Public Document Pack

Health and Wellbeing Board

Date: Wednesday, 9 November 2022
Time: 2.00 pm
Venue: Microsoft Teams. Watch live using this link: https://youtu.be/qgp8W86qTmA

Members (Quorum: 5)
Peter Wharf (Chairman), Vivienne Broadhurst, Scott Chilton, Sam Crowe, Marc House, Spencer Flower, Margaret Guy, Nicholas Johnson, Theresa Leavy, Martin Longley, Patricia Miller, Andrew Parry, John Sellgren, Simon Wraw and Simone Yule

Chief Executive: Matt Prosser, County Hall, Dorchester, Dorset DT1 1XJ

For more information about this agenda please contact Democratic Services
Meeting Contact 01305 224185 - george.dare@dorsetcouncil.gov.uk

Members of the public are welcome to attend this meeting, apart from any items listed in the exempt part of this agenda.

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Agenda

Item **Pages**

1. APOLOGIES

To receive any apologies for absence.

2. ELECTION OF VICE-CHAIRMAN

To appoint a Vice-Chairman for the remainder of the Year 2022-23.

3. DECLARATIONS OF INTEREST

To disclose any pecuniary, other registrable or non-registrable interest as set out in the adopted Code of Conduct. In making their disclosure councillors are asked to state the agenda item, the nature of the interest and any action they propose to take as part of their declaration.

If required, further advice should be sought from the Monitoring Officer in advance of the meeting.

4. MINUTES 5 - 8

To confirm the minutes of the meetings held on the following dates:

24 March 2021
23 June 2021
22 September 2021
10 November 2021
12 January 2022
30 March 2022
22 June 2022

5. PUBLIC PARTICIPATION

To receive questions or statements on the business of the committee from town and parish councils and members of the public.

Members of the public who live, work or represent an organisation within the Dorset Council area, may submit up to two questions or a statement of up to a maximum of 450 words. All submissions must be sent electronically to george.dare@dorsetcouncil.gov.uk by the deadline set out below. When submitting a question please indicate who the question is for and include your name, address and contact details. Questions and statements received in line with the council's rules for public participation will be published as a supplement to the agenda.

Questions will be read out by an officer of the council and a response given by the appropriate Portfolio Holder or officer at the meeting. All questions, statements and responses will be published in full within the minutes of the meeting.

The deadline for submission of the full text of a question or statement is 8.30am on Friday, 4 November 2022.

Please refer to the guide to public participation at committee meetings for more information about speaking at meetings.

6. QUESTIONS FROM MEMBERS

To receive questions submitted by councillors.

Councillors can submit up to two valid questions at each meeting and sub divided questions count towards this total. Questions and statements received will be published as a supplement to the agenda and all questions, statements and responses will be published in full within the minutes of the meeting.

The submissions must be emailed in full to george.dare@dorsetcouncil.gov.uk by 8.30am on Friday, 4 November 2022.

Dorset Council Constitution – Procedure Rule 13

7. URGENT ITEMS

To consider any items of business which the Chairman has had prior notification and considers to be urgent pursuant to section 100B (4) b) of the Local Government Act 1972. The reason for the urgency shall be recorded in the minutes.

8. CHAIRMAN'S UPDATE

To receive any updates from the Chairman of the Board.

9. SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2021-22

To review the Safeguarding Adults Board Annual Report (report to follow).

10. BETTER CARE FUND 9 - 56

To consider the report by the Head of Service for Older People and Prevention Commissioning.

11. PHYSICAL ACTIVITY STRATEGY 57 - 80

To receive a report by the Senior Health Programme Advisor, Public Health Dorset, and the Deputy Chief Executive, Active Dorset.

12. PHARMACEUTICAL NEEDS ASSESSMENT

To receive a verbal update from the Consultant in Public Health.

To note that the consultation for the Dorset Pharmaceutical Needs Assessment closed on 21 September. The final PNA has been revised to take account of the consultation responses and is published at Pharmaceutical Needs Assessment (PNA) - Public Health Dorset - Dorset Council A report on the consultation and how we have responded is included within the PNA at appendix 6.

13. FORWARD PLAN 81 - 84

To consider the Board's forward plan.

14. DATE OF NEXT MEETING

To confirm the date and time of the next meeting: 15 March 2023 at 2pm.

15. EXEMPT BUSINESS

To move the exclusion of the press and the public for the following item in view of the likely disclosure of exempt information within the meaning of paragraph 3 of schedule 12 A to the Local Government Act 1972 (as amended).

The public and the press will be asked to leave the meeting whilst the item of business is considered.

Dorset Council

HEALTH AND WELLBEING BOARD

MINUTES OF MEETING HELD ON WEDNESDAY 22 JUNE 2022

Present: Forbes Watson (Vice-Chairman), Vivienne Broadhurst, Sam Crowe, Spencer Flower, Tim Goodson, Margaret Guy, Nicholas Johnson, Theresa Leavy, Martin Longley, Patricia Miller, Andrew Parry, Peter Wharf and Simon Wraw

Apologies: Scott Chilton, Marc House and John Sellgren

Also present: Cllr Jane Somper

Officers present (for all or part of the meeting):
Matt Prosser (Chief Executive), Rosie Sharpe (Business Support Officer), Paul Iggulden (Public Health Consultant), Jane Horne (Consultant in Public Health), Jonathan Price (Interim Corporate Director for Commissioning) and George Dare (Senior Democratic Services Officer)

1. **Apologies**

   Apologies for absence were received from John Sellgren, Chief Constable Scott Chilton, and Marc House.

2. **Election of Chairman**

   Proposed by Cllr Flower and seconded by Cllr Parry.

   Decision: That Cllr Wharf be appointed as Chairman of the Health and Wellbeing Board for the year 2022-23.

3. **Election of Vice-Chairman**

   Proposed by Cllr Wharf and seconded by Cllr Flower.

   Decision: That Dr Forbes Watson be appointed as Vice-Chairman of the Health and Wellbeing Board for the year 2022-23.

4. **Declarations of Interest**

   No declarations of disclosable interests were made at the meeting.

5. **Chairman's Update**

   The Chairman informed the board that there would be a joint development session with the BCP Health & Wellbeing Board in July.

6. **Public Participation**

There was no public participation.

7. **Councillor Questions**

There were no questions from councillors.

8. **Integrated Care Partnership Strategy Update**

The Director of Public Health gave an update on the Integrated Care Partnership (ICP) Strategy. Since the last meeting, the strategy development broke from national guidance to allow for wider consultation and the paper the board received underpinned this approach. The ICP Strategy must be produced by December 2022. There will be interviews with people who would not usually take part in engagement exercises. Dorset does not stand out on national health measures and there was variation in causes of ill health. The strategy needed a focus on integration and how commissioning could be done differently. The draft strategy would be ready for circulation by September then there would be another round of consultation before December.

Members of the board discussed the ICP Strategy and commented that:

- It was acknowledged by the Secretary of State that the strategy produced by December would likely be a first draft.
- Finances should be used flexibly across health and local government to get the best use of the Dorset pound.
- The ICP should be outcome focussed, not process driven.
- It needed to be clear what each other's roles would be in the delivery of the strategy.
- Objectives should be ambitious as possible over the first 5 years.
- The Dorset Council Plan fits in with the timescale of this plan.
- There would be things that would need to do differently over a long period of time to see the health differences at scale.

