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

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	**Brighton and Hove**	
ICB	**NHS Surrey and Sussex**	
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.**

   Please provide a concise statement of around one page (e.g. around 500 words). Please provide your response below:

The Better Care Fund (BCF) in Brighton and Hove is a central mechanism for delivering integrated, preventative neighbourhood-based care that supports local people to maintain independence and reduces avoidable demand on hospital and long-term care services. Investment decisions are guided by the Sussex Neighbourhood Health Framework and Brighton and Hove Health and Wellbeing priorities. These are aligned with national policy including the NHS Long Term Plan and the Sussex Improving Lives Together strategy.

In developing the overall BCF plans for 26/27 and reflecting the transitional nature of the BCF for 26/27. Key learning from 25/26 has been considered and actioned, which is evident in some changes to our BCF investment into hospital discharge services that reflects the national support our System has received around discharge. To support transformational change and shifts in system working across health and social care. Our 26/27 plan reflects a level of continuity with sustained commitments that enables our system partners to direct capacity and capability towards further integrated ways of working, aligning existing BCF investment with our new neighbourhood health structures.

Delivering integrated intermediate care and 'Home First' pathways
Sussex Commissioning Intentions and Adult Social Care priories for 2026/27 emphasise reducing length of stay, increasing discharge to usual place of residence, and providing rehabilitation and reablement in community settings. The Neighbourhood Health roadmap includes a single model of community rehabilitation and integrated assessment hubs operating seven days a week. BCF investment is critical to implementing and sustaining these pathways.

NHS Sussex and the City Council are progressing ongoing plans to improve understanding of 'needs-based' demand for intermediate care service, building on previous work with NHS England and ICB systems to develop more consistent approaches to demand and capacity planning. In planning for 2026/27, assumptions for discharge demand are primarily based upon the main Providers local data identifying which are Brighton & Hove patients. Admission avoidance demand is based upon the flow into the identified services which provide the relevant support many of which are funded partially or wholly through BCF. Capacity assumptions are primarily based upon contracted data.

Our acute hospitals have already, or are in the process of, implementing a 'Describe, not Prescribe' discharge assessment approach to better inform pathway decisions, and community services are piloting the use of patient personas to better match capacity to stratified needs. Improved understanding of needs-based demand for bed and home-based intermediate care services, and improved stratification of patient needs will inform service and workforce capacity planning, utilising the NHSE Intermediate Care Workforce Modelling Tool, ensuring capacity is aligned to the complexity and acuity of patients, rather than historical service structures.

Strengthening integrated neighbourhood teams supporting prevention, early intervention and pro-active care

The Sussex Neighbourhood Health framework identifies multi-professional, team-based working as fundamental to delivering holistic and proactive care. BCF funding enables the workforce infrastructure, shared care planning processes, information-sharing systems, MDT coordination, and clinical governance arrangements required for ICTs to operate effectively and consistently across Sussex.

Brighton & Hove is split into three defined neighbourhoods and a specialist Homeless & Multiple Compound Needs Integrated Community Team (ICT). Each neighbourhood and ICT has established integrated pro-active care teams supported by risk stratification tools to target those with the highest needs and to prevent avoidable hospital admissions. Our BCF plan invests heavily in these teams including specific social care investment to enabling them play active roles in these health led teams. We have also maintained our investment in specialist integrated homeless healthcare as a specific Health& Wellbeing Board priority

Voluntary sector provision plays a significant role in addressing non-clinical drivers of demand, including services for high-intensity health service users and people experiencing homelessness. These pathways help reduce repeat emergency department attendance by supporting individuals to access coordinated health, care and wider support.

The Home First approach underpins Brighton and Hove's use of BCF funding to support system flow and timely discharge. Targeted discharge arrangements include the Same Day Discharge Team, Transfer of Care Hub support, enhanced reablement and step-down services, and additional social work and therapy input. These interventions address common causes of delay such as coordination of complex discharges, access to home care, therapy assessments, and timely provision of community equipment, with surge capacity available during periods of increased pressure.

Preventative infrastructure is strengthened through investment in community equipment, telecare, assistive technology and the Disabled Facilities Grant. These interventions support

safe and timely discharge home, reduce falls risk, and enable people to remain independent for longer, helping to prevent admission or escalation to residential care.

Support for unpaid carers is prioritised through carers hubs, assessments, respite services and personal support budgets delivered through local authority and voluntary sector partners. This support sustains informal care arrangements, helping prevent carer breakdown and avoiding unnecessary hospitalisation or long-term placement.

