Choose an item.

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

Better Care Fund 2026-27

Narrative return

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

	HWB area
HWB	**West Berkshire**
ICB	**Thames Valley Integrated Care Board**

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.**

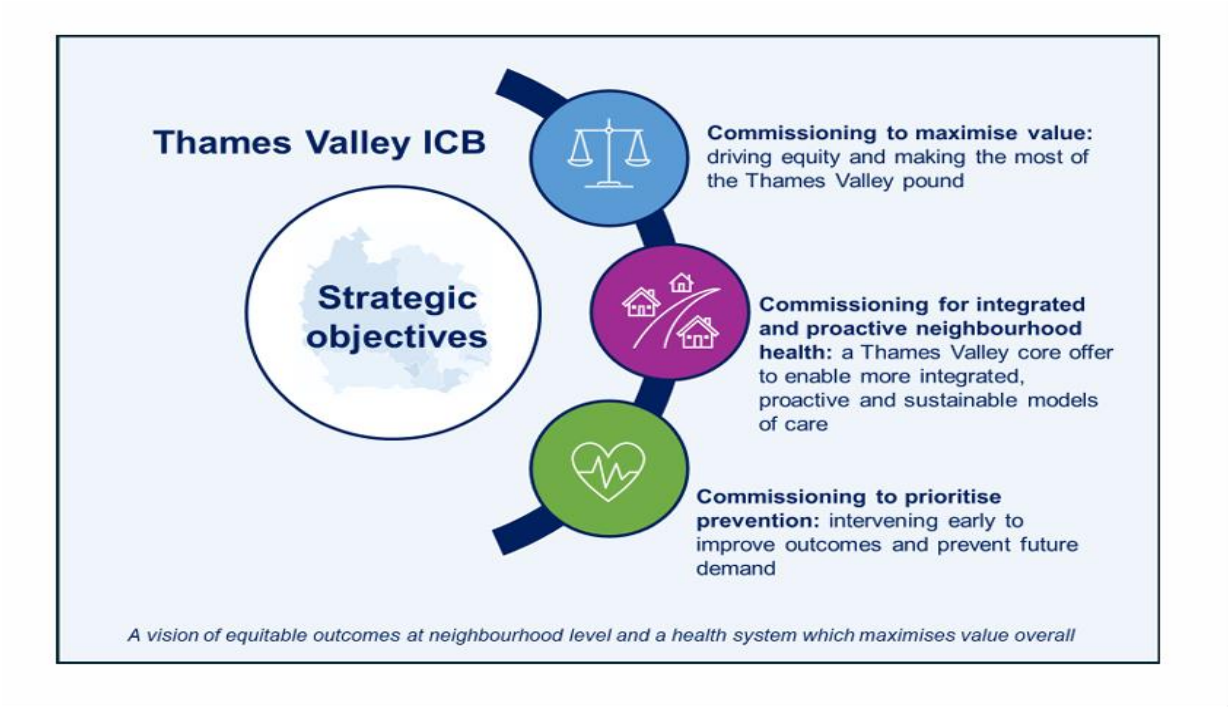
   While no significant changes have been made to existing core schemes from 2025/26, this reflects a deliberate decision by partners to maintain service stability pending a comprehensive review of all BCF funded services as outlined in section four.

   Targeted use of the BCF uplift and carry forward from 2025/26 is enabling a strengthened focus on prevention, admission avoidance during winter pressures, improved discharge pathway consistency, and the development of neighbourhood-based care models that reduce inequalities and support the continued evolution of our local neighbourhoods. Key investments include:

   - **Dementia Care Advisory Service**, providing earlier diagnosis and improved post-diagnostic support.
   - **JOY App**, enabling effective referral management and social prescribing within primary care.
   - **Night Sitting Service**, recommissioned across the full ICB footprint to improve system-wide consistency.
   - **Intermediate Care (Pathway 1)**, the Local Authority will commission all care to improve consistency, flow, and outcomes.
   - **Berkshire West Responsive Integrated GP Home Visiting Service (BRIGHT),** we will review this scheme as part of our wider scheme review to determine whether this is something we wish to implement in West Berkshire this winter, or whether alternative support measures would better meet system pressures.
   - **Creative Health Programme**, using community based creative interventions to complement clinical care and improve outcomes in key health conditions.
   - **Neighbourhood Development**, targeted investment informed by population health management through our connected care system, identifying 1-2 priority areas per neighbourhood to improve health, wellbeing and reduce inequalities.

