Integration and Better Care Fund

Appendix 1

Better Care Fund 2025-26 HWB submission

Narrative plan template

HWB	**Medway**
ICB	**NHS Kent and Medway**

Section 1: Overview of BCF Plan

This should include:

- Priorities for 2025-26
- Key changes since previous BCF plan
- A brief description of approach to development of plan and of joint system governance to support delivery of the plan and where required engage with BCF oversight and support process
- Specifically, alignment with plans for improving flow in urgent and emergency care services
- A brief description of the priorities for developing for intermediate care (and other short-term care).
- Where this plan is developed across more than one HWB please also confirm how this plan has been developed in collaboration across HWB areas and aligned ICBs and the governance processes completed to ensure sign off in line with national condition 1.

Priorities for 25-26

The Better Care Fund Plan 2025-26 has been created in line with local strategies which aim to deliver better outcomes for our local population. It aims to harmonise key priorities set out in partnership strategies at national and local level. These include:

- Kent/Medway Joint Health and Wellbeing Strategy
- NHS Kent and Medway Operational Planning submission for 25-26
- Kent and Medway ICS Strategy
- One Medway Council Plan
- Medway Adult Social Care Strategy

Areas of focus for 25-26 include:

Continuation of key services, funded through the Better Care Fund – annual reviews of all commissioned services and funding contributions takes place, overseen by a Joint Commissioning Management Group, made up of senior leaders from across the system.

- We will continue to review BCF schemes regularly, to ensure they address adult social care and NHS priorities in line with BCF guidance
- Continue to support the evolution of Transfer of Care Hub (TOCH) at the acute
- Continue to support population health management approaches e.g. through Wellbeing Navigation and VCS/preventative services
- Improving whole-system demand and capacity planning
- Strengthening joint commissioning arrangements and governance
- Support the NHS Strategy for Neighbourhood Health models ensuring that MDTs are delivering integrated case management and anticipatory care, identifying individuals with complex care needs and developing shared care plans for those people

In 2025/26 we are strengthening the BCF Plan with DFG and have started some joint work in this area, recognising the impact of housing on wellbeing and hospital admissions/discharge. It is our intention to carry out some joint work to review the current Referral Impact Assessment, this will enable cross directorate reviews of the impact of DFG's on the following:

- contribution to hospital avoidance [reduction of trips & falls with minor and/or major adaptations]
- reducing demand for health and social care services [based against pre-adaptation package/demand v post adaptation demand]- reducing the escalation of need.
- Supporting prevention [number of minor adaptations to support the prevention of trips & falls and accessibility]

The Housing Assistance Policy was agreed by Medway Council late 2023 with implementation February 2024. While the policy supports and embeds prevention and people living independently, it requires an update

following the transformation work currently being completed to ensure efficiencies within the private sector housing team [includes the delivery of DFGs].

This transformation work will also strengthen the integration with health, housing, and social care with the embedding of a hospital discharge officer within the Housing Needs Service. It will also support the reduction in escalation when a hospital discharge is required, and the client is potentially homeless and in need of specific accommodation.

This will also include the transition of Housing Revenue Account (HRA) aids and adaptations to be managed through the HRA Property and Development Team, at present a reduction in resources is not being proposed. This transition is to support the efficient and effective delivery of HRA aids and adaptations where there is currently a waiting list.

Key changes since previous BCF plan

In 25-26, the BCF plan represents a continuation of the 23-25 plans. Many essential services are funded through the BCF in Medway and these are reviewed annually to ensure effectiveness and continuation of funding.

- Throughout 23-25 there was a focus on the recommissioning of many key services that were crucial in delivering on the BCF aims and objectives, including Intermediate Care and Reablement, Supported Living Accommodation, Residential and Nursing Placements, Wellbeing Navigation and a consortium model of Voluntary and Community Services.

- Medway's BCF already includes schemes that are in line with meeting the core objectives and there are no major changes expected in 25-26. We continue to deliver core services that run in parallel with Adult Social Care and ICS improvement programmes.

- There is an ongoing procurement of NHS Community Services across Kent and Medway which is expected to conclude mid-year. Ongoing transformation and improvement, including for services that support admission avoidance and discharge, will be worked on with the new provider(s) of services.

