

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	Medway	
ICB	Kent and Medway	
ICB		
ICB		

- 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.**

The Better Care Fund (BCF) in Medway is used to maximise integrated and preventative care because it is the most effective way to improve outcomes, reduce avoidable hospital activity and support people to remain independent for longer. This aligns directly with the Kent and Medway Integrated Care Strategy, which emphasises tackling wider determinants of health, strengthening neighbourhood teams, supporting personalised care, and improving equity of access across communities. It also reflects the principles of the Neighbourhood Health Framework, which promotes joined-up, place-based care built around community assets and proactive local population health management. BCF funding enables health, social care, housing and the voluntary sector to pool resources and implement these priorities through neighbourhood-based models.

Medway's neighbourhood approach mirrors the ICS Shared Delivery Plan to 2026, which calls for prevention at scale, support for people to live and age well, and multidisciplinary teams (MDTs) enabling personalised, community-based care. The Neighbourhood Health Framework provides the operating model for these MDTs, emphasising local intelligence, relationship-based practice and early support. Within this structure, Wellbeing Navigation is embedded within all PCNs, providing holistic support addressing social determinants such as debt, loneliness, housing issues and long-term condition management. These interventions support resilience and reduce avoidable hospital use.

BCF investment in neighbourhood MDTs and Integrated Locality Reviews supports early identification of need, proactive case management and better coordination—fully consistent with the ICB’s Reset, Recovery and Transformation Programme, which prioritises neighbourhood transformation and community services reform through 2026. This approach is directly underpinned by the Neighbourhood Health Framework focus on proactive, data-led locality working, ensuring prevention and early intervention are core system functions.

Medway’s Intensive Support Team (MIST) within Adult Social Care is newly established for 2026 and offers a unique chance to make a significant impact on individuals with multi-faceted complexities. This neighbourhood-aligned outreach model—covering acute settings, people’s homes and wider community locations—mirrors the NHS’s emphasis on multi-agency, relationship-based practice. Staff are skilled in Mental Health, Learning Disabilities, Drug and Alcohol Misuse, Safeguarding and community-based intervention.

BCF-funded Intermediate Care and Reablement services deliver flexible home- and bed-based rehabilitation, supporting Home First and avoiding deterioration. Dementia assessment beds reduce prolonged hospital stays and enable complex assessment in more appropriate environments. Housing-related interventions—including DFGs, minor adaptations and assistive technology—further reinforce both the ICS commitment to wider determinants of health and the NHF’s principle of enabling safe independence within neighbourhood settings.

The BCF strengthens support for unpaid carers, aligned with both the Adult Social Care and Carers Strategies and the ICS vision, as well as the Neighbourhood Health Framework priority on family and carer involvement. Carers support, respite, direct payments and 24/7 advice prevent crisis and reduce demand on statutory services.

This integrated and preventative approach complements the structural changes underway in the Kent & Medway ICB, which is transitioning toward a leaner, strategically focused commissioner as part of NHS-wide reforms completing in 2026. The BCF provides stability during this transformation by anchoring joint commissioning and supporting neighbourhood-focused models fully aligned to the Neighbourhood Health Framework’s place-based operating model.

Together, the BCF, the Joint Medway Health and Wellbeing Strategy, the ICS 2026 strategy, Adult Social Care Strategy and the Neighbourhood Health Framework provide a coherent, aligned framework that integrates health, care, housing and the VCS, prevents escalation, addresses inequalities and strengthens neighbourhood delivery.

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.

The goals for the core BCF metrics are set using historic performance, capacity assessments and alignment with Kent and Medway ICB strategic priorities for 2026. Medway's consistent reduction in non-elective admissions for people aged 65+ supports the continuation of a -1.9% trajectory. This reflects the ICS's emphasis on prevention, neighbourhood MDTs and early identification of risk, as set out in the Integrated Care Strategy, Shared Delivery Plan and the Neighbourhood Health Framework, which places strong emphasis on local risk stratification and early intervention.

- Medway achieved its stretch targets in June, August, September, and November 2025, narrowly missing them in July and October due to heat waves and high flu cases. Overall, from April to November 2025, Medway ranked 2nd out of 16 among its statistical neighbours and 7th out of 18 regionally.

For delayed discharges, Medway has set a pragmatic target acknowledging persistent pressures in flow and community capacity, drawing on historic sitrep data. This approach aligns with the ICB's Reset, Recovery and Transformation Programme, which prioritises urgent and emergency care improvement and community services reform, as well as NHF principles of neighbourhood-based rehabilitation capacity and smoother transitions between settings. Development of Transfer of Care Hubs, dementia assessment beds and improved bed brokerage will drive incremental improvement.

- Medway did not meet its stretch targets for delayed discharges in the 2025/26 financial year. Spikes in discharge delays in September and October 2025 were driven by sharp increases in long delays of 21 days or more. Other reasons included waits for assessment beds, equipment, specialist rehab, and self-funded placements.
- When available, the new SUS discharge ready date data guide will be shared with hospital contacts to ensure reporting of this area is consistent and accurate.

Monitoring long-term care home admissions remains a priority. Medway continues to set stretching targets to enable people to age well, live independently and reduce inequalities. Neighbourhood Health Framework principles of proactive locality MDTs, targeted reablement and strength-based practice underpin these goals. Strength-based assessments, enhanced reablement, and ensuring long-term care decisions occur outside acute settings support this

approach. Recommissioning of residential and nursing care, and development of a new ASC-managed facility, further support system resilience.