   Our BCF priorities are fully aligned to the Thames Valley ICB strategic commissioning objectives – illustrated in the diagram below, particularly in strengthening integration across health and care, shifting care closer to home and embedding a neighbourhood-based model that supports proactive, preventive and personalised care.

This will be underpinned by strengthened population health management and risk stratification through our connected care system, enabling earlier identification of individuals at risk of deterioration or frailty and more targeted intervention.



A Multidisciplinary team approach across health, social care, and mental health services enable coordinated care planning, shared decision-making, and timely crisis response, reducing avoidable hospital admissions and improving outcomes for people with complex needs.

A key principle of this approach is that prevention extends beyond clinical intervention. Through BCF-funded social prescribing and strong partnerships with the voluntary and community sector, we are addressing wider determinants of health such as social isolation, mental wellbeing, and community resilience—helping to sustain independence and prevent escalation into more intensive services.

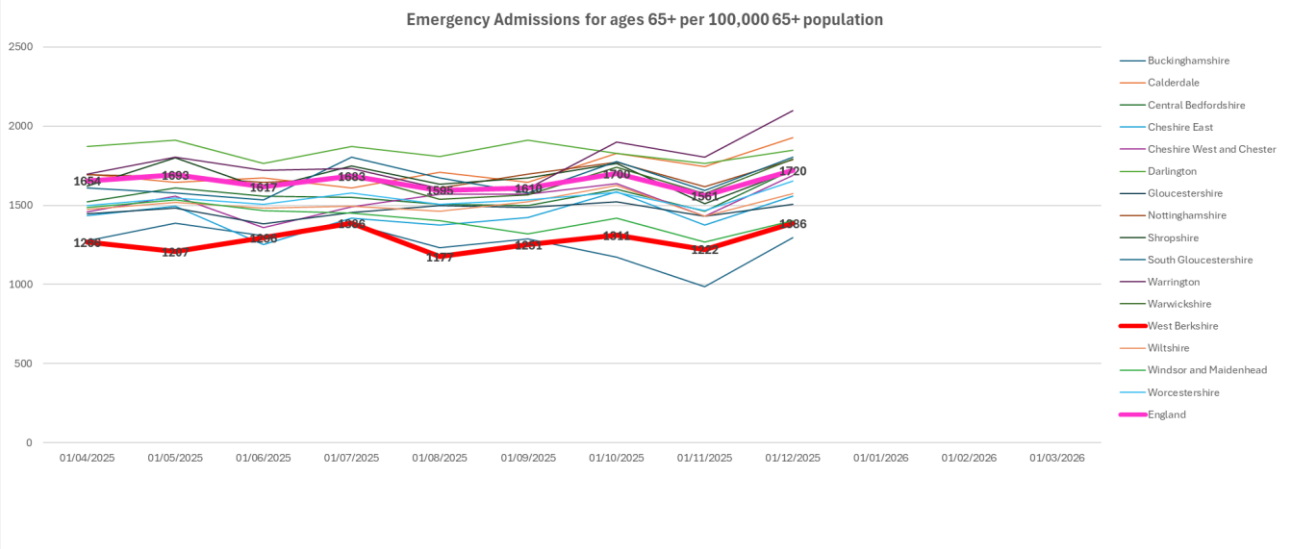
Neighbourhood health and social care delivery is central to this model. By organising services around local populations and embedding multidisciplinary working, we are delivering more continuous, coordinated, and person-centred care. The development of the Berkshire West Neighbourhood Health Steering Group, with a strengthened focus on data, analytics, and system intelligence, further enhances our ability to target resources effectively and maximise impact.

In addition, this approach is complemented by further investment from Urgent and Emergency Care Board into Urgent Community Response and virtual wards, helping to manage current capacity pressures, support admission avoidance, and enable more care to be delivered safely at home.