- There has been limited uplift in the budget, restricting the scope for additional schemes or new expenditure. The Kent and Medway system faces significant financial challenges.

- The 25-26 plan, however, does include the following changes in schemes to ensure that the Health and Wellbeing Board, and the BCF programme has appropriate oversight of these services, which are key to the preventative approach expected in the upcoming NHS Long Term Plan. These changes also better align with the ICB's plans in UEC and community services. Expenditure that has historically contributed to the Community Nursing service in Medway has been reviewed and will now support:

    - Urgent Community Response (in support of admission avoidance)
    - Transfer of Care Hubs (in support of hospital discharge)
    - VCSE services (in support of prevention)
    - Integrated Locality Reviews (in support of complex care management)

Medway Adult Social Care completed a CQC inspection in January 2025, which showed that improvement is required. This assessment was just a few points short of a 'good' rating and it was highlighted within the report that system leaders have good self-awareness and understanding of the areas where improvements need to be made. Work has already commenced to implement a robust transformation plan which includes improving waiting times, especially for Care Act assessments and reviews, occupational therapy assessments, safeguarding enquiries; increasing support to unpaid carers; making the website fully accessible and working with partners to better understand the needs of the community.

Medway Council has invested £2.4million in its Adult Social Care service as part of its improvement journey to increase the number of staff across the service to ensure resources and practices are in place to provide a good service.

A brief description of approach to development of plan and of joint system governance to support delivery of the plan and where required engage with BCF oversight and support process

The Joint Commissioning Management Group (JCMG) is made up of senior decision makers from health and social care and officers report regularly to the Medway Health and Wellbeing Board. JCMG oversees the development of BCF plans and allocation of BCF resources, ensuring we are adaptable to system or population changes and can make amendments to contracts or planned activity as needed.

We continue to engage regularly with key stakeholders and internal and external partners around BCF Planning and any commissioning activity utilising the Better Care Fund. This supports co-production of BCF plans and the wider programme of our Partnership Commissioning Team.

We continue to engage with the following stakeholders in the formulation and monitoring of plans:

- Health and Wellbeing Board (HWB) and Cabinet
- Public Health
- NHS Kent and Medway Integrated Care Board (ICB)
- Medway and Swale Health and Care Partnership (HCP)
- Medway Integrated Discharge Team
- Medway Community Healthcare
- Strategic Housing and DFG Services
- VCS Sector via the Better Together Consortium
- Carers through the Carers Partnership Board
- Providers through the provider forum
- Medway Foundation Trust
- Kent County Council

We have in place robust governance processes to enable us to invest in services to improve the health and resilience of our population. In the current financial crisis, there is a need for new ideas and concepts. Our approach to coproducing our service specifications follows the best practice commissioning cycle. It utilises the latest public health intelligence and needs analysis data. There is full engagement with service users, carers and other stakeholders to facilitate the tackling of health inequality, through the design of services that meet the needs of the population and deliver against the strategic aims for health and social care.

Adult Partnership Commissioning are responsible for the Medway Market Position Statement, which involves extensive engagement with providers, we also support ongoing engagement with social care providers through our provider forum, which is active and well supported by the sector and meets regularly.

The ICB has worked with both Medway Council and Kent County Council and to ensure consistency in approach across both Local Authority Areas. It should be noted that this plan focuses on the Medway element of the Medway and Swale HCP.

Specifically, alignment with plans for improving flow in urgent and emergency care services

At the time of writing the ICB is formulating plans for 25-26 in line with the NHS Operating Planning cycle. UEC and flow initiatives that will complement schemes in the BCF, but are not included are:

- Increasing virtual ward capacity - currently at 505 beds with one of the highest number of admissions nationally. The UCR services included in the plan work in an integrated way to provide step-up virtual ward capacity, alongside an acute-led step-down virtual ward.

- Development of UCR provision to increase to 24-hours a day coverage and to ensure that each HCP has an equitable offer to patients.