- Medway achieved its conservative stretch target for the 2025/26 financial year for long term care home admissions.

Reablement outcomes are monitored via monthly and quarterly reviews with the jointly commissioned Intermediate Care and Reablement Service. This directly supports the ICS neighbourhood and personalised care priorities and the NHF emphasis on neighbourhood-level rehabilitation and community independence pathways.

- The new 12-week reablement metric will be used to track Medway's performance against other HWBs.

All metrics are overseen through JCMG, operational discharge groups, neighbourhood dashboards and population health management tools—consistent with ICS commitments to shared intelligence, collaborative commissioning and integrated improvement, and fully aligned with the Neighbourhood Health Framework requirement for neighbourhood-level data, dashboards and proactive case finding.

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

BCF funding is structured to deliver improvements across Medway's core outcomes—reducing avoidable admissions, improving discharge flow, supporting independence and reducing escalation into long-term care. These priorities are fully aligned with the Kent and Medway Integrated Care Strategy and the Neighbourhood Health Framework, which emphasise prevention, tackling inequalities, strengthening neighbourhood MDTs and supporting people to age well.

Investment in Urgent Community Response, Intermediate Care, Wellbeing Navigation and VCS-led prevention supports reduced non-elective activity. This reflects the ICS goal of delivering prevention at scale and strengthening neighbourhood health models through MDTs and proactive community support, as articulated in the NHF operating model for neighbourhood teams.

BCF-funded Intermediate Care and Reablement services contribute directly to improved discharge flow and independence, supporting Medway's commitments to personalised care, community rehabilitation and improved transitions. Dementia assessment beds and strengthened TOCH processes align with the ICS's urgent and emergency care priorities. These functions also reflect the Neighbourhood Health Framework expectation that neighbourhood teams support smooth transitions between hospital, home and community-based rehabilitation.

Housing-related interventions—DFGs, minor adaptations and assistive technology—reinforce ICS priorities around wider determinants of health and preventing crises. Within the NHF, these are core components of enabling people to remain well in their neighbourhoods, reducing risk, maintaining independence and supporting safe discharge. This includes falls prevention, environmental hazard reduction and improving home accessibility.

A dedicated commissioned Carers service is in place, supported by the BCF, which delivers prevention consistent with Medway Council and the Kent and Medway ICS's goals to empower carers and improve equity of access. These services link to the Neighbourhood Health Framework, which emphasises carer involvement, neighbourhood-level support, and community navigation.

Neighbourhood MDTs, Integrated Locality Reviews and population health management approaches support all core BCF metrics by identifying risk early and coordinating multi-agency support—key elements of both the Adult Social Care Strategy and ICS delivery model for 2026, as well as the Neighbourhood Health Framework's proactive neighbourhood model.

Overall, the planned impact of BCF funding is tightly aligned with Medway's Joint Health and Wellbeing Strategy, Adult Social Care Strategy and the ICS's transition to a prevention-led, neighbourhood-focused and integrated system, complemented by structural reforms underway in the ICB and operationalised through the Neighbourhood Health Framework.

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.

Kent and Medway ICB and Medway Council maintain strong confidence in the value for money of BCF-funded services through joint governance and oversight provided through the Joint Commissioning Management Group, which includes senior leaders across the system; evidence-based commissioning and close alignment with the key plans and strategies underpinning the operation of the Medway Council and Kent and Medway ICS. The ICB is implementing major operating cost reductions of 50% by the end of 2025 as part of national reforms leading into 2026, moving toward a leaner, strategically focused organisation. The Neighbourhood Health Framework provides the local delivery mechanism through which these efficiencies translate into improved population outcomes.

BCF schemes undergo rigorous business case evaluation, benchmarking and equality impact assessment, ensuring expenditure aligns with ICS priorities such as prevention, personalised care, urgent care improvement and neighbourhood transformation. The NHF reinforces this by providing a standardised, evidence-based model for neighbourhood MDTs, population health intelligence and community asset use, strengthening return on investment.

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.

Governance through the Joint Commissioning Management Group, as detailed above, includes senior leadership with oversight of BCF activities and all funded schemes, with regular reporting on outcomes and performance.

Preventative schemes such as Wellbeing Navigation and VCS infrastructure deliver strong returns, consistent with ICS principles of delivering prevention at scale and supporting community resilience. Analysis shows a return on investment of £13 for each £1 spent on the contract to support VCS infrastructure. A vibrant VCS supports prevention and offers a range of community-based activities, groups and in turn, supports social prescribing and Wellbeing Navigation. There is strong evidence via service user outcomes and feedback, that services are effective and offer value for money.

Assistive technology and DFG-funded interventions give further value by preventing falls, delaying long-term care needs and supporting discharge—central to both the ICS and Neighbourhood Health Framework commitments to independence in the home and early intervention.

Market stability is supported through fee uplifts, innovation funds and provider forums—reflecting the Medway system emphasis on workforce sustainability and quality improvement. Investments in data improvement and schemes aligned to population health management enhance the ability to target interventions and reduce variation, matching commitments to improved shared intelligence and system leadership within neighbourhood footprints defined by the NHF.

Together, these actions ensure that BCF-funded services are efficient, impactful and aligned with the BCF financial sustainability and transformation requirements for 2026, underpinned by a consistent Neighbourhood Health Framework for local delivery.