In summary, BCF funding in West Berkshire enables a joined-up, place-based system that integrates services, prioritises early intervention and prevention, and maximises the impact of collective investment. This supports residents to maintain independence and quality of life, while reducing avoidable demand on hospital and long-term care services and improving the overall sustainability of the health and care system.

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 – We have a strong and consistent track record of performance, remaining below NHS England and peer group averages and frequently ranking 1st within our peer group since mid-2023. In 2025/26, we ranked 2nd out of six Local Authorities within the Thames Valley ICB.



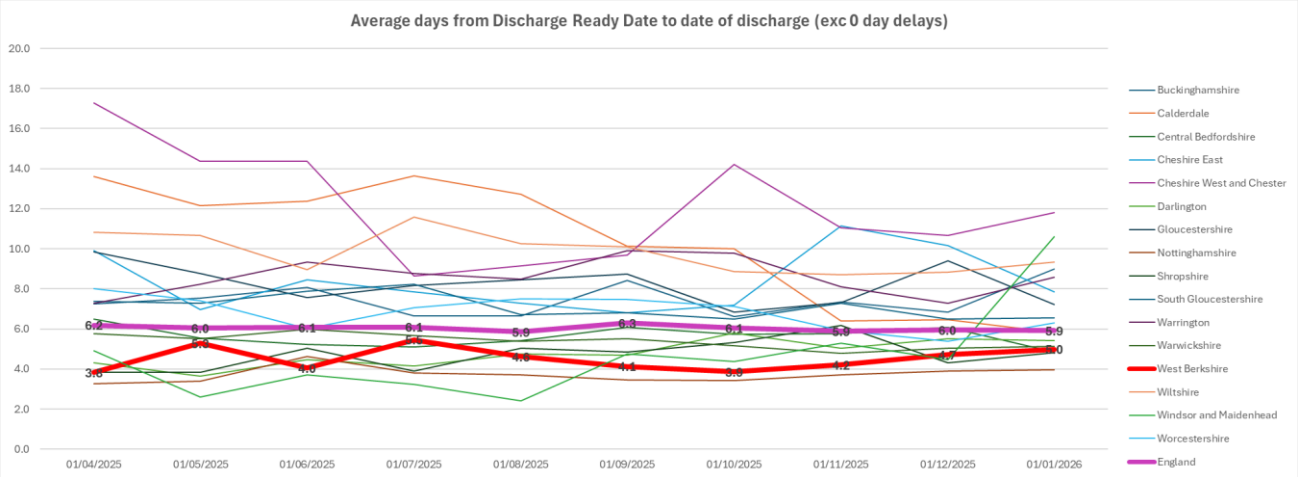
Targets for 2026/27 are based on 2025/26 performance, with a planned reduction of 1.5% across most months and 2% during peak winter months (December and January) to reflect known seasonal pressures.

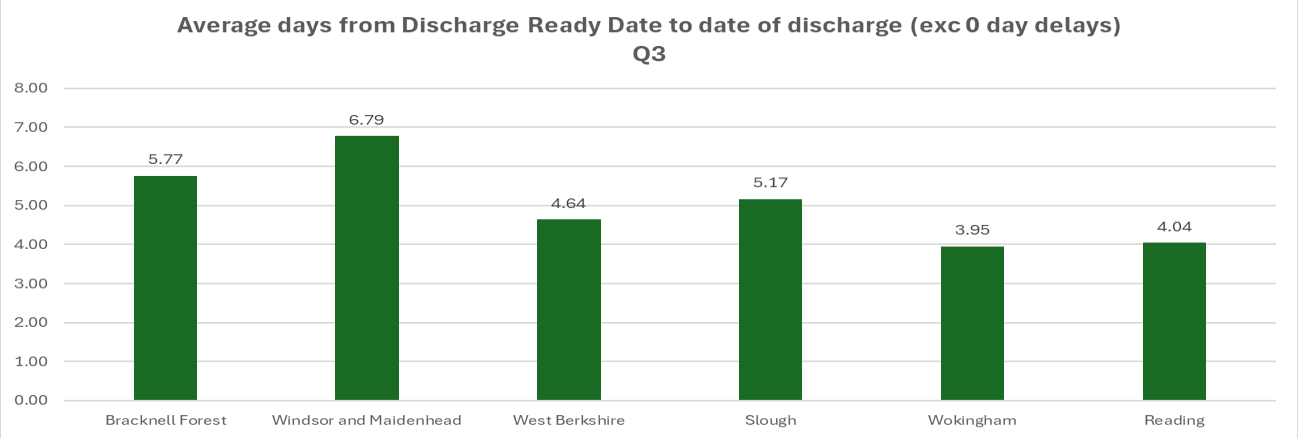
Demand, acuity and complexity continue to rise, placing sustained pressure on urgent and emergency care pathways. While increased utilisation of Urgent Community Response (UCR) services reflects a shift towards community-based alternatives to admission, this has also exposed capacity constraints as demand has grown. In 2026/27, this will be addressed through additional investment of £1.083m in 2-hour UCR and £895k in Virtual Wards via the Urgent and Emergency Care Board.