- Review of GP home visiting services (in hours and out of hours) – wherever possible integrating and enhancing UCR services and making optimum use of Urgent Treatment Centres

- Review of UTC provision across HCPs with a focus on better integration between acute and community sites

- Continued expansion of urgent and emergency care single points of access. Medway is served by the North Kent Unscheduled Care Navigation Hub (UCNH) which was implemented in 24-25 and is already showing promising outcomes. This service links closely to the UCR team

- Ongoing development of Transfer of Care Hubs

- INT Enabler Group established across Kent and Medway to focus on system-wide engagement, cross-organisational working, digital interoperability

- A range of improvement for urgent and emergency care for mental health, including:
    - Safe Havens – 9 in operation, with 10th due to open at William Harvey Hospital
    - Crisis Recovery Houses – expansion of current provision
    - Completion of comprehensive MH strategy, lead through joint Health and Local Authority appointment
    - Mental Health Urgent Ambulance Response/Blue Light Triage
    - Reconfigured home treatment and community response teams
    - Kent and Medway Mental Health Housing Strategy (implementation from April 2025 onwards)

- Bed Brokerage – see notes below

- Better Use of Beds Programme – see notes below

- Development of Neighbourhood Health models – see notes below

- Our NHS organisations will also continue to adopt the Core20PLUS5 model to target those most in need. This will support us to drive targeted action in improving healthcare inequalities. This aligns with our approach to population health management and gives a foundation on which to build future joint action, engaging our local communities in design and delivery, which will lead to Health and Care Partnerships aligning to this approach, and identifying specific local population groups.

Medway's BCF support the DSOG concerns through the discharge elements of the programme and through working collaboratively with the HCP, look to support the internal changes MFT are required to make to improve their DSOG rating. We have also introduced more flexibility in our community services to assist. For example, we have created more capacity and ensured there is flexibility between staffing in Home First and Intermediate Care to meet the demand in the pathway 1, and ED admission prevention.

Section 2: National Condition 2: Implementing the objectives of the BCF

Please set out how your plan will implement the objectives of the BCF: to support the shift from sickness and prevention; and to support people living independently and the shift from hospital to home. This should include:

- A joint system approach for meeting BCF objectives which reflects local learning and national best practice and delivers value for money
- Goals for performance against the three national metrics which align with NHS operational plans and local authority social care plans, including intermediate care demand and capacity plans
- Demonstrating a "home first" approach that seeks to help people remain independent for longer and reduce time spent in hospital and in long-term residential or nursing home care
- Following the consolidation of the Discharge Fund, explain why any changes to shift planned expenditure away from discharge and step-down care to admissions avoidance or other services are expected to enhance UEC flow and improve outcomes.

A joint system approach for meeting BCF objectives which reflects local learning and national best practice and delivers value for money

Partnership Commissioning is a function that was developed to commission health and social care services and is dedicated to specifically support the BCF, utilising BCF funds. Senior commissioners and programme leads are jointly appointed and sit within Adult Social Care. They work across the system and work closely with the Public Health Directorate within Medway Council.

Services are commissioned with regard to best practice, with benchmarking and best practice mapping taking place as part of the business case stage of procurement. Officers continue to manage services in line with best practice approaches, meeting regularly (monthly), ensuring ongoing and regular engagement with service users and providers as a key part of the contract, and reviewing performance quarterly. Contracts are flexible to allow for changes to service delivery and response to system need, where possible. For example, our Wellbeing Navigation Service has been allocated additional funding to support the resolution of home related issues that may delay discharge or impact on wellbeing, and which would historically be difficult to fund if the patient were not already known to services or in receipt of a social care support service. Wellbeing Navigation can support 400 referrals each month, with up to 12 weeks of dedicated support, addressing issues such as benefit maximisation, housing issues, befriending, health navigation etc. Services are delivered flexibly, in the client's own home, or a community setting.

The Better Care Fund has supported innovation and best practice, creating and improving services. For example, funding equipment and training with providers to support a reduction in double handed care. We have also moved to a model of reenabling home care, increasing the benefit of this service to residents, and improving recovery. Investing in preventative services such as Wellbeing Navigation and support to the VCS is a crucial part of Medway's BCF. As well as investing in Carers Support services and direct payments.

Medway have submitted case studies to the national team on Wellbeing Navigation and Carers Services, both key areas of the BCF in Medway, which evidence best practice.