Following the update on the ICP Strategy, the board discussed a joint development session with the BCP Health and Wellbeing Board. The session would include the Joint Strategic Needs Assessment and case studies.

Members supported the update on the approach and development of the ICP Strategy; and
Supported the proposed joint development session in July with BCP Health and Wellbeing Board to sign off on the Joint Strategic Needs Assessment and consider how the Boards will work with the ICS going forwards.

9. **Urgent items**

There were no urgent items.

10. **Exempt Business**

There was no exempt business.

Duration of meeting: 2.00 - 2.55 pm

Chairman

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Health and Wellbeing Board
9 November 2022
Better Care Fund 2022/23

For Decision

Portfolio Holder: Cllr P Wharf, Adult Social Care and Health

Local Councillor(s): All

Executive Director: V Broadhurst, Executive Director of People - Adults

Report Author: Sarah Sewell
Title: Head of Service for Older People and Prevention Commissioning
Tel: 01305 224256
Email: sarah.sewelll@dorsetcouncil.gov.uk

Report Status: Public

Recommendation:

1. To approve the Better Care Fund (BCF) submission for 2022/23

2. To agree to receive an update report at the March 2023 meeting on the opportunities available to potentially re-allocate BCF funds from 2023/24 that might better support achievement of Dorset's shared goals.

Reason for Recommendation:

1. NHS England (NHSE) require the Health and Wellbeing Board (HWB) to approve the annual BCF plan, this is one of the national conditions within the Policy Framework.

   There is often a relatively short window of time between NHSE publishing the annual planning requirements and the submission date for the Plan. NHSE allow areas to submit their plans under delegated authority, pending HWB approval. At the HWB meeting on 12 January 2022 delegated authority to approve subsequent plans, if a HWB meeting could not be convened within the NHSE sign off period, was granted to the

Executive Director for People – Adults following consultation with the HWB Chair. Dorset Council and Dorset NHS jointly submitted Dorset's BCF Plan (consisting of the documents attached at Appendices A-C) following delegated approval on 26 September 2022.

2. At the HWB meeting on 30 March 2022, a detailed report was provided to outline how BCF was currently invested in Dorset and the performance and impact it achieves. This year's Narrative Plan provides a further update on progress in the last year and key changes. The report in March referred to Dorset's ambition to utilise the BCF differently and this has been emphasised in this year's plan.

   From 2023/24 it is anticipated that current annual funding allocations will be extended to two years. This provides opportunity for the Council and NHS to develop longer term plans for BCF investment, including re-allocation of funds to schemes and initiatives that might better support achievement of our shared goals. There is much work for Commissioning and Finance Officers to progress, but it is anticipated that by the next HWB meeting initial plans will be well enough established to share for HWB oversight and endorsement.

1. Report

1.1 The 2022/23 BCF submission consists of 3 documents:

BCF Planning Template 22/23 – Appendix A
Demand and Capacity Template – Appendix B
BCF Narrative Plan – Appendix C

1.2 The BCF and iBCF provides Dorset with total funding of £139,166,296. This is allocated across a number of different schemes as set out in Appendix A. The BCF Policy Framework sets out four national conditions that all BCF Plans must meet in order to be approved. These are:

i) A jointly agreed plan between local health and social care commissioners and signed off by the Health and Wellbeing Board
ii) NHS contribution to adult social care to be maintained in line with the uplift to NHS minimum contribution
iii) Invest in NHS commissioned out-of-hospital services
iv) Implementing the BCF Policy Objectives

1.3 In addition, the BCF Policy Framework sets national metrics that must be included in the BCF plans:

i) Effectiveness of reablement
ii) Older adults whose long-term care needs are met by admission to residential or nursing care per 100,000 population
iii) Avoidable Admissions
iv) Discharge to usual place of residence

1.4 Ambitions for these metrics have been agreed jointly between Dorset Council and the Dorset NHS and are reported in the Template (Appendix A).

1.5 For 2022/23, a new template has been introduced; Capacity and Demand Plan (Appendix B). This is a high-level overview of expected demand for intermediate care and planned capacity to meet this demand. The content of capacity and demand plans will not be assured in 2022-23 but completion is a condition of BCF plan approval.

1.6 Dorset Council Adult Social Care and Dorset NHS commissioners and finance leads jointly completed all documents for 2022/23.

1.7 Before submission, the documents were approved by the council Chief Executive, Section 151 Officer, Director of Adult Social Services and Dorset Integrated Care Board Chief Executive. All approvals were granted. The documents were submitted to NHSE Better Care Fund Team on 26 September 2022. Receipt has been confirmed and regional assurance is in process, at the time of writing this report, feedback or any further clarifications are awaited.

1.8 Work will be prioritised by Commissioners and Finance Leads to plan how BCF funds could be invested differently to better support achievement of our shared goals. Broadening the scope to include All Age Commissioning schemes, such as Birth to Settled Adulthood, and the development of Supported Living. Both these areas are in line with the BCF national condition 4, and both Policy Objectives.

1.9 Arranging BCF schemes so that there are clear links to other local priorities will be included in the planning. Initial thinking has identified the following local priority areas; Demand Management, Digital and Technology, Care Optimisation and Care Provider Development, however,

further joint development is required, hence recommendation 2 to report back to the HWB in March 2023.

2. Financial Implications

2.1 The Council and Dorset NHS are required to work within the financial envelope and to Plan, hence continuous monitoring is required. Joint commissioning activity and close working with System partners, including Acute Trusts, allow these funds to be invested to support collective priorities for Dorset. The Narrative Plan (Appendix C) provides a clear overview.

2.2 The Joint Commissioning Board of the Council and Dorset NHS will continue to monitor budget and activity.

3. Environmental Implications

3.1 All partner agencies are mindful in their strategic and operational planning of the commitments, which they have taken on to address the impact of climate change.

4. Well-being and Health Implications

4.1 Allocation of the BCF and iBCF supports individuals with health and social care needs, as well as enabling preventative measures and promoting independence.

4.2 Dorset, like many other areas across the South West and nationally, is continuing to experience many challenges in providing and supporting the delivery of health and social care. For Dorset, one of the highest risks continues to be the challenge brought about by lack of available home care and therapy.

4.3 This may limit our ability to meet Plans set out, particularly around national conditions three and four, which are focussed on hospital discharge and out of hospital services. However, as described in section 5 of the Narrative Plan (Appendix C) there are several key initiatives in train that will begin to address this, including the re-modelling of Dorset's Reablement Model and Home Care contracts.

4.4 Dorset, again like other areas, continues to be challenged by workforce shortages, which are brought about for a variety of reasons. Joint work continues to plan mitigating measures and development of workforce strategies to address this.

5. Other Implications

5.1 Whilst the formal, Government led, response to Covid-19 ended earlier in 2022, potential seasonal surges or emerges of new variants, along with other respiratory illnesses, such as winter flu, may continue to place additional strain on Health and Social care services.

