition 2: comply with expenditure and grant conditions

ICBs and local authorities must comply with all national grant and funding conditions and deliver in accordance with their approved return. ICBs must maintain the NHS minimum contribution to adult social care and pool NHS BCF contributions into a section 75 (of the NHS Act 2006) pooled fund

Planning Requirement	Where is this demonstrated
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 may voluntarily pool additional funding through the BCF where they consider this is likely to lead to an improvement in the services being funded	Numerical Return
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	Numerical Return
Local authorities must comply with the grant conditions of the Local Authority Better Care Grant and the DFG, including the pooling of funding	Numerical Return
To demonstrate these requirements:	
<p>The BCF assurance return must set out:</p> <ul style="list-style-type: none"> planned expenditure against core categories the sources of this expenditure from different components of the BCF, including the NHS minimum contribution to social care 	
Assurance statements in the return will ask ICBs and local authorities to confirm that funding conditions have been met	
ICBs and local authorities must confirm that they will place the funding into one or more pooled funds under section 75 of the NHS Act 2006 once the BCF 2026 to 2027 assurance return is approved. They must do this no later than 30 September 2026	

118



National condition 2

Return	Question in BCF Narrative Return/ Assurance Statement	What does good look like: outlines what a good response to the narrative question could include, as guidance only.	KLOE for assurance
Numerical Return	Assurance Statement: 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.	Provide details on funding contributions within the comments box on the income tab, in the BCF numerical return.	Does the total income match the total planned expenditure?
Numerical Return	Assurance Statement: ICBs and local authorities confirm they will pool funds through Section 75 agreements by 30 September 2026.		

119



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.

Planning Requirement	Where is this demonstrated
ICBs and local authorities must have effective joint governance in place to ensure local accountability for delivery of outcomes, including reviewing performance against plan objectives and local goals, and taking action if necessary to bring delivery back on track	Narrative Return
ICBs, local authorities and health and wellbeing boards are required to engage with BCF reporting, oversight and support processes	Numerical Return
To demonstrate these requirements:	
The BCF assurance return must set out robust joint governance for managing the expenditure of BCF funding, including assessing impact of funding, value for money and continuous improvement	
ICBs and local authorities will need to confirm through assurance statements that they will engage with BCF oversight and support processes if necessary	

120

Resources and tools

- Governance: [NHS England » Medium Term Planning Framework – delivering change together 2026-27 to 2028/29](#)



National condition 3

Return	Question in BCF Narrative Return/ Assurance Statement	What does good look like: outlines what a good response to the narrative question could include, as guidance only.	KLOE for assurance
Narrative Return	Question 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.	<ul style="list-style-type: none"> • The response describes the governance arrangements agreed by the ICB, local authority and HWB, clearly setting out the roles, responsibilities and decision-making authority for BCF expenditure. Reference to the relationship other relevant governance arrangements e.g. neighbourhood health. • It sets out how the process ensures effective monitoring of expenditure, impact and value for money, as set out in National Condition 1. • The response briefly describes how governance groups routinely review progress against 26-27 performance goals, take timely action when delivery is off track and review the longer-term impact of key BCF funded services. • It describes how the governance structure supports continuous improvement, including how learning is captured, shared and used to refine commissioning and substantial changes in spending plans over time. 	<ul style="list-style-type: none"> • Does the response refer to their joint governance arrangements, with clear roles and responsibilities and escalation routes. • Do the governance arrangements have sufficient capacity and representation to monitor/review in year delivery of BCF 2026-27 specifically to monitor expenditure and value for money.
Numerical return	Assurance statement: ICBs and local authorities confirm full compliance with BCF planning and reporting requirements and will adhere to the BCF oversight and support processes.		

121



The Better Care Exchange

The Better Care Exchange is our Future NHS Platform, which aims to support local areas with the planning and implementation of the BCF. The workspace enables you to share, learn and interact with colleagues across the country. The platform includes:

Publications

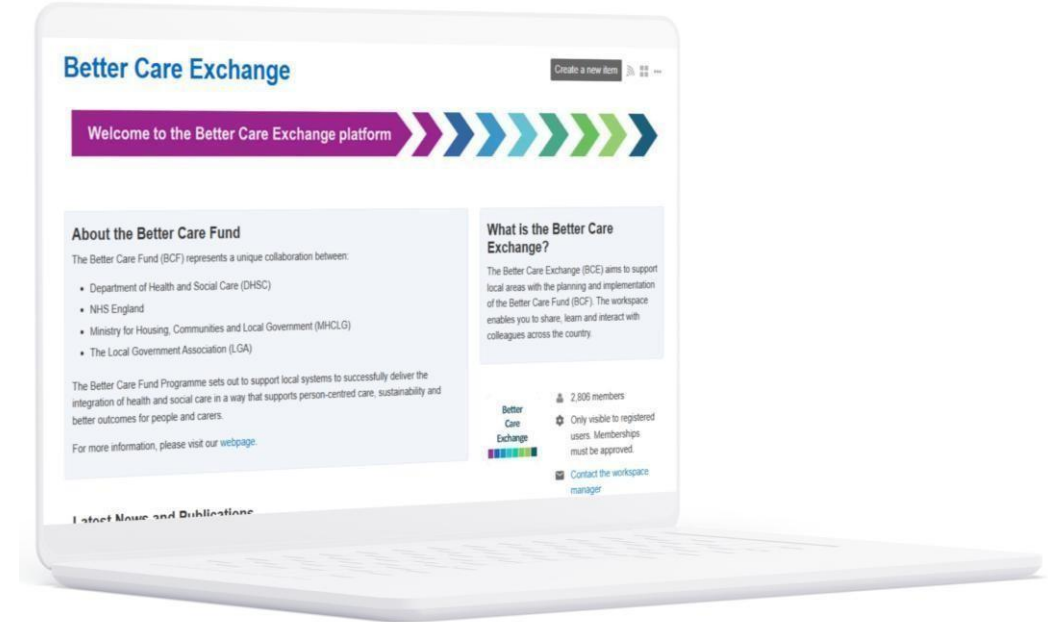
- Key publications relating to the BCF
- Publications from across the health, housing and social care sectors

Learning

- Case studies and shared practice on integration and previous BCF plans
- Webinar recordings

Discussion & Collaboration

- A forum for sharing information, requests, support and learning
- Share and work on documents with other colleagues



There are over 2,800 registered users on the platform working across the integration of health, housing and social care.

To register to join the Better Care Exchange please email:

England.bettercareexchange@nhs.net, including your role, organisation, location and area of interest.

Thank you



England.bettercarefundteam@nhs.net



[Sign up to the Better Care Exchange](#)



[About the Better Care Fund](#)

For more information and regular updates, send an email to our team to sign up to the BCF Bulletin and Better Care Exchange.

This page is intentionally left blank