Goals for performance against the three national metrics which align with NHS operational plans and local authority social care plans, including intermediate care demand and capacity plans

Average length of discharge delay for all acute adult patients

Demand has outstripped capacity for discharge over the last few years, with bed days lost and beds occupied by patients with no criteria to reside continuing to increase. This plan assumes a stationary position with regard to discharge delays. As this metric and data collection is new, growth and seasonal variation is based on historic reporting for discharge delays and length of stay collected through acute discharge sitrep.

Emergency admissions to hospital for people aged 65+ per 100,000 population

This plan is assuming the same level of growth as the previous year (-1.9%). Medway has shown a steady reduction in this metric year on year since 2021

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population

We continue to stretch our targets for this metric. We are recommissioning residential and nursing care and working with Kent colleagues to align and set band rates. We are also moving forward with plans to develop a new Care facility in Medway, funded and managed by Adult Social Care, which will be implemented in the next five years.

We aim to undertake strength-based assessments and for all assessments for long term care, to take place outside of hospital.

Demonstrating a "home first" approach that seeks to help people remain independent for longer and reduce time spent in hospital and in long-term residential or nursing home care

In Medway, we aim to undertake all assessments for long term care in a home environment and not the acute setting. Our Home First approach is well embedded in the system. We have services supporting the acute to achieve the best outcomes for residents, for example, our commissioned Carers service has a physical presence at the acute hospital to support carers and facilitate discharge, as well as our dedicated Wellbeing Navigation Service, which also has a pot of funding that can be used flexibly to support discharge, for example, supporting furniture moves and deep cleans.

The Medway Intermediate Care and Reablement Service continues to be jointly commissioned through the BCF. It focuses on providing two types of support for the discharge from acute hospitals through Pathway 1 (home-based intermediate care with reablement) and Pathway 2 (bed-based intermediate care with reablement) in line with the national discharge model. The service is provided for a maximum of six weeks, depending on the individual's rehabilitation needs. The service allows flexibility in the use of intermediate care beds and support in people's homes, taking a home first approach.

Transfer of Care Hubs – TOCHs across Kent and Medway are in various stages of maturity and all have project plans to further enhance their service delivery during 2025-26. In line with national NHS discharge guidance, these hubs aim to enhance patient flow, reduce levels of NCTR patients in acute/community settings and improve patient outcomes by ensuring individuals receive the right support in the most appropriate setting post hospitalisation.

Bed Brokerage – The bed brokerage is a cost-saving programme aims to support the streamlining of patients into the most appropriate short-term care home bed, ensuring timely discharge from acute hospitals whilst ensuring maximum value for money across both health and social care. Bed brokerage aims to help optimise resource use, prevent unnecessary/protracted hospital stays, and support system-wide capacity management in health and social care.

Better Use of Beds Programme – This programme focuses on bedded capacity across the Kent and Medway system and considering how the bed base can be used in the most optimal way e.g. through specific pathways such or by utilising beds in innovative ways to meet demand. The aim is to improve patient flow across all settings, reduce long lengths of stay post NCTR, and ensuring beds are used efficiently across acute, community, and social care settings – all of which are embedded within NHS England guidance on supporting system pressures, enhancing quality of care, and preventing avoidable admissions or readmissions

Community Services Reprocurement and Transformation – as mentioned above, in 26-27 NHS Kent and Medway will work with the new provider to develop new service specifications across community health services. This will include intermediate care.

Following the consolidation of the Discharge Fund, explain why any changes to shift planned expenditure away from discharge and step-down care to admissions avoidance or other services are expected to enhance UEC flow and improve outcomes.

The BCF plan is not anticipating a significant shift in expenditure, discharge funding will continue to be ring-fenced locally within the relevant BCF funding areas, to support the required additional activity and winter pressures, as outlined in the spending plan. Admission avoidance schemes, such as Urgent Community Response, are now more clearly represented in the plan.

Data is key to supporting UEC flow in Medway and we are undertaking work to ensure this is as robust as possible, to inform future planning and commissioning. Medway's BCF supports Intermediate Care and short and long term placements to improve flow. The ongoing establishment of the TOCH will ensure the most appropriate pathway and service is put in place, reducing readmissions and avoiding bottlenecks in services, e.g. reducing inappropriate referrals to intermediate care, increasing home based intermediate care, moving to an enabling model of home care. Other services supporting flow are our preventative services, such as Wellbeing Navigation and the discharge support fund, supporting timely discharge and admission avoidance.