5.2 Dorset Council and Dorset NHS officers will continue to work closely with Dorset System Partners to plan measures to protect local NHS services, particularly around hospital discharge to ensure flow is maintained to support and respond to additional demand.

6. Risk Assessment

6.1 Dorset Council and Dorset NHS officers are confident the BCF and iBCF plans provide appropriate assurance and confirm spending is complaint with conditions.

6.2 The funds provide mitigation of risks by securing continuation of essential service provision and provides preventative measures to reduce, delay and avoid demand.

6.3 There is currently a high demand for health and social care, with some individuals waiting for services. However, cases are managed on a risk basis to protect individuals deemed to be in high-risk situations from being without care.

6.4 Commissioning activity outlined in the Narrative Plan (Appendix C) provides assurance that Dorset is actively working to alter approaches that enable enhancement of provision to mitigate risks, and promote recovery, regaining and maintaining of independence.

6.5 In addition, commissioning plans include approaches that are supporting providers to stabilise workforce recruitment and retention.

7. Equalities Impact Assessment

7.1 It is important that all partners ensure that the individual needs and rights of every person accessing health and social care services are respected, including people with protected characteristics so the requirements of the Equalities Act 2010 are met by all partners.

8. Appendices

A: Dorset BCF 2022/23 Planning Template

B: Dorset BCF 2022/23 Demand and Capacity Template

C: Dorset BCF 2022/23 Narrative Plan

9. Background Papers

B1296-Better-Care-Fund-planning-requirements-2022-23.pdf (england.nhs.uk)

BCF Planning Template 2022-23

1. Guidance

Overview

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background, as below:

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

For a more optimal view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance sheet for readability if required.

The details of each sheet within the template are outlined below.

Checklist (click to go to Checklist, included in the Cover sheet)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be completed before sending to the Better Care Fund Team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'

3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
5. Please ensure that all boxes on the checklist are green before submission.

2. Cover (click to go to sheet)

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to the Better Care Fund Team: england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).

4. Income (click to go to sheet)

1. This sheet should be used to specify all funding contributions to the Health and Wellbeing Board's (HWB) Better Care Fund (BCF) plan and pooled budget for 2022-23. It will be pre-populated with the minimum NHS contributions to the BCF, Disabled Facilities Grant (DFG) and improved Better Care Fund (iBCF). These cannot be edited.

2. Please select whether any additional contributions to the BCF pool are being made from local authorities or ICBs and enter the amounts in the fields highlighted in 'yellow'. These will appear as funding sources in sheet 5a when you planning expenditure.

3. Please use the comment boxes alongside to add any specific detail around this additional contribution.

4. If you are pooling any funding carried over from 2021-22 (**i.e. underspends from BCF mandatory contributions**) you should show these on a separate line to the other additional contributions and use the comments field to identify that these are underspends that have been rolled forward. All allocations are rounded to the nearest pound.

5. Allocations of the NHS minimum contribution (formerly CCG minimum) are shown as allocations from ICB to the HWB area in question. Mapping of the allocations from former CCGs to HWBs can be found in the BCF allocation spreadsheet on the BCF section of the NHS England Website.

6. For any questions regarding the BCF funding allocations, please contact england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).

5. Expenditure (click to go to sheet)

This sheet should be used to set out the detail of schemes that are funded via the BCF plan for the HWB, including amounts, type of activity and funding source. This information is then aggregated and used to analyse the BCF plans nationally and sets the basis for future reporting.

The information in the sheet is also used to calculate total contributions under National Conditions 2 and 3 and is used by assurers to ensure that these are met.

The table is set out to capture a range of information about how schemes are being funded and the types of services they are providing. There may be scenarios when several lines need to be completed in order to fully describe a single scheme or where a scheme is funded by multiple funding streams (eg: iBCF and NHS minimum). In this case please use a consistent scheme ID for each line to ensure integrity of aggregating and analysing schemes.

On this sheet please enter the following information:

1. Scheme ID:

- This field only permits numbers. Please enter a number to represent the Scheme ID for the scheme being entered. Please enter the same Scheme ID in this column for any schemes that are described across multiple rows.

2. Scheme Name:

- This is a free text field to aid identification during the planning process. Please use the scheme name consistently if the scheme is described across multiple lines in line with the scheme ID described above.

3. Brief Description of Scheme

- This is a free text field to include a brief headline description of the scheme being planned. The information in this field assists assurers in understanding how funding in the local BCF plan is supporting the objectives of the fund nationally and aims in your local plan.

4. Scheme Type and Sub Type:

- Please select the Scheme Type from the drop-down list that best represents the type of scheme being planned. A description of each scheme is available in tab 5b.
- Where the Scheme Types has further options to choose from, the Sub Type column alongside will be editable and turn "yellow". Please select the Sub Type from the drop down list that best describes the scheme being planned.
- Please note that the drop down list has a scroll bar to scroll through the list and all the options may not appear in one view.
- If the scheme is not adequately described by the available options, please choose ‘Other’ and add a free field description for the scheme type in the column alongside. Please try to use pre-populated scheme types and sub types where possible, as this data is important in assurance and to our understanding of how BCF funding is being used nationally.
- The template includes a field that will inform you when more than 5% of mandatory spend is classed as other.

5. Area of Spend:

- Please select the area of spend from the drop-down list by considering the area of the health and social care system which is most supported by investing in the scheme.
- Please note that where ‘Social Care’ is selected and the source of funding is “NHS minimum” then the planned spend would count towards National Condition 2.
- If the scheme is not adequately described by the available options, please choose ‘Other’ and add a free field description for the scheme type in the column alongside.
- We encourage areas to try to use the standard scheme types where possible.

6. Commissioner:

- Identify the commissioning body for the scheme based on who is responsible for commissioning the scheme from the provider.
- Please note this field is utilised in the calculations for meeting National Condition 3. Any spend that is from the funding source 'NHS minimum contribution', is commissioned by the ICB, and where the spend area is not 'acute care', will contribute to the total spend under National Condition 3. This will include expenditure that is ICB commissioned and classed as 'social care'.
- If the scheme is commissioned jointly, please select ‘Joint’. Please estimate the proportion of the scheme being commissioned by the local authority and NHS and enter the respective percentages on the two columns.

7. Provider:

- Please select the type of provider commissioned to provide the scheme from the drop-down list.
- If the scheme is being provided by multiple providers, please split the scheme across multiple lines.

8. Source of Funding:

- Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme from the drop down list. This includes additional, voluntarily pooled contributions from either the ICB or Local authority
- If a scheme is funded from multiple sources of funding, please split the scheme across multiple lines, reflecting the financial contribution from each.

9. Expenditure (£) 2022-23:

- Please enter the planned spend for the scheme (or the scheme line, if the scheme is expressed across multiple lines)

10. New/Existing Scheme

- Please indicate whether the planned scheme is a new scheme for this year or an existing scheme being carried forward.

This is the only detailed information on BCF schemes being collected centrally for 2022-23 and will inform the understanding of planned spend for the iBCF grant and spend from BCF sources on discharge.