Overall, our trajectory delivers a 1.5–2% reduction, representing continued improvement from an already high-performing baseline. Delivery will be supported through UCR expansion, increased Virtual Ward capacity, and the development of Neighbourhood Teams to further enable proactive care, early intervention, and admission avoidance—particularly for people with frailty and complex needs.

Following a winter 2025/26 pilot, the BRIGHT Service demonstrated the value of proactive support for patients at high risk of admission. Primary care and community teams identified frail, housebound individuals and delivered targeted care to help them remain safely at home. The pilot delivered 500 clinical contacts and is estimated to have avoided around 200 Emergency Department attendances.
This service will be reviewed as part of our wider scheme review to determine whether this is something we wish to expand this winter or whether alternative support measures would better meet system winter pressures.

Delayed discharges – Across 2025/26, West Berkshire performed below NHS England averages and better than most of its peer group, reflecting effective hospital discharge flow management and established processes. However, within the Thames Valley ICB, performance ranked 5th in Q1, 6th in Q2 and improved to 3rd in Q3 (out of six Local Authorities). While this indicates some relative improvement, there is increasing month-to-month variability—particularly in May, July, January, February, and March—coinciding with periods of higher demand.





Although upstream discharge decision-making remains critical in managing permanent admissions to care homes via Pathway 3, current data highlights persistent delays within Pathway 3 discharges themselves.

Improving flow remains a key priority. Delivery will be driven by a focused programme to enhance Pathway 3 performance. The Local Authority has initiated a data-led review of Pathway 3 discharges to identify delays, optimise capacity and improve timeliness. Findings will inform the monthly Discharge Improvement Group, ensuring a robust, evidence-based approach to system improvement.

For 2026/27, a modest but realistic improvement trajectory has been set, applying a differentiated approach based on system pressure:

- 2% improvement in standard flow months, reflecting incremental gains through improved coordination and earlier discharge planning.
- 4% improvement in higher-pressure months (May, July, January, February, and March), where delays are typically more pronounced due to capacity constraints and seasonal demand.

Delivery of this trajectory depends on targeted improvement across three interconnected areas:

1. **Pathway 3 efficiency** – earlier identification, faster brokerage, and placement in collaboration with commissioning teams.
2. **Care home market responsiveness** – stronger provider relationships, improved visibility of vacancies and faster discharge routes.
3. **Self-funder discharge support** – earlier financial discussions, standardised information for families and enhanced brokerage to reduce time to placement.

Overall, the 2026/27 trajectory represents controlled, sustainable improvement. It builds on existing strengths while addressing known friction points in post-discharge pathways, with a clear focus on ensuring timely, consistent, and resilient flow to appropriate placements throughout the year.

Long-term care home admissions and reablement outcomes

Permanent admissions to care homes were high in Q4 2025/26, which will impact the rolling 12-month figures for the following three quarters. This has been factored into the targets set for 2026/27.

Currently, 60% of permanent admissions originate from hospital discharges on Pathway 3, down from 68% in 2024/25, demonstrating clear progress. We will continue to strengthen the “Home First” approach across acute and community pathways, ensuring consistent, evidence-based decision-making and maximising independence.