BCF is also funding 8 dementia assessment beds, which will support complex assessments outside of the acute and support flow.

Please describe how figures for intermediate care (and other short-term care) capacity and demand for 2025-26 have been derived, including:

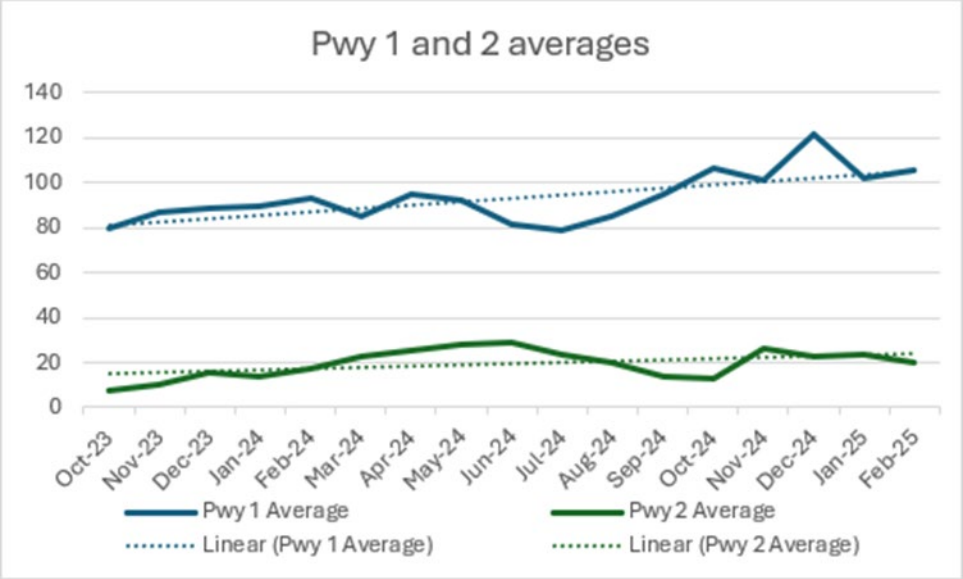
- how 2024-25 capacity and demand actuals have been taken into account in setting 2025-26 figures (if there was a capacity shortfall in 2024-25 what mitigations are in place to address that shortfall in 2025-26)
- how capacity plans take into account therapy capacity for rehabilitation and reablement interventions

Medway's BCF established the Partnership Commissioning Team which commission the Intermediate Care and Reablement services for the geographic area of Medway. We continue to support the new models of intermediate care in line with the Community Services procurement, led by the NHS.

The new service which was launched in 2023 has increased capacity and built in flexibility to meet the change demand between pathway 1 and 2. This has enabled the right care at the right time, encouraging home first and better health outcomes for our residents. The national integrated care strategy has brought TOCH triage to hospital discharge ensuring the right pathway is referred for patients. We have improved pathway one outcomes which demonstrates achieved reablement goals and highlights lower readmissions.
The actuals of the 24/25 continues to inform the service capacity and demand and we can continue to flex and increase capacity when data evidenced need.

We have utilised the guidance spreadsheet for our figures expected 25/26, for pathway 1 (home first and Pathway 2 (bedded reablement), as well as respite care (dementia beds) in short term bedded, pathway 2.

We are working towards a plan with our providers for 25/26 to collect data which will report for the new BCF plan template 26/27, so that we can complete the remaining tables the following reporting year. Currently our collected data with our providers is uniquely reported and does not fit with the template offered.



Partnership Commissioning Team commission and manage the contract therefore there are continuous discussion on the performance and needs to meet demand, and flex in surge.

Community Bed-Based Intermediate Care Stocktake (Autumn 24) – NHS Kent and Medway commissioned external consultancy support to review our community beds (specifically Pathway 2 beds). This review gathered information from across Kent and Medway on the capacity and demand, and opportunities and challenges. Whilst the findings are yet to be published, this work will support development of a future intermediate care strategy.