6. Metrics (click to go to sheet)

This sheet should be used to set out the HWB's ambitions (i.e. numerical trajectories) and performance plans for each of the BCF metrics in 2022-23. The BCF policy requires trajectories and plans agreed for the fund's metrics. Systems should review current performance and set realistic, but stretching ambitions for 2022-23.

A data pack showing more up to date breakdowns of data for the discharge to usual place of residence and unplanned admissions for ambulatory care sensitive conditions is available on the Better Care Exchange.

For each metric, areas should include narratives that describe:
- a rationale for the ambition set, based on current and recent data, planned activity and expected demand
- the local plan for improving performance on this metric and meeting the ambitions through the year. This should include changes to commissioned services, joint working and how BCF funded services will support this.

1. Unplanned admissions for chronic ambulatory care sensitive conditions:
- This section requires the area to input indirectly standardised rate (ISR) of admissions per 100,000 population by quarter in 2022-23. This will be based on NHS Outcomes Framework indicator 2.3i but using latest available population data.
- The indicator value is calculated using the indirectly standardised rate of admission per 100,000, standardised by age and gender to the national figures in reference year 2011. This is calculated by working out the SAR (observed admission/expected admissions*100) and multiplying by the crude rate for the reference year. The expected value is the observed rate during the reference year multiplied by the population of the breakdown of the year in question.
- The population data used is the latest available at the time of writing (2020)
- Actual performance for each quarter of 2021-22 are pre-populated in the template and will display once the local authority has been selected in the drop down box on the Cover sheet.
- Exact script used to pull pre-populated data can be found on the BCX along with the methodology used to produce the indicator value:
https://future.nhs.uk/bettercareexchange/viewdocument?docid=142269317&done=DOCCreated1&fid=21058704
- Technical definitions for the guidance can be found here:
https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework/march-2022/domain-2---enhancing-quality-of-life-for-people-with-long-term-conditions-nof/2.3.i-unplanned-hospitalisation-for-chronic-ambulatory-care-sensitive-conditions

2. Discharge to normal place of residence.
- Areas should agree ambitions for the percentage of people who are discharged to their normal place of residence following an inpatient stay. In 2021-22, areas were asked to set a planned percentage of discharge to the person's usual place of residence for the year as a whole. In 2022-23 areas should agree a rate for each quarter.
- The ambition should be set for the health and wellbeing board area. The data for this metric is obtained from the Secondary Uses Service (SUS) database and is collected at hospital trust. A breakdown of data from SUS by local authority of residence has been made available on the Better Care Exchange to assist areas to set ambitions.
- Ambitions should be set as the percentage of all discharges where the destination of discharge is the person's usual place of residence.
- Actual performance for each quarter of 2021-22 are pre-populated in the template and will display once the local authority has been selected in the drop down box on the Cover sheet.

3. Residential Admissions (RES) planning:
- This section requires inputting the expected numerator of the measure only.
- Please enter the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care)
- Column H asks for an estimated actual performance against this metric in 2021-22. Data for this metric is not published until October, but local authorities will collect and submit this data as part of their salt returns in July. You should use this data to populate the estimated data in column H.
- The prepopulated denominator of the measure is the size of the older people population in the area (aged 65 and over) taken from Office for National Statistics (ONS) subnational population projections.
- The annual rate is then calculated and populated based on the entered information.

4. Reablement planning:
- This section requires inputting the information for the numerator and denominator of the measure.
- Please enter the planned denominator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (or from hospital to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home).
- Please then enter the planned numerator figure, which is the expected number of older people discharged from hospital to their own home for rehabilitation (from within the denominator) that will still be at home 91 days after discharge.
- Column H asks for an estimated actual performance against this metric in 2021-22. Data for this metric is not published until October, but local authorities will collect and submit this data as part of their salt returns in July. You should use this data to populate the estimated data in column H.
- The annual proportion (%) Reablement measure will then be calculated and populated based on this information.

7. Planning Requirements (click to go to sheet)

This sheet requires the Health and Wellbeing Board to confirm whether the National Conditions and other Planning Requirements detailed in the BCF Policy Framework and the BCF Requirements document are met. Please refer to the BCF Policy Framework and BCF Planning Requirements documents for 2022-23 for further details.
The sheet also sets out where evidence for each Key Line of Enquiry (KLOE) will be taken from.
The KLOEs underpinning the Planning Requirements are also provided for reference as they will be utilised to assure plans by the regional assurance panel.

1. For each Planning Requirement please select 'Yes' or 'No' to confirm whether the requirement is met for the BCF Plan.
2. Where the confirmation selected is 'No', please use the comments boxes to include the actions in place towards meeting the requirement and the target timeframes.

Better Care Fund 2022-23 Template

2. Cover

Version 1.0.0

HM Government

NHS

Please Note:
- You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.
- Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others and use it only for the purposes for which it is provided. Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".
- Please note that national data for plans is intended for release in aggregate form once plans have been assured, agreed and baselined as per the due process outlined in the BCF Planning Requirements for 2022-23.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.
- Where BCF plans are signed off under a delegated authority it must be reflected in the HWB's governance arrangements.

			Checklist
			Complete:
Health and Wellbeing Board:	Dorset		Yes
Completed by:	Sarah Sewell		Yes
E-mail:	sarah.sewell@dorsetcouncil.gov.uk		Yes
Contact number:	01305 221256		Yes
Has this plan been signed off by the HWB (or delegated authority) at the time of submission?	No		Yes
If no please indicate when the HWB is expected to sign off the plan:	Wed 09/11/2022	<< Please enter using the format, DD/MM/YYYY	Yes
If using a delegated authority, please state who is signing off the BCF plan:			

Please indicate who is signing off the plan for submission on behalf of the HWB (delegated authority is also accepted):

Job Title:	Executive Director for Adults and Housing	Yes
Name:	Vivienne Broadhurst	Yes

	Role:	Professional Title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:	
*Area Assurance Contact Details:	Health and Wellbeing Board Chair	Cllr	Peter	Wharf	cllrpeter.wharf@dorsetcouncil.gov.uk	Yes
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off		Patricia	Miller	patriciamiller@dorsetnhs.nhs.uk	Yes
	Additional ICB(s) contacts if relevant					No
	Local Authority Chief Executive		Matt	Prosser	matt.prosser@dorsetcouncil.gov.uk	Yes
	Local Authority Director of Adult Social Services (or equivalent)		Vivienne	Broadhurst	vivenne.broadhurst@dorsetcouncil.gov.uk	Yes
	Better Care Fund Lead Official		Jonathan	Price	jonathan.price@dorsetcouncil.gov.uk	Yes
	LA Section 151 Officer		Adian	Dunn	aidan.dunn@dorsetcouncil.gov.uk	Yes
*Please add further area contacts that you would wish to be included in official correspondence e.g. housing or trusts that have been part of the process -->						Yes
						Yes
						Yes

Question Completion - When all questions have been answered and the validation boxes below have turned green, please send the template to the Better Care Fund Team england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your Better Care Manager.

