

Cabinet

6 May 2025

Better Care Fund

Portfolio Holder: Councillor Teresa Murray, Deputy Leader of the Council

Report from: Lee-Anne Farach, Director of People and Deputy Chief Executive

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Summary

This report presents Medway's Better Care Fund plan for 2025-2026 for the Cabinet's approval.

The Better Care Fund (BCF) in Medway is a joint plan between NHS Kent and Medway ICB and Medway Council with Medway NHS Foundation Trust (MFT) as a key stakeholder. The BCF pooled budget is administered in accordance with a Section 75 agreement between Kent and Medway NHS and the Council.

The report was previously considered by the Health and Wellbeing Board on 10 April 2025, the minutes of which are set out at section 7 of this report below.

1. Recommendations

- 1.1 The Cabinet is recommended to note the comments of the Health and Wellbeing Board, as set out in section 7 of the report.
- 1.2 The Cabinet is asked to agree the Better Care Fund plan for 2025-2026.
- 1.3 The Cabinet is requested to agree to delegate authority to the Director of People and Deputy Chief Executive, in consultation with the Deputy Leader of the Council, to oversee any further changes to the Better Care Fund plan and Section 75 agreement, as required to meet national approval.
- 1.4 The Cabinet is requested to agree to delegate authority to the Director of People and Deputy Chief Executive, in consultation with the Deputy Leader of the Council, to approve all monitoring reports as required by NHS England.

2. Suggested reasons for decisions

- 2.1 Approval of the Better Care Fund Plan 2025-2026 will formalise the submission made to NHS England, which had to take place as a provisional submission by 31 March 2025.

3. Budget and policy framework

- 3.1 The BCF in Medway is a statutory plan between NHS Kent and Medway ICB and Medway Council with Medway NHS Foundation Trust (MFT) as a key stakeholder. The BCF is administered in accordance with a Section 75 agreement between K&M NHS and Medway Council.
- 3.2 The BCF was originally created through a transfer of funding from the NHS. The 'NHS Minimum Contribution' makes up the majority of the BCF budget, with other funding in relation to the Disabled Facilities Grant and ring-fenced Local Authority Better Care Grant (formerly iBCF) funding, which supports social care.
- 3.3 Unlike the previous plan, in 2025-2026 there is no ring-fenced discharge funding within the BCF, which means that the activities or services funded, will largely move to be funded within the core BCF spend.
- 3.4 The attached plan has been drafted with consideration of strategic priorities for NHS Kent and Medway ICB, Medway and Swale Health and Care Partnership, Medway Council and Medway Foundation Trust and captures activity both funded by the BCF and more widely, where they contribute to the BCF Metrics.

4. Background

- 4.1 The BCF narrative plan is appended for review as Appendix 1 to the report.
- 4.2 Medway's Joint Commissioning Management Group (JCMG) was established to lead on all elements of joint commissioning between the Council and NHS Kent and Medway ICB, including BCF. This has enabled the sharing of information to inform local plans across the system and provided the flexibility to adapt to changes in need, performance, or circumstance. This joint approach also ensures that the separate NHS and Council governance processes are fully informed e.g. the Health and Wellbeing Board, NHS Kent and Medway ICB and Medway Council's Cabinet.
- 4.3 The BCF metrics, which Medway are required to monitor and report quarterly are:

4.3.1 **Emergency admissions**

Emergency admissions to hospital for people aged 65+
Supporting metrics:

Unplanned hospital admissions for chronic ambulatory care sensitive conditions. Per 100,000 population.

Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.

4.3.2 Discharge delays

Average length of discharge delay for all acute patients

Proportion of adult patients discharged from acute hospitals on their discharge ready date (DRD).

For those adult patients not discharged on DRD, average number of days from DRD to discharge.

Supporting metrics:

Patients not discharged on their DRD, and discharged within 1 day, 2-3 days, 4-6 days, 7-13 days, 14-20 days, and 21 days or more.

Local data on average length of delay by discharge pathway.

4.3.3 Residential admissions

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

Supporting metrics:

Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence.

The proportion of people who received reablement during the year, where no further request was made for ongoing support.

5. Options

5.1 Medway Council and NHS Kent and Medway ICB are required to submit a jointly agreed BCF plan as required within the policy framework, to secure the funding for Medway in 2025-2026.

5.2 Assurance processes will confirm that national conditions are met, ambitions are agreed for all national metrics and that all funding is pooled, with relevant spend agreed. NHS England will approve BCF plans in consultation with Department of Health and Social Care and the Department for Levelling Up, Housing and Communities. Local areas will receive feedback in May 2025.

6. Advice and analysis

- 6.1 Better integration of services means people receive a more consistent service across Medway.
- 6.2 A Diversity Impact Assessment has not been undertaken as this report does not make any new recommendations that would have a detrimental impact on services, however Equality Impact Assessments are undertaken for any new services or commissioning activity.

7. Health and Wellbeing Board

- 7.1 The report was considered by the Health and Wellbeing Board on 10 April 2025, the draft minutes of which are set out below.