In April 2025 the Medway and Swale HaCP will undertake a bed review which will further inform the capacity and demand for Medway system. The BCF will support any additional changes required in the community to support the findings of this report

Section 3: Local priorities and duties

Local public bodies will also need to ensure that in developing and delivering their plans they comply with their wider legal duties. These include duties:

- to have due regard to promoting equality and reducing inequalities, in accordance with the Equality Act 2010 public sector equality duty.
- to engage or consult with people affected by the proposals. For ICBs, trusts and foundation trusts this includes their involvement duties under the NHS Act 2006.
- for ICBs, to have regard to the need to reduce inequalities in access to NHS services and the outcomes achieved by NHS services.
- for ICBs, to have regard to the duty to support and involve unpaid carers in line with the Health and Care Act 2022

Please provide a short narrative commentary on how you have fulfilled these duties

to have due regard to promoting equality and reducing inequalities, in accordance with the Equality Act 2010 public sector equality duty.

Identifying and addressing the wider determinants of health is our Public Health priority and Medway's strategic leadership through JCMG helps guide this approach. Utilising the intelligence and needs analysis developed by Public Health enables our BCF plan to have a focus on prevention while supporting the priorities of Health and Social Care services through a population health management approach, which has a focus on health inequalities within Medway.

Through our commitment to a population health management approach, the Medway and Swale system has created a data repository which identifies all statutory organisational data sets across our locality. It will include qualitative and quantitative data from the voluntary and community sector to create a richer source of local place-based intelligence. The datasets will be continuously analysed to identify the highest inequalities with an aim to build community resilience within neighbourhoods. All partners, including contribution from the voluntary sector, are included in the discussions and design.

The partnership commissioning team, dedicated to support BCF aims, are formally trained Procurement Practitioners, working to the highest standards in commissioning and contract management. When commissioning any services, robust equalities impact assessments are completed and reviewed by senior leaders. When commissioning the Wellbeing Navigation contract, for example, we established a budget for the provider to use in support of projects that specifically target areas of inequality. In 2024/25 the provider focussed on men's health and established a project with a voluntary sector organisation.

to engage or consult with people affected by the proposals. For ICBs, trusts and foundation trusts this includes their involvement duties under the NHS Act 2006.

The BCF draws upon established engagement groups managed by NHS the Integrated Care Board (ICB) and Medway Council to engage with residents/patients, this includes the Health and Care Partnership, which undertake stakeholder engagement as system partners with the support of the Involving Medway service (now included in this BCF plan). In addition, Healthwatch Kent remains a key strategic partner – additional funding is continuing for an uplift to the Healthwatch contract in 25-26 to enable greater public engagement in health and social care services.

The Partnership Commissioning Function commission services in line with best practice, which includes developing robust engagement plans as part of the commissioning process. It also supports ongoing engagement with Carers, through the Carers Partnership Board, chaired by our commissioned provider Carers First.

We are also recruiting to a new programme lead within Partnership Commissioning, with responsibility for engagement and market shaping, which will support this area in the future. We continue to work closely with Healthwatch, who form part of the VCS Better Together Consortium model and support best practice in terms of engagement in the development and ongoing management of services.

for ICBs, to have regard to the need to reduce inequalities in access to NHS services and the outcomes achieved by NHS services.

Kent and Medway ICB are committed to reducing inequalities and our equality, diversity, and inclusion policy makes clear our commitment. For example,

- creating a working environment free of bullying, harassment, victimisation and unlawful discrimination, promoting dignity and respect for all, and where individual differences and the contributions of all staff are recognised and valued,
- making opportunities for training, development and progress available to all staff, who will be helped and encouraged to develop their full potential,
- undertaking equality impact assessments (EIAs) during the initial stages of developing new strategies, policies, functions or services, prior to starting a procurement exercise and before decisions are made, and
- annual monitoring of the workforce by age, sex, ethnic background, sexual orientation, religion or belief, and disability.

for ICBs, to have regard to the duty to support and involve unpaid carers in line with the Health and Care Act 2022

Medway Council and Kent and Medway NHS recognises the essential contribution that carers make to maintain and improve the health and wellbeing of Medway residents. The Medway Joint Carers' Strategy aims to support

Medway carers to carry out their valuable role, which is key to maintaining a balanced and person-centred health and care environment. The BCF schemes, jointly funded, play a major role in meeting this aim.