2. **Please provide a brief explanation of the rationale for how you have set out goals for the metrics of non-elective admissions (for those 65 years old and over) and delayed discharges. Please also set out how you will monitor and drive progress in preventing avoidable long-term care home admissions and improving outcomes from reablement, including through any locally agreed goals for long term admissions to residential care and nursing homes.**

   Please provide a concise statement of around one page (e.g. around 500 words). Please provide your response below:

Brighton and Hove's Better Care Fund (BCF) metric goals for 2026/27 are grounded in recent local performance, provider operational plans, and informed assumptions about the impact of sustained investment in neighbourhood prevention and Home First pathways. The approach balances ambition with deliverability and reflects a continuous improvement model, with in year refinement where intelligence indicates emerging pressures or opportunities.

For the Health based measures, the figures in the BCF plan reflect the provider submissions to the Operating plan at point of signoff at the Boards. These plans will be further developed in year to reflect all ambitions for improvement in the system and identifying areas for improvement, refining flow and driving change comes through a process of continuous improvement. Progress in preventing avoidable long-term care home admissions and improving outcomes from reablement will be monitored and driven through Brighton & Hove Adult Social Care Performance Boards.

Delayed Discharge Metrics

Our discharge ambition has been set in response to national benchmarking, which highlights discharge as a key area requiring improvement within Sussex. Delayed discharge goals are set and monitored through our Urgent Care Partnership Group. The Group uses recent local discharge performance, Provider operational plans and national benchmarking. In developing the trajectories, the system has balanced the need for demonstrable progress with realism about what is deliverable given workforce, capacity, and operational constraints.

The delayed discharges plan follows a similar methodology, where it is dictated by the dominant acute provider's % difference within their plan vs year to date actuals (source the providers MTP's submission in Feb-26). Brighton and Hove average % of discharges on DRD = 84.2% (last 12 months), UHSx stating a 0.2% improvement will boost the Brighton and Hove 26/27 plan to 84.4%. Average length of delayed days per delayed patient's 26/27 plan improves by 21.9%, baseline goes from 11.5 (last 12 months) to 9.0.

This work has been shaped through the city's Urgent Care Partnership Group, which provides oversight, challenge and assurance, ensuring that trajectories are credible, evidence based and aligned to wider improvement work across acute, community, mental health and social care services. This governance framework helps ensure system ownership of discharge improvement, supports alignment to national expectations, and enables refinement of plans as operational intelligence evolves across the year.

Non-Elective Admissions Metric

The plan for non-elective spells (65+) in Brighton and Hove mirrors the dominant acute provider's growth assumption taken from the Non-elective Length of Stay (LoS) 1+ metric

within the Medium-Term Plan (MTP) submitted in Feb-26. In addition, the Sussex-wide local ambition to reduce the number of Non-Elective Admission Avoidance (AA) spells for people aged 65+ by 10% across all Integrated Community Teams (ICTs) has been applied, with only the LoS 1+ element included for BCF planning purposes. The corresponding ICT-level reductions mapped to Brighton and Hove are deducted from the subtotal plans for 2026/27. So, mirroring UHSx's MTP growth (+3.8%) and applying the local NEL AA LoS 1+ reduction (328 spells) results in a 26/27 plan that is 1.0% lower than the latest 12 months of actual activity.

Reducing avoidable admissions is an agreed System priority set out in our new NHS commissioning intentions and monitored through our Neighbourhood Health Governance

Residential Care Admissions Metric Target

We have seen steady performance improvement in reducing residential care admissions in the last two years from 769 admissions per 100,000 in 24/25 down to 598 in 25/26. In setting this years target we have reviewed national benchmarking data and are proposing a metric target of 592.5 admissions per 100,000 in line with the national average. This metric is monitored through the BHCC Adult Social Care Performance Board.

Reablement outcomes are monitored through established adult social care performance arrangements, focusing on completion of reablement and sustained independence after intervention. Delivery is supported by reablement capacity, occupational therapy, district nursing input, and targeted pathways for people with mental health needs, homelessness, and high complexity presentations.

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

Please provide a concise statement of around one page (e.g. around 500 words). Please provide your response below:

The BCF in Brighton & Hove aims to strengthen joint working between health and social care to improve outcomes for residents. In line with the wider Sussex wide strategy Improving Lives Together, funding is planned to support:

The additional 2.1% BCF growth funding enables targeted investment in community-based services aligned to BCF priorities. The funding supports capacity and resilience across key pathways, including prevention, discharge support, and community care, allowing the Brighton & Hove system to better manage rising demand and cost pressures.