Please see the Checklist below for further details on incomplete fields

	Complete:
2. Cover	No
4. Income	Yes
5a. Expenditure	Yes
6. Metrics	No
7. Planning Requirements	Yes

[<< Link to the Guidance sheet]

^^ Link back to top

Better Care Fund 2022-23 Template

3. Summary

Selected Health and Wellbeing Board: Dorset

Income & Expenditure

Income >>

Funding Sources	Income	Expenditure	Difference
DFG	£4,152,450	£4,152,450	£0
Minimum NHS Contribution	£31,390,646	£31,390,646	£0
iBCF	£12,450,566	£12,450,566	£0
Additional LA Contribution	£57,990,500	£57,990,500	£0
Additional ICB Contribution	£33,182,134	£33,182,134	£0
Total	**£139,166,296**	**£139,166,296**	**£0**

Expenditure >>

NHS Commissioned Out of Hospital spend from the minimum ICB allocation

Minimum required spend	£8,874,613
Planned spend	£18,927,267

Adult Social Care services spend from the minimum ICB allocations

Minimum required spend	£12,463,379
Planned spend	£12,463,379

Scheme Types

Assistive Technologies and Equipment	£7,464,191	(5.4%)
Care Act Implementation Related Duties	£524,002	(0.4%)
Carers Services	£718,614	(0.5%)
Community Based Schemes	£0	(0.0%)
DFG Related Schemes	£4,152,450	(3.0%)
Enablers for Integration	£0	(0.0%)
High Impact Change Model for Managing Transfer of C	£7,001,614	(5.0%)
Home Care or Domiciliary Care	£971,282	(0.7%)
Housing Related Schemes	£0	(0.0%)
Integrated Care Planning and Navigation	£55,494,602	(39.9%)
Bed based intermediate Care Services	£0	(0.0%)
Reablement in a persons own home	£0	(0.0%)
Personalised Budgeting and Commissioning	£0	(0.0%)
Personalised Care at Home	£0	(0.0%)
Prevention / Early Intervention	£0	(0.0%)
Residential Placements	£61,737,241	(44.4%)
Other	£1,102,300	(0.8%)
Total	**£139,166,296**	

Metrics >>

Avoidable admissions

	2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan	2022-23 Q4 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (Rate per 100,000 population)				

Discharge to normal place of residence

	2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan	2022-23 Q4 Plan
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	90.8%	90.8%	90.8%	92.0%

Residential Admissions

		2020-21 Actual	2022-23 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	460	333

Reablement

		2022-23 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	84.9%

Planning Requirements >>

Theme	Code	Response
NC1: Jointly agreed plan	**PR1**	Yes
	PR2	Yes
	PR3	Yes
NC2: Social Care Maintenance	**PR4**	Yes
NC3: NHS commissioned Out of Hospital Services	**PR5**	Yes
NC4: Implementing the BCF policy objectives	**PR6**	Yes
Agreed expenditure plan for all elements of the BCF	**PR7**	Yes
Metrics	**PR8**	Yes

Better Care Fund 2022-23 Template

4. Income

Selected Health and Wellbeing Board: Dorset

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Dorset	£4,152,450
DFG breakdown for two-tier areas only (where applicable)	
Total Minimum LA Contribution (exc iBCF)	**£4,152,450**

iBCF Contribution	Contribution
Dorset	£12,450,566
Total iBCF Contribution	**£12,450,566**

Are any additional LA Contributions being made in 2022-23? If yes, please detail below	Yes

Local Authority Additional Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
Dorset	£57,990,500	This relates to the aligned budgets for the
Total Additional Local Authority Contribution	**£57,990,500**	

NHS Minimum Contribution	Contribution
NHS Dorset ICB	£31,390,646
Total NHS Minimum Contribution	**£31,390,646**

Are any additional ICB Contributions being made in 2022-23? If yes, please detail below	Yes

Additional ICB Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
NHS Dorset ICB	£33,182,134	CHC spend and district nursing provided by Dorset
Total Additional NHS Contribution	**£33,182,134**	
Total NHS Contribution	**£64,572,780**	

	2021-22
Total BCF Pooled Budget	**£139,166,296**

Funding Contributions Comments Optional for any useful detail e.g. Carry over

Checklist

Complete:

Yes

Yes

Yes

Yes

Better Care Fund 2022-23 Template

5. Expenditure

Selected Health and Wellbeing Board: Dorset

<< Link to summary sheet

Running Balances	Income	Expenditure	Balance
DFG	£4,152,450	£4,152,450	£0
Minimum NHS Contribution	£31,390,646	£31,390,646	£0
iBCF	£12,450,566	£12,450,566	£0
Additional LA Contribution	£57,990,500	£57,990,500	£0
Additional NHS Contribution	£33,182,134	£33,182,134	£0
Total	**£139,166,296**	**£139,166,296**	**£0**

Required Spend

This is in relation to National Conditions 2 and 3 only. It does NOT make up the total Minimum CCG Contribution (on row 31 above).

	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£8,874,613	£18,927,267	£0
Adult Social Care services spend from the minimum ICB allocations	£12,463,379	£12,463,379	£0

>> Link to further guidance

Checklist

Column complete:

Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes

Sheet complete

						Planned Expenditure								
Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
1	Maintaining Independence	A combination of telecare, wellness and digital participation	Assistive Technologies and Equipment	Digital participation services		Social Care		LA			Private Sector	iBCF	£2,329,214	Existing
2	Strong and sustainable care markets	Funding of residential placements	Residential Placements	Care home		Social Care		LA			Private Sector	iBCF	£4,521,898	Existing
3	Strong and sustainable care markets	Funding for domiciliary care	Home Care or Domiciliary Care	Domiciliary care packages		Social Care		LA			Private Sector	iBCF	£971,282	Existing
4	Strong and sustainable care markets	Enabling service improvement	Other		Enabling service improvement	Social Care		LA			Local Authority	iBCF	£1,102,300	Existing
5	High Impact Changes Implementation/	Social work staffing capacity to maintain DTOC performance	High Impact Change Model for Managing Transfer	Multi-Disciplinary/Multi-Agency Discharge		Social Care		LA			Local Authority	iBCF	£2,223,817	Existing
6	Strong and sustainable care markets	Resource to manage and review care market	High Impact Change Model for Managing Transfer	Monitoring and responding to system demand		Social Care		LA			Local Authority	iBCF	£209,629	Existing
7	High Impact Changes Implementation/	Manage the impact of the confirmed CCG reductions to the	High Impact Change Model for Managing Transfer	Monitoring and responding to system demand		Social Care		LA			Local Authority	iBCF	£1,092,426	Existing
8	High Impact Changes Implementation/	Provision of reablement services	Integrated Care Planning and Navigation	Assessment teams/joint assessment		Social Care		LA			Private Sector	Minimum NHS Contribution	£3,135,239	Existing
9	Maintaining Independence	Dorset Accessible Homes Service adminstering DFG	DFG Related Schemes	Adaptations, including statutory DFG grants		Social Care		LA			Private Sector	DFG	£4,152,450	Existing
10	Maintaining Independence	Mental health & dementia support - nursing home	Residential Placements	Nursing home		Social Care		LA			Private Sector	Minimum NHS Contribution	£2,156,543	Existing