Carers FIRST are the commissioned provider in Medway, delivering all adult and young carers services and undertaking statutory assessments for young carers. Working to a coproduced specification for Medway, they also bring a wealth of knowledge and expertise as one of the national organisations supporting Carers. We ensure carers are helped through a holistic assessment. The service helps young carers to access community and school-based activities that help to reduce the long-term impact on young carers' development. Outcomes from our contract are met or exceeded and we have shared a case study focused on a young carer's journey, which has been used by the BCF team as a national good practice example.

Our commissioned carers service provides 24hr support via phone and online as does Adult Social Care as we know it can be difficult for carers to access out of hours support in times of crisis. Contingency planning conversations take place with carers to help them understand the technology, support or services which are available in times of crisis and emergencies to avoid unnecessary hospital admissions and carer breakdown.

As part of continuous improvement and in consultation with the Carers Partnership, in 2025/26 we expect to finalise our Joint Carers Charter, which we hope will be adopted across the Medway system, setting out our commitment to Carers in Medway. Alongside this, we are developing a Carer Passport which will enhance the ability to recognise and support Carers and act as a Carer identification and Emergency Card.

Additional support for Carers has been put in place through both the BCF funded contract and additional funding from the Accelerated Reform Fund. We have been operating a Carers recognition and marketing campaign across Kent and Medway in the last year, which raised awareness of Carers and recognised their contribution. Through this, we hope to increase those carers registered with our service and support more carers to manage their own health and wellbeing alongside their caring role. We received recognition and interest from the South-East region on this project and have shared resources and learning.

Appendix One

Summary of BCF schemes for 25-26

Assistive technologies and equipment	**Medway Integrated Community Equipment Service** – Continuation of jointly funded and commissioned service supporting social care, community services, and acute services. This includes funded posts for the coordination and management of the contract for health and social care. **Assistive Technology to support discharge** – continued funding to facilitate earlier and faster discharge by the Home First service. Kyndi is our in-house Telecare provider and work closely with the Integrated Discharge Team in Medway Foundation NHS Trust to support hospital discharges. Patients are discharged with traditional telecare services such as Lifeline, with wearable devices and pendants providing alerts of falls or other emergencies to a contact centre operated by Kyndi. Urgent Response and Home First services can also prescribe a range of smart assistive technology such as motion sensors, smart medication dispensers, pressure mats etc as well as key safes.
Housing related schemes and Disabled Facilities Grant related schemes	Adut Social Care services operate on a locality basis, working closely with our Benefits Team as well as other Council services such as Housing and Disabled Facilities Grant teams to address identified housing issues that are affecting health and wellbeing or delaying hospital discharge. This supports us to identify areas which require different approaches, such as with our the more remote areas of Medway, including the Peninsula. Housing related issues and falls hazards will also be identified by our Wellbeing Navigation Service, both where they support hospital discharge and from community referrals. **DFG support for minor adaptations** – three additional OTs in the Adult Social Care service and one in Children's Social Care are dedicated to working to identify and assist patients who would benefit from adaptations to their homes to enable them to continue living in their home and maintain independence. The DFG budget also provides £200,000 to the MICES budget each year to contribute towards the supply and fitting of support aids for the elderly and disabled. DFG funding has been allocated to a new role to support hospital discharge, working closely with our Integrated Discharge Team/Transfer of Care Hub. This role is in development.
Wider local support to promote prevention and independence	**Wellbeing Navigation** – jointly commissioned care navigation service which can provide up to 12 weeks of support, linking service users into communities and supporting the management of long-term conditions. Service expanded through additional BCF funding in 2023, to co-ordinate home cleans and furniture moves, further supporting discharge and admission avoidance. The Wellbeing Navigation service is fully embedded within the system and works with the Integrated Discharge Team and supports community referrals. It is fully integrated within the seven Primary Care Networks and all GP practices. 5% of the budget is ring fenced for the provider to work collaboratively within the consortium model, to support population health management aims. Diabetes support has been identified as a priority area, supporting the metric focussed on reducing emergency admissions for ambulatory care conditions. **VCS infrastructure contract** – continues to be very effective in delivering support to the sector, as well as generating income for the VCS sector which represents a return on investment of around £13 for every £1 spent on the contract. **VCS repurposed BCF expen**diture – including befriending, Tempo Time Credits volunteering scheme, and Involving Medway public and patient engagement