This investment will deliver value by sustaining timely access to care, supporting improved system flow, and reducing avoidable escalation into acute services. The growth funding therefore demonstrates a positive return on investment by enabling more efficient use of system resources while improving outcomes for individuals.

The plans for 2026/267 have been developed taking key learning into account. The schemes which have been included for a number of years have proven to provide the appropriate pathways for people to ensure admissions to and stays within hospitals are minimised. The learning through whole system reviews such as MADE and benchmarking with other areas where available supports the need to keep pathways simple and ensure there is optimal capacity available within these pathways.

As a result of our understanding of the Brighton & Hove system, BCF funding is deliberately targeted at interventions where there is strong evidence of impact on system outcomes and cost avoidance, particularly admission avoidance, improved discharge flow, reduced length of stay and improved independence following reablement.

To ensure that resources are targeted to maximise impact for those population groups that would benefit most, we use a population health management approach, triangulating various data sets (e.g. ED attendances and admissions, Care home and admissions, Community Contacts and vaccination uptake), intelligence from the Johns Hopkins risk stratification tool, and provider insight to identify those most at risk of hospitalisation and long-term care. This includes people with frailty, those living in deprived areas, and those with complex/severe chronic conditions. Our Sussex neighbourhood Health Framework sets clear outcome targets for reducing avoidable admissions by 10% and improving vaccination screening rates by 15%. Our BCF plan and investment support the delivery of these System targets.

1. Improving Health and Reducing Inequalities

- Helping people stay healthy and independent for longer, The Brighton & Hove BCF supports a range of preventative and pro-active services such as community equipment, and VCSE provision including advocacy, carers, mental health and homeless healthcare support.

2. Improving Access to Local Services

- Expanding and enhancing services available within communities. The BCF provides funding for additional capacity across a wider range of community services.

3. Integrating Health and Social Care

- Breaking down organisational barriers to better support people with complex, long-term needs. Many of the services funded wholly or partially through the Brighton & Hove BCF are provided jointly such as our integrated community health teams, integrated transfer of care hub and the integrated Community Equipment service.

4. Delivering BCF Metrics Through Joint Schemes

- Many BCF schemes are jointly commissioned and delivered by Adult Social Care and NHS partners like our Ageing Well programme and carers hub
- These schemes support integrated service models focused on local community needs.
- Although measuring impact at individual scheme level is challenging, the combined approach is expected to positively influence BCF performance metrics.

5. Enhancing Admission Avoidance and Hospital Discharge

- Ongoing review of these pathways highlights the need for more coordinated care, which will be advanced through neighbourhood health plans.
- BCF funding is flexibly allocated to match changing demand for short-term and intermediate care services.

To ensure that resources are targeted to maximise impact for those population groups that would benefit most, triangulation of various data sets (e.g. ED attendances and admissions, Care home and admissions, Community Contacts and vaccination uptake), intelligence from the John Hopkins risk stratification tool, and provider insight has taken place to create a more comprehensive and holistic view of need.

4. **Please outline how ICBs and local authorities have confidence that the services funded through the BCF represent value for money, and how they will seek to raise the productivity of services.**

   Please provide a concise statement of around one page (e.g. around 500 words) please provide your response below:

Brighton & Hove partners are committed to ensuring that Better Care Fund (BCF) investment delivers clear value for money by improving outcomes for residents, reducing avoidable demand on acute and long-term care services, and maximising productivity through integrated health and social care delivery. Our BCF plan is aligned with wider System improvement requirements such as NHS provider 2% productivity increase target and Sussex NHS Commissioning intentions and associated outcome metrics for NHS providers. For Social Care our improvement plan coming out of the recent CQC inspection.

BCF funding is deliberately targeted at interventions where there is strong evidence of impact on system outcomes and cost avoidance, particularly admission avoidance, improved discharge flow, reduced length of stay and improved independence following reablement. These outcomes are central to the sustainability of the wider health and care system in Brighton & Hove and provide the primary framework through which value for money is assessed.

Given the integrated and preventative nature of BCF-funded services, value for money is assessed primarily at an outcomes level rather than through isolated service-line activity measures. Brighton & Hove partners focus on the contribution of BCF investment to:

- Reducing non-elective admissions for people aged 65 and over
- Improving the timeliness of discharge and reducing delayed stays
- Maximising the proportion of people who return home following reablement
- Preventing avoidable admissions to long-term residential and nursing care

These outcomes deliver both improved experience and independence for residents and reduced cost pressure elsewhere in the system. BCF schemes are therefore judged on their contribution to reducing escalation, duplication and dependency, rather than on unit cost alone.