Discussion:

- 7.2 The Board received the Better Care Funs Plan for 2025-2026 and was informed of the priorities. There would be a strong focus on hospital admission avoidance and safe hospital discharges.
- 7.3 The team was thanked for their work in development of the Plan, the work of which required extensive negotiation between partners. The future of the fund was at this time unknown.
- 7.4 It was asked how it was determined that the fund was being utilised appropriately and what scrutiny and oversight there was in discharging the priorities of the Plan. The Board learnt that the fund was managed by the Joint Commissioning Management Group (JCMG), who were a combination of Council and Integrated Care Board senior leaders. The money was distributed to various services which served the communities of Medway. The use of the fund was heavily scrutinised at national level as well as locally by JCMG the who reviewed the schemes for outcomes and impact.
- 7.5 In response to a further question on what public oversight and scrutiny was in place, the Board was informed that the Plan is shared with Health and Social Care Overview and Scrutiny Committee, Directorate Management teams and ICB governance. Each service had a patient voice forum to enable challenge as appropriate. Further challenge and scrutiny took place through the patient safety and safeguarding adults processes as well as through the corporate complaints route.

Decision:

- 7.6 The Board noted the report.
- 7.7 The Board noted that Cabinet at its 6 May 2025 meeting would be asked to approve delegated authority to the Director of People and Deputy Chief Executive, to oversee any further changes to the BCF plan and S75 agreement, as required to meet national approval. Delegated authority would

also be requested for the approval of all monitoring reports as required by NHS England.

8. Risk management

- 8.1 Risk management is an integral part of the BCF plan and there is an embedded risk management plan within the Section 75 pooled budget agreement.
- 8.2 Most services within the BCF Plan are currently operational, and risks already assessed and owned. In the case of new services or major variations to existing services, business cases will be developed to ensure that they are fully costed, outcomes clearly stated, and risks fully assessed. Business plans will be produced for all new projects and agreed by the JCMG. These plans will include robust mobilisation plans for each project, including key milestones, impacts and risks.
- 8.3 All new commissioned services are part of Council governance processes which includes scrutiny at Procurement Board, Cabinet and the Health and Adult Social Care Overview and Scrutiny Committee (HASC) where appropriate within reporting requirements.

Risk	Description	Action to avoid or mitigate risk	Risk rating
BCF Plan Not Agreed	BCF plan not agreed locally or nationally	Ensure engagement with key partners to draft and agree plan in accordance with established governance processes Meet deadlines for national assurance process	CII

Likelihood	Impact:
A Very likely B Likely C Unlikely D Rare	I Catastrophic II Major III Moderate IV Minor

9. Consultation

- 9.1 Medway's JCMG, and Local Health Economy partners have been instrumental during the development of the Plan. Partnership Commissioning undertake commissioning related engagement and consultation in line with best practice.

9.2 Where new services or strategies are planned, consultation will be undertaken and evidenced as part of project development.

10. Climate change implications

10.1 [The Council declared a climate change emergency in April 2019](#) - item 1038D refers, and has set a target for Medway to become carbon neutral by 2050.

10.2 There are no climate implications for the Board arising from this report.

11. Financial implications

11.1 The finances of the BCF are contained within a Section 75 agreement and this will be refreshed and signed by NHS Kent and Medway and Medway Council to support the operation of BCF schemes in 2025-2026.

11.2 Financial allocations in the Better Care Fund supports the operation of a range of important Medway services and schemes, either fully or as a contribution. The overall allocation is £38.555 million. The schemes are:

Expenditure	Amount
Disabled Facilities Grant	£3.066m
Local Authority Better Care Grant	£9.015m
supporting adult social care includes Adult Social Care Discharge Funding/Winter pressures	Of which, £1.025m ring-fenced locally as discharge funding/winter pressures
Schemes from NHS Minimum Contribution	-
ICB Discharge/Winter Pressures	£2.083m
Adult and Children's Partnership Commissioning Function	£0.967m
Carer Support Services and Direct Payments	£1.977m
Assistive Technologies	£0.280m
Medway Integrated Equipment Service	£2.848m
Medway Intermediate Care Service - Home and Bed Based	£6.726m
Dementia assessment beds	£0.560m
Medway Integrated Discharge Team (Transfer of Care Hub)	£1.845m
Mental Health - Peer Support; Roles to support assessment; helpline contribution	£0.485m
Dementia support	£0.202m
Falls prevention	£0.285m
Wellbeing Navigation Contract and discharge support	£0.575m

Voluntary Sector Infrastructure Support Contract	£0.140m
Placement costs including infection prevention, brokerage, domiciliary/home care	£4.614m
Urgent community response	£0.630m
Neighbourhood Health Model (ring fenced for project development in year)	£2.258m
Total	£38.555m

11.3 An amount of £2.2m has been allocated to support the Neighbourhood Health Model (NHM), for development of relevant projects in-year. The NHM will support the NHS Strategy for Neighbourhood Health Models, ensuring that multi-disciplinary teams are delivering integrated case management and anticipatory care, identifying individuals with complex care needs and developing shared care plans for those people.

12. Legal implications

12.1 There are no legal implications for the Cabinet directly arising from this report.

Lead officer contact

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Appendices

Appendix 1 - BCF Narrative Plan

Background papers

None