To support this, the Local Authority is strengthening social worker presence within the acute setting. This includes consistent participation in ward rounds to enable timely, person-centred decision-making, as well as active engagement in the monthly Discharge Improvement Group with the acute hospital to drive system-wide improvements in discharge practice and outcomes.

Reablement outcomes remain strong. Local Authority data shows that in 2025/26, 66% of individuals stayed at home without the need for ongoing long-term support. The target for 2026/27 is 70%, supported by increased capacity within the Local Authority’s in-house reablement service to enable more Pathway 1 discharges.

From August 2026, the Local Authority will also take on commissioning responsibility for all Pathway 1 care. Currently, care with a rehabilitation focus is commissioned by Berkshire Healthcare Foundation Trust (BHFT). This change is expected to improve pathway consistency, strengthen operational oversight, and enhance data quality, including ASCOF reporting.

All performance metrics will be monitored through established system governance arrangements, as illustrated in the diagram in Section 5. These metrics are also reported to the Health and Social Care Scrutiny Committee and tracked through Client Level Data and ASCOF reporting to the DHSC.

Delivery of these metrics will be driven through the Locality Integration Board, which will receive monthly performance reports, scrutinise progress, and hold partners to account. The Board will identify risks, challenge variation, and agree timely mitigating actions, ensuring performance remains on track and responsive to system pressures while maintaining clear system-wide ownership.

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

The planned impact of BCF funding across West Berkshire is to accelerate progress toward integrated, preventative, and person-centred care, delivering measurable improvements in system performance and outcomes for residents.

BCF funding will continue to contribute to the reduction of avoidable demand on acute services by sustaining and strengthening community-based alternatives, including neighbourhood multidisciplinary teams, rapid community response, strengthening discharge pathways and expanding reablement services. This will support fewer emergency admissions, reduced hospital length of stay and improved discharge flow, contributing to overall system resilience. While no significant changes have been made to core schemes from 2025/26, this reflects a deliberate decision by partners to maintain service stability pending a comprehensive review of all BCF funded services.

The funding will also support more people to live independently at home for longer. Investment in reablement, discharge pathways and voluntary sector provision will enable timelier coordinated care, improve recovery and reduce reliance on long-term support. This is expected to increase the proportion of people remaining at home 91 days after discharge and reduce permanent admissions to residential care.

BCF schemes will continue to strengthen preventative approaches by supporting earlier identification of risk and targeted intervention. While the use of population health management (PHM) to systematically identify and prioritise cohorts is still developing, partners have access to shared intelligence through the Connected Care record. There is a clear intention to further develop this capability alongside neighbourhood working in 2026/27, enabling more proactive, data-led targeting of interventions and better alignment of services to population need over time.

Finally, BCF funding will further embed system integration by supporting shared working across health, social care and community partners at neighbourhood level. This will deliver more seamless care pathways, improved user experience, and better value through coordinated use of resources.

Overall, the 2026/27 BCF plan represents a transitional year maintaining delivery of established while building stronger evidence base through a planned programme of scheme reviews. This will enable future funding decisions to be more explicitly driven by impact, value for money and population need, ensuring that BCF investment continues to deliver sustainable improvements in outcomes, experience, and system efficiency.

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.**

We recognise that while most of the BCF schemes have become embedded in business as usual there is a need to strengthen assurance that all the services consistently deliver value for money and improve outcomes.

Confidence in value for money is currently derived from established performance metrics, including reduction in delayed discharges, avoidance of hospital admissions, permanent admissions to care homes and improved independence outcomes following reablement. In addition, strong partnership governance through Health and Wellbeing Board and Locality Integration Board provides oversight of delivery, financial planning and alignment of shared system priorities.

However, partners acknowledge that many schemes have not been systematically reviewed in recent years. To address this, the Chair of the Health and Wellbeing Board and Locality Integration Board has agreed to a structured programme of review to strengthen transparency, consistency, and confidence in BCF investment.