In response to the 2026/27 growth in BCF funding, partners have taken a deliberate approach to securing additional impact, rather than simply sustaining existing levels of provision. Growth funding is being prioritised to:

- Strengthen our integrated pro-active community care services in line with the new Sussex Neighbourhood Health Framework and the work around people with highest and ongoing health & care needs
- Focus on our discharge system and building on the work of our integrated transfer of care hub with investment in new therapy leads and same day discharge teams
- Building on our agreed Health & Wellbeing Board population health priorities with further investment into services for people with multiple compound needs and a firm commitment to maintain investment to our VCSE partners and the important prevention work they do

The expected return on this investment is a measurable reduction in avoidable hospital use, improved discharge performance, reduced reliance on long-term care and continued focus on local health inequalities. This represents a positive return on investment through both improved outcomes for individuals and more efficient use of system resources.

NHS-funded elements of the BCF are expected to demonstrate a minimum 2% productivity improvement in line with national NHS requirements. Productivity is driven through joint oversight of activity, outcomes and expenditure across health and social care. Key mechanisms toward ensuring a strong approach to understanding this productivity and opportunities for productivity gains include:

- Regular review of reablement throughput, intensity and outcomes achieved
- Monitoring discharge pathways to identify and reduce avoidable delays
- Active in-year flexing of BCF-funded capacity to respond to demand and maximise impact

Where services operate within a fixed or capped funding envelope, providers and commissioners are expected to increase productivity by improving flow, reducing delays and ensuring capacity is targeted at those most likely to benefit, rather than expanding activity without outcome gain.

Value for money is reinforced through established joint governance arrangements, including integrated oversight boards, joint commissioning structures and performance forums. These arrangements provide:

- Routine scrutiny of financial performance and delivery against agreed outcomes
- Mechanisms to identify under-performance and agree corrective action
- Opportunities to apply learning from service reviews, prior-year performance and benchmarking to inform commissioning decisions

BCF-funded schemes are kept under ongoing review. Where services are not delivering their intended outcomes, partners will collectively agree improvement actions, service redesign or reprioritisation of investment to ensure continued value for money.

5. **Please outline your robust joint governance for managing the expenditure of BCF funding, including assessing impact of funding, value for money and continuous improvement.**

Please provide a concise statement of around one page (e.g. around 500 words). Please provide your response below:

The Brighton and Hove Health and Wellbeing Board (HWB) oversees the Better Care Fund (BCF), receiving quarterly performance/ highlight reports. Its members are from the City Council, NHS Sussex Integrated Care Board, NHS providers, the VCSE sector, and community partners. The city's HWB recently reviewed its effectiveness and on the back of that work engaged the LGA to support Board development. This work is ongoing and will drive a refresh of its HWB strategy and refocus of the way the Board works to recognise its responsibilities going forward for Place leadership of neighbourhood health

The HWB is supported in delivering its responsibilities through the city's integrated health & care partnership structure. This includes a Place-based Delivery Board that drives the

delivery of the partnerships agreed priorities and supports the work of our four Integrated Community Teams that deliver the outputs of the Sussex Neighbourhood Health Framework.

Specific to the delivery of the BCF Plan is our local BCF Steering Group. This brings together Commissioning Directors, BI leads and Finance leads with VCSE representation to support the section 75 agreement, quarterly monitoring of the plan, develop required assurance reports for the HWB, identify areas for improvement and resolve any issues that arise in year.

There is work in place with Local Authority teams (Public Health, Social care and Housing), with NHS and VCSE Providers to implement Integrated Community Teams supported by the Sussex Provider Collaboratives and the Sussex Voluntary Sector and Hospice Alliances. These relationships will form the delivery vehicle for integrated health and care services, working in partnership with other key stakeholders such as schools, employment support, leisure services, and the Department for Work and Pensions

NHS Sussex's integrated assurance group reviews BCF performance quarterly, overseeing finance, quality, workforce, health inequalities, and supports population health outcomes. The Local Authorities Adult Social Care Board reviews performance against residential care and reablement metrics. The work of these partner performance Boards is then fed into our BCF Steering Group

As part of our wider System Integrated Care Partnership all partners are working in support of the Sussex Neighbourhood Health Framework. This Framework sets clear targets for reducing avoidable admissions and increasing vaccination and screening rates. These System priorities are monitored through our Integrated Community Team Dashboard, with performance metrics reported at a neighbourhood health footprint level on a quarterly basis. This data is driving our System work in assessing impact and continuous improvement and learning across our Sussex System