	Uplift to Healthwatch contract – to enable greater public engagement in health and social care services **Primary and Secondary Preventative services** – including our Public Health Services for healthy weight management, smoking cessation services, exercise and health education programmes. **Falls prevention** – continuation of the Public Health-led service introduced in 24-25 **Mental Health wellbeing support** – continued funding for a range of MH wellbeing support including the contract for MH peer support
Short-term home-based social care	The BCF continues to fund domiciliary care packages to support the work of urgent community response and other services that benefit from short term support
Home-based intermediate care Bed-based intermediate care	**Medway Intermediate Care and Reablement Service** – this recently re-procured service continues to be jointly commissioned through the BCF. **Additional surge/winter beds and additional agency staff for home care**– The BCF includes funding for additional placements in times of surge and winter
Long-term home-based community health services	**Integrated Locality Reviews** – inclusion of expenditure in primary care to support the ILR process in Medway. This is in addition to the MDT coordination carried out by MCH which is not reflected in this plan
Long-term home-based social care services Long-term residential/nursing home care	Funding continues to be focused on delivering the Care Act outcomes, stabilising the care market, ensuring fee uplifts to address increasing costs and workforce issues; increasing bed capacity and placements as well as supporting integrated care functions such as the Integrated Discharge Team and providing staff to support effective and timely assessments both in the acute and in the community, supporting transitions of care from Health into Social Care. This includes the continuation of the following schemes: • IPC – dedicated support to care homes for infection prevention • Maintain Provision of Social Care services and Stabilising the Care market • Innovation, fee uplifts & crisis response • Domestic Abuse Key worker • AMHPS • DOLS and Liberty Safeguarding protection • Contingency for winter surge
Discharge support and infrastructure	The BCF includes a range of funding lines to support hospital discharge which includes social care capacity for assessment and health staff in acute and community settings. In line with the community services re-procurement, funding against these lines has been updated. These will be an area of focus in 25-26 as Transfer of Care Hubs are developed.
Support to carers, including unpaid carers	Medway Council and NHS Kent and Medway recognise the essential contribution that carers make to maintain and improve the health and wellbeing of Medway residents. The Medway Joint Carers' Strategy aims to support Medway carers to carry out their valuable role, which is key to maintaining a balanced and person-centred health and care environment. This is supported through the BCF by the following schemes: **Carers services** – jointly commissioned carers support services, including statutory carers assessments for young carers. **Carers Break servic**e (Agincare) – emergency and respite support through a ring-fenced budget managed by the provider. Undertakes statutory carers assessments for Young Carers.

	Contribution to direct payments for Carers – supporting the personalisation agenda
Evaluation and enabling integration	**Partnership Commissioning Team** – continuation of contribution to the adults and children teams supporting joint roles employed by LA and NHS. Leads on BCF commissioning and management of contracts, as well as overall management of BCF
Urgent community response	**Urgent Community Response (UCR)** – provides urgent care to people in their homes (including care homes) which helps to avoid hospital admissions and enable people to live independently for longer. The service offers older people and adults with complex health needs who urgently need care, fast access to a range of health and social care professionals within two hours. This includes access to physiotherapy and occupational therapy, medication prescribing and reviews, and help with staying well-fed and hydrated, as well as short-term packages of care to help people remain at home, if appropriate. The UCR team works closely with the MICR and community nursing services to provide ongoing support post the two-hour response to prevent delays in ongoing care. The team also supports the step-up virtual ward provision in Medway and the developing North Kent Unscheduled Care Navigation Hub (UCNH). The UCR service consistently meets the 2-hour response target. Work will continue in 25-26 to improve data collection across Kent and Medway **Dementia Crisis and Coordination services** – inclusion of existing expenditure on the Dementia Crisis team that prevents the need for more acute care
Personalised budgeting and commissioning	Carers Direct Payments fully sit within Medway's BCF. Annual spend is in the region of £1.6m per annum.