Over the next 12 months, all BCF funded schemes will be evaluated using a single, agreed methodology to assess value for money. This will include:

- Clear articulation of inputs, outputs, and outcomes for each scheme
- Benchmarking costs and outcomes where possible
- Assessment of impact on system pressures on acute and long-term care
- Consideration of user experience, quality of care and social value

This consistent approach will enable partners to identify variation, highlight high performing models and ensure resources are directed toward interventions that deliver the greatest benefit for our developing neighbourhoods.

Alongside this, the Local Authority and Integrated Care Board will seek to raise productivity by:

- Reviewing service models to ensure they are appropriately targeted and proportionate to need
- Increasing use of data and population health management to focus on interventions earlier and more effectively
- Reducing duplication across services and strengthening multidisciplinary working at neighbourhood level
- Expanding evidence-based approaches, such as reablement and proactive care that demonstrate strong outcomes relative to cost

Findings from the scheme reviews will help inform future commissioning decisions, service design and potential reinvestment or disinvestment. This will ensure that BCF funding is used as effectively as possible to support integrated, preventative care.

This approach is aligned with the NHS expectation of delivering a minimum 2% year-on-year productivity improvement. While partners are committed to this ambition, the specific impact on BCF funded schemes will not be fully understood until the programme of scheme reviews is complete. This reflects the need to establish a clear and consistent baseline of costs, activity and outcomes across all schemes before quantifying productivity gains.

Through this systematic approach, partners will build a robust and shared understanding of value, identify opportunities to improve productivity in line with national expectations, and ensure continued confidence that BCF funded services deliver meaningful outcomes for residents and the wider health and care system.

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.**

Joint governance of the Better Care Fund (BCF) in West Berkshire is delivered through the Locality Integration Board, a formal sub-group of the Health and Wellbeing Board. Membership spans the Local Authority, Thames Valley Integrated Care Board, Public Health, Primary Care, Thames Valley Pharmacy, Berkshire Healthcare Foundation Trust (BHFT), Royal Berkshire Healthcare Foundation Trust (RBHFT), the Chair of the Health and Wellbeing Board, Healthwatch and the Voluntary Sector. This ensures collective leadership, shared accountability, and a whole-system approach to integrated care.

This governance structure oversees BCF performance, finance, and scheme delivery, while also shaping and aligning priorities at neighbourhood level. As part of the 2026/27 programme, the Board will play a key role in aligning BCF investment with neighbourhood footprints, enabling more targeted, place-based delivery through multidisciplinary teams and community services, and directing resources to areas of greatest need to maximise population health outcomes.

The Board will also oversee a 12-month programme of scheme reviews, applying a consistent approach to assessing value for money and productivity. Findings will directly inform future commissioning and service redesign, ensuring a clear line of sight from strategic priorities through to delivery and outcomes.

Delivery of BCF metrics will be actively driven through the Locality Integration Board, which will receive monthly performance reports, scrutinise progress and hold partners to account. Where performance is off track, the Board will ensure clear ownership of actions, agree recovery plans and, where required, escalate issues through system governance routes—including the Health and Wellbeing Board and Urgent and Emergency Care Programme Board for timely resolution.

A strong emphasis is placed on continuous learning and improvement. Insights from performance, scheme reviews and operational delivery will be systematically captured and shared across partners, supporting the BCF planning principles of joint working, evidence-based decision-making, and a focus on prevention and outcomes. This ensures that learning is translated into practice and informs both local delivery and future planning cycles.

Governance is further strengthened by the Berkshire West Prevention Board, co-chaired by the Integrated Care Board and Public Health. This provides strategic leadership to embed prevention and early intervention across the system, complementing the role of the Locality Integration Board by identifying opportunities to shift investment upstream, align priorities across partners, and ensure BCF-funded schemes contribute to a coherent, system-wide prevention agenda. In addition, the Berkshire West Neighbourhood Steering Group is working alongside Locality Integration Board to lead on the implementation of Neighbourhood working in West Berkshire. The work from both boards will help inform the HWB's Neighbourhood Health Plan.

Together, these arrangements provide robust oversight, clear accountability, and a coordinated framework for delivery, ensuring that BCF investment drives measurable improvements in outcomes, system flow and population health across West Berkshire.

An illustration of the governance in West Berkshire is shown below: -

As at Dec 2025

Berkshire West Place Based Partnership Governance