11	Maintaining Independence	Dorset Accessible Home Service proviion of AT & equipment	Assistive Technologies and Equipment	Community based equipment		Social Care		LA			Private Sector	Minimum NHS Contribution	£637,277	Existing
12	High Impact Changes Implementation/	Integrated crisis and rapid response service	Integrated Care Planning and Navigation	Assessment teams/joint assessment		Social Care		LA			Private Sector	Minimum NHS Contribution	£670,707	Existing
13	Maintaining Independence	Occupational Therapy capacity to support minor aids and	High Impact Change Model for Managing Transfer	Monitoring and responding to system demand		Social Care		LA			Local Authority	Minimum NHS Contribution	£1,443,189	Existing
14	High Impact Changes Implementation/	Various funding arrangements	High Impact Change Model for Managing Transfer	Multi-Disciplinary/Multi-Agency Discharge		Social Care		LA			Local Authority	Minimum NHS Contribution	£1,419,860	Existing
15	High Impact Changes Implementation/	Various funding arrangements	High Impact Change Model for Managing Transfer	Other	Various funding arrangements	Social Care		LA			NHS Acute Provider	Minimum NHS Contribution	£165,716	Existing
16	High Impact Changes Implementation/	Various funding arrangements	High Impact Change Model for Managing Transfer	Other	Various funding arrangements	Social Care		LA			NHS Community Provider	Minimum NHS Contribution	£446,977	Existing
17	Carers	Direct payment budget for carers	Carers Services	Respite services		Social Care		LA			Private Sector	Minimum NHS Contribution	£116,099	Existing
18	Carers	Carer case workers	Care Act Implementation Related Duties	Carer advice and support		Social Care		LA			Local Authority	Minimum NHS Contribution	£268,891	Existing
19	Carers	Carer's support service to support those care for people with mental	Care Act Implementation Related Duties	Carer advice and support		Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contribution	£117,667	Existing
20	Carers	Carer engagement	Care Act Implementation Related Duties	Carer advice and support		Social Care		LA			Private Sector	Minimum NHS Contribution	£7,769	Existing
21	Carers	Respite care, short breaks for carers	Carers Services	Respite services		Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contribution	£478,196	Existing
22	Carers	GP practice carers support accreditations scheme	Carers Services	Other	GP Training	Social Care		LA			CCG	Minimum NHS Contribution	£8,391	Existing
23	Carers	Carers training programme	Carers Services	Other	Carers training/ activities	Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contribution	£115,928	Existing
24	Maintaining Independence	Dorset Integrated Community Equipment Service	Assistive Technologies and Equipment	Community based equipment		Social Care		LA			Private Sector	Additional LA Contribution	£1,144,700	Existing
25	Strong and sustainable care markets	Joint Purchasing of care	Residential Placements	Care home		Social Care		LA			Private Sector	Additional LA Contribution	£55,058,800	Existing

26	Moving on from Hospital Living	Pooled budget to LD cohort to live in community	Integrated Care Planning and Navigation	Assessment teams/joint assessment		Social Care		LA			Private Sector	Additional LA Contribution	£1,213,000	Existing
27	Maintaining Independence	Dorset Integrated Community Equipment Service	Assistive Technologies and Equipment	Community based equipment		Community Health		CCG			Private Sector	Minimum NHS Contribution	£2,779,000	Existing
28	Moving on from Hospital Living	Pooled budget to support LD cohort to live in community	Integrated Care Planning and Navigation	Assessment teams/joint assessment		Community Health		CCG			Private Sector	Minimum NHS Contribution	£3,635,761	Existing
29	Strong and sustainable care markets	Continuing Health Care placements	Integrated Care Planning and Navigation	Care navigation and planning		Continuing Care		CCG			Private Sector	Additional NHS Contribution	£25,660,085	Existing
30	Integrated helath and social care locality teams	District nursing capacity to support locality working	Integrated Care Planning and Navigation	Assessment teams/joint assessment		Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£11,606,387	Existing
31	Integrated helath and social care locality teams	Combination of community services and intermiate care services	Integrated Care Planning and Navigation	Assessment teams/joint assessment		Community Health		CCG			NHS Community Provider	Additional NHS Contribution	£7,392,374	Existing
32	Maintaining Independence	A combination of telecare, wellness and digital participation	Assistive Technologies and Equipment	Telecare		Social Care		LA			Private Sector	Additional LA Contribution	£574,000	Existing
33	Maintaining Independence	Work with Citizen's Advice to support Information, advice &	Care Act Implementation Related Duties	Other	Citizen's Advice	Social Care		CCG			Charity / Voluntary Sector	Additional NHS Contribution	£79,675	Existing
34	Strong and sustainable care markets	Advocacy CHC appeals	Care Act Implementation Related Duties	Independent Mental Health Advocacy		Social Care		CCG			Charity / Voluntary Sector	Additional NHS Contribution	£50,000	Existing
35	Maintaining Independence	Integrated crisis and rapid response service	Integrated Care Planning and Navigation	Assessment teams/joint assessment		Social Care		LA			Private Sector	Minimum NHS Contribution	£592,987	Existing
36	Integrated helath and social care locality teams	Funding distributed over aligned budgets - Governance process to	Integrated Care Planning and Navigation	Assessment teams/joint assessment		Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£906,119	Existing
37	Integrated helath and social care locality teams	Priority schemes 8, 10 and 12 confirmed - Governance process to	Integrated Care Planning and Navigation	Assessment teams/joint assessment		Social Care		LA			Private Sector	Minimum NHS Contribution	£681,943	New

National Conditions 2 & 3

Schemes tagged with the following will count towards the planned **Adult Social Care services spend** from the NHS min:

- **Area of spend** selected as 'Social Care'
- **Source of funding** selected as 'Minimum NHS Contribution'

Schemes tagged with the below will count towards the planned **Out of Hospital spend** from the NHS min:

- **Area of spend** selected with anything except 'Acute'
- **Commissioner** selected as 'ICB' (if 'Joint' is selected, only the NHS % will contribute)
- **Source of funding** selected as 'Minimum NHS Contribution'

2022-23 Revised Scheme types

Number	Scheme type/ services	Sub type	Description
1	Assistive Technologies and Equipment	1. Telecare 2. Wellness services 3. Digital participation services 4. Community based equipment 5. Other	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Community based equipment, Digital participation services).
2	Care Act Implementation Related Duties	1. Carer advice and support 2. Independent Mental Health Advocacy 3. Safeguarding 4. Other	Funding planned towards the implementation of Care Act related duties. The specific scheme sub types reflect specific duties that are funded via the NHS minimum contribution to the BCF.
3	Carers Services	1. Respite Services 2. Other	Supporting people to sustain their role as carers and reduce the likelihood of crisis. This might include respite care/carers breaks, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence.
4	Community Based Schemes	1. Integrated neighbourhood services 2. Multidisciplinary teams that are supporting independence, such as anticipatory care 3. Low level support for simple hospital discharges (Discharge to Assess pathway 0) 4. Other	Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood/PCN level (eg: Integrated Neighbourhood Teams) Reablement services should be recorded under the specific scheme type 'Reablement in a person's own home'
5	DFG Related Schemes	1. Adaptations, including statutory DFG grants 2. Discretionary use of DFG - including small adaptations 3. Handyperson services 4. Other	The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes. The grant can also be used to fund discretionary, capital spend to support people to remain independent in their own homes under a Regulatory Reform Order, if a published policy on doing so is in place. Schemes using this flexibility can be recorded under 'discretionary use of DFG' or 'handyperson services' as appropriate

