

Cabinet

5 May 2026

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 2026 - 2027 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 16 April 2026, 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 recommended to approve the Better Care Fund plan for 2026-2027, as set out at Appendix 1 to the report.
- 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 BCF plan and S75 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 2026 – 2027 is essential for the receipt of funding and continuation of many key services in Medway that support residents and carers, reducing the pressure on health and social care services.

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. 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.

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:

i) 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.

ii) 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.

iii) 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.

iv) Reablement

The proportion of people aged 65+ discharged from hospital into reablement who remain living in the community 12 weeks after discharge.

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 2026/2027.

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 the Department of Health and Social Care and the Department for Levelling Up, Housing and Communities. Local areas will receive feedback in July 2026.

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 16 April 2026, the minutes of which are set out below.

7.2. Discussion:

7.2.1. The Head of Adult Partnership Commissioning and the BCF presented the report which detailed the statutory plan between NHS Kent and Medway ICS and Medway Council with Medway NHS Foundation Trust (MFT) for 2026 – 2027.

7.2.2. Members then raised a number of questions and comments, which included:

In response to a question regarding forward planning for hospital discharges, the Board was informed that forward planning did not fall under this plan and was more aligned to the Joint Local health and Wellbeing Strategy and that this plan was centred around solutions to discharge planning.

In response to a question on the viability of domiciliary care, the Board was informed that there were no issues with capacity in the domiciliary market.

There was in fact a need for a dedicated piece of work to be undertaken on assessment of the need for short term, step down from the acute beds and the impact if more were introduced, particularly the impact on peoples abilities to be cared for at home. It was important to ensure the right mix of care was in place to address people's needs and choice for care.

7.3. Decision:

- a) The Board noted the report and the BCF plan for 2026-27
- b) The Board noted that Cabinet in May will be requested to approve delegated authority for the Director of People and Deputy Chief Executive, Lee-Anne Farach, to oversee any further changes to the BCF plan and S75 agreement, as required to meet national approval. Delegated authority will also be requested for the approval of all monitoring reports as required by NHS England and for any required extension to plans required in 2027-28, in recognition of the risk of delayed National guidance and continuation of essential services.

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

For risk rating, please refer to the following table:

Likelihood	Impact:
A Very likely	I Catastrophic
B Likely	II Major
C Unlikely	III Moderate
D Rare	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 Cabinet 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 2026-2027.
- 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 £39,419,300.

Expenditure	Amount
Disabled Facilities Grant	£3,175,756
Local Authority Better Care Grant supporting adult social care	£9,015,012
NHS Minimum Contribution	£27,228,532

- 11.3. Schemes funded from the BCF include:

Adult and Children's Partnership Commissioning Function
Carer Support Services and Direct Payments
Assistive Technologies
Medway Integrated Equipment Service
Medway Intermediate Care Service - Home and Bed Based
Assessment beds
Medway Integrated Discharge Team (Transfer of Care Hub)
Mental Health - Peer Support; Roles to support assessment; helpline contribution
Falls prevention
Wellbeing Navigation Contract and discharge support
Voluntary Sector Infrastructure Support Contract
Placement costs including brokerage, domiciliary/home care

Urgent community response

Neighbourhood Health Model (funding to be ring fenced for project development in-year)
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11.4. Funding 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.

11.5. To assist JCMG with their decisions during 2026/27 it is recommended that the eligibility for access to funding from the BCF should be focused on addressing the following national priority areas:

- Reducing Non-Elective Admissions particularly for people over 65+.
- Reducing Delayed Discharges across acute, community and social care pathways.
- Improving Reablement Outcomes; Focus on enabling people to regain independence, especially after illness or hospital stays.
- Reducing Reliance on Long-Term Residential/Nursing Care: supporting the shift toward prevention and community-based support.

11.6. Our Plan is expected to:

- Use the existing outline neighbourhood health plans to shape 2026–27 BCF activity.
- Prepare for more detailed integration requirements in future years.
- Build on ongoing work with partners across health, social care and voluntary/community services.

12. Legal implications

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

Lead officer contact

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Appendices

Appendix 1 - BCF Narrative Plan

Background papers

None