6	Enablers for Integration	1. Data Integration 2. System IT Interoperability 3. Programme management 4. Research and evaluation 5. Workforce development 6. Community asset mapping 7. New governance arrangements 8. Voluntary Sector Business Development 9. Employment services 10. Joint commissioning infrastructure 11. Integrated models of provision 12. Other	Schemes that build and develop the enabling foundations of health, social care and housing integration, encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes. Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning. Schemes could be focused on Data Integration, System IT Interoperability, Programme management, Research and evaluation, Supporting the Care Market, Workforce development, Community asset mapping, New governance arrangements, Voluntary Sector Development, Employment services, Joint commissioning infrastructure amongst others.
7	High Impact Change Model for Managing Transfer of Care	1. Early Discharge Planning 2. Monitoring and responding to system demand and capacity 3. Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge 4. Home First/Discharge to Assess - process support/core costs 5. Flexible working patterns (including 7 day working) 6. Trusted Assessment 7. Engagement and Choice 8. Improved discharge to Care Homes 9. Housing and related services 10. Red Bag scheme 11. Other	The eight changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system. The Hospital to Home Transfer Protocol or the 'Red Bag' scheme, while not in the HICM, is included in this section.
8	Home Care or Domiciliary Care	1. Domiciliary care packages 2. Domiciliary care to support hospital discharge (Discharge to Assess pathway 1) 3. Domiciliary care workforce development 4. Other	A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.
9	Housing Related Schemes		This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.
10	Integrated Care Planning and Navigation	1. Care navigation and planning 2. Assessment teams/joint assessment 3. Support for implementation of anticipatory care 4. Other	Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches such as Anticipatory Care, which aims to provide holistic, co-ordinated care for complex individuals. Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams. Note: For Multi-Disciplinary Discharge Teams related specifically to discharge, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.
11	Bed based intermediate Care Services	1. Step down (discharge to assess pathway-2) 2. Step up 3. Rapid/Crisis Response 4. Other	Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups. Four service models of intermediate care are: bed-based intermediate care, crisis or rapid response (including falls), home-based intermediate care, and reablement or rehabilitation. Home-based intermediate care is covered in Scheme-A and the other three models are available on the sub-types.
12	Reablement in a persons own home	1. Preventing admissions to acute setting 2. Reablement to support discharge -step down (Discharge to Assess pathway 1) 3. Rapid/Crisis Response - step up (2 hr response) 4. Reablement service accepting community and discharge referrals 5. Other	Provides support in your own home to improve your confidence and ability to live as independently as possible

13	Personalised Budgeting and Commissioning		Various person centred approaches to commissioning and budgeting, including direct payments.
14	Personalised Care at Home	1. Mental health /wellbeing 2. Physical health/wellbeing 3. Other	Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this scheme type.
15	Prevention / Early Intervention	1. Social Prescribing 2. Risk Stratification 3. Choice Policy 4. Other	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.
16	Residential Placements	1. Supported living 2. Supported accommodation 3. Learning disability 4. Extra care 5. Care home 6. Nursing home 7. Discharge from hospital (with reablement) to long term residential care (Discharge to Assess Pathway 3) 8. Other	Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.
18	Other		Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.

Better Care Fund 2022-23 Template

6. Metrics

Selected Health and Wellbeing Board: Dorset

8.1 Avoidable admissions

		2021-22 Q1 Actual	2021-22 Q2 Actual	2021-22 Q3 Actual	2021-22 Q4 Actual	Rationale for how ambition was set	Local plan to meet ambition
Indirectly standardised rate (ISR) of admissions per 100,000 population (See Guidance)	Indicator value	154.6	147.7	145.0	107.2	This period we have continued to experience data inaccuries, but Dorset has an observed number lower than that expected. Whilst are keen to be ambitious in our performance setting, but must be realistic given the scale of challenge that particualrly workforce pressures are having across all areas of the local health and social care system.	Planned commissioning activity within Home First Programme, along with Anticipatory Care workstreams will support our ambition and enable us to meet targets and decrease unplanned admissions.
		2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan	2022-23 Q4 Plan		
	Indicator value	149	149	149	149		

>> link to NHS Digital webpage (for more detailed guidance)

8.3 Discharge to usual place of residence

		2021-22 Q1 Actual	2021-22 Q2 Actual	2021-22 Q3 Actual	2021-22 Q4 Actual	Rationale for how ambition was set	Local plan to meet ambition
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	Quarter (%)	91.2%	92.2%	91.0%	90.8%	As per 8.1, we are keen to set realistic performance targets, hence aligning to Actuals. However, this will not prevent us from being ambitious and aiming to deliver against our Plan figures for 22/23, as new initiatives bed in during Q3, we expect to see an increase in performance in Q4 .	As outlined in the Narrative Plan, continued and strengthening integrated working, along with initiatives such as Trusted Assessment and re-modelling of Reablement we are hopeful we can begin to address local challenges, and meet planned performance.
	Numerator	7,938	7,810	7,377	6,821		
	Denominator	8,706	8,473	8,111	7,513		
		2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan	2022-23 Q4 Plan		
	Quarter (%)	90.8%	90.8%	90.8%	92.0%		
	Numerator	6,821	6,821	6,821	6,910		
	Denominator	7,513	7,513	7,513	7,513		

Checklist

Complete:

Yes

Yes

Yes

Yes

8.4 Residential Admissions

		2020-21 Actual	2021-22 Plan	2021-22 estimated	2022-23 Plan	Rationale for how ambition was set	Local plan to meet ambition	
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	459.9	375.9	353.6	333.0	N.B - As per email corresponsence with Emma Graham on 31.08.22 - Due to error in population projection within the template please note Dorset's correct report is (annual rate in table is incorrect): 112,300 is the correct 65+ population (ONS census 2021 estimates). 440 is the numerator for the 22-23 Plan = 391.8 annual rate (demoniator is 112,300); 2021/22 estimate is 459 numberator - annual rate 408.7; 488 is numerator, 434.6 is annual rate for 2020-21. This performance is a downward and positive trajectory, as more people are being supported at home. Last year's performance was better than planned, despite the ongoing challenges linked to lack of home care provision that ultimately will have increased admission to care homes, whilst long term home care sourced. Our ambition this year, includes realistic impact of expected local system and market conditions, but with new contracts for Reablement and Home Care coming online in Autumn 2022 we have greater assurance of achievement of the Plan.	Our plan is focussed on the market interventions in flight to address market sustainability around Reablement and Home Care, as well as improving access to support from local VCSE networks. The Council's Reablement offer will be re-specified with greater focus on creating a Therapy led and recovery driven offer. Alongside will be a recuitment drive to address the lack of capacity in the current service. New home care contracts to pilot new ways of working in local areas, better linking regulated care providers with VCSE offers, in order to create resilience and capacity. Thereby, reducing use of residential care as alternative or contiunity option for long term care at home as evidence shows that interim care home admissions often lead to long term care.	Yes
	Numerator	514	488	459	440			Yes
	Denominator	111,765	129,823	129,823	132,135			

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2018 based Sub-National Population Projections for Local Authorities in England:
https://www.ons.gov.uk/releases/subnationalpopulationprojectionsforengland2018based

8.5 Reablement

		2020-21 Actual	2021-22 Plan	2021-22 estimated	2022-23 Plan	Rationale for how ambition was set	Local plan to meet ambition	
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	78.6%	77.5%	86.1%	84.9%	N.B - as per query in 8.4, pre-populated numerator and denominator seem much higher than we expect our performance to be (and has been in previous years) - please can BCF Team confirm source data. We have built on trajectory from previous years, along with high levels of assurance that the new Reablement offer will provide greater opportunities to enable people to regain independence and remain at home.	As referenced in 8.4, from October work to transform the Reablement offer will progress at pace. Along with focssed work on interdependent home care contracts that will improve the availability of homecare. This will allow Reablement to support more people, as flow through services for those people requiring long term care will improve, meaning people leave Reablement as soon as they are ready rather than Reablement 'maintaining' people who are waiting for long term care to become available.	Yes
	Numerator	359	630	483	450			Yes
	Denominator	457	813	561	530			Yes

Please note that due to the demerging of Northamptonshire, information from previous years will not reflect the present geographies.

As such, the following adjustments have been made for the pre-populated figures above:
- 2020-21 actuals (for **Residential Admissions** and **Reablement**) for North Northamptonshire and West Northamptonshire are using the Northamptonshire combined figure;
- 2021-22 and 2022-23 population projections (i.e. the denominator for **Residential Admissions**) have been calculated from a ratio based on the 2020-21 estimates.

Better Care Fund 2022-23 Template

7. Confirmation of Planning Requirements

Selected Health and Wellbeing Board: Dorset

Theme	Code	Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)	Confirmed through	Please confirm whether your BCF plan meets the Planning Requirement?	Please note any supporting documents referred to and relevant page numbers to assist the assurers	Where the Planning requirement is not met, please note the actions in place towards meeting the requirement	Where the Planning requirement is not met, please note the anticipated timeframe for meeting it	Checklist Complete:
NC1: Jointly agreed plan	PR1	**A jointly developed and agreed plan that all parties sign up to**	Has a plan; jointly developed and agreed between ICB(s) and LA; been submitted? Has the HWB approved the plan/delegated approval? Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan? Where the narrative section of the plan has been agreed across more than one HWB, have individual income, expenditure and metric sections of the plan been submitted for each HWB concerned?	Cover sheet Cover sheet Narrative plan Validation of submitted plans	Yes				Yes
	PR2	**A clear narrative for the integration of health and social care**	Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that describes: • How the area will continue to implement a joined-up approach to integrated, person-centred services across health, care, housing and wider public services locally • The approach to collaborative commissioning • How the plan will contribute to reducing health inequalities and disparities for the local population, taking account of people with protected characteristics? This should include - How equality impacts of the local BCF plan have been considered - Changes to local priorities related to health inequality and equality, including as a result of the COVID 19 pandemic, and how activities in the document will address these. The area will need to also take into account Priorities and Operational Guidelines regarding health inequalities, as well as local authorities' priorities under the Equality Act and NHS actions in line with Core20PLUS5.	Narrative plan	Yes				Yes
	PR3	**A strategic, joined up plan for Disabled Facilities Grant (DFG) spending**	Is there confirmation that use of DFG has been agreed with housing authorities? • Does the narrative set out a strategic approach to using housing support, including use of DFG funding that supports independence at home? • In two tier areas, has: - Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory DFG? or - The funding been passed in its entirety to district councils?	Narrative plan Confirmation sheet	Yes				Yes

NC2: Social Care Maintenance	**PR4**	**A demonstration of how the area will maintain the level of spending on social care services from the NHS minimum contribution to the fund in line with the uplift in the overall contribution**	Does the total spend from the NHS minimum contribution on social care match or exceed the minimum required contribution (auto-validated on the planning template)?	Auto-validated on the planning template	Yes				Yes
NC3: NHS commissioned Out of Hospital Services	**PR5**	**Has the area committed to spend at equal to or above the minimum allocation for NHS commissioned out of hospital services from the NHS minimum BCF contribution?**	Does the total spend from the NHS minimum contribution on non-acute, NHS commissioned care exceed the minimum ringfence (auto-validated on the planning template)?	Auto-validated on the planning template	Yes				Yes
NC4: Implementing the BCF policy objectives	**PR6**	**Is there an agreed approach to implementing the BCF policy objectives, including a capacity and demand plan for intermediate care services?**	Does the plan include an agreed approach for meeting the two BCF policy objectives: - Enable people to stay well, safe and independent at home for longer and - Provide the right care in the right place at the right time? • Does the expenditure plan detail how expenditure from BCF funding sources supports this approach through the financial year? •Has the area submitted a Capacity and Demand Plan alongside their BCF plan, using the template provided? • Does the narrative plan confirm that the area has conducted a self-assessment of the area's implementation of the High Impact Change Model for managing transfers of care? • Does the plan include actions going forward to improve performance against the HICM?	Narrative plan Expenditure tab C&D template and narrative Narrative plan Narrative template	Yes				Yes
Agreed expenditure plan for all elements of the BCF	**PR7**	**Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?**	• Do expenditure plans for each element of the BCF pool match the funding inputs? (auto-validated) • Is there confirmation that the use of grant funding is in line with the relevant grant conditions? (see paragraphs 31 – 43 of Planning Requirements) (tick-box) • Has the area included a description of how BCF funding is being used to support unpaid carers? • Has funding for the following from the NHS contribution been identified for the area: - Implementation of Care Act duties? - Funding dedicated to carer-specific support? - Reablement?	Expenditure tab Expenditure plans and confirmation sheet Narrative plan Narrative plans, expenditure tab and confirmation sheet	Yes				Yes
Metrics	**PR8**	**Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?**	• Have stretching ambitions been agreed locally for all BCF metrics? • Is there a clear narrative for each metric setting out: - the rationale for the ambition set, and - the local plan to meet this ambition?	Metrics tab	Yes				Yes

Better Care Fund 2022-23 Capacity & Demand Template

1.0 Guidance

Overview

The Better Care Fund (BCF) requirements for capacity and demand plans are set out in the BCF Planning Requirements document for 2022-23, which supports the aims of the BCF Policy Framework and the BCF programme. The programme is jointly led and developed by the national partners Department of Health (DHSC), Department for Levelling Up, Housing and Communities, NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

Appendix 4 of the Planning Requirements sets out guidance on how to develop Capacity and Demand Plans, useful definitions and where to go for further support. This sheet provides further guidance on using the Capacity and Demand Template.

This template has been designed to collect information on expected capacity and demand for intermediate care. These plans should be agreed between Local Authority and Integrated Care Board partners and signed off by the HWB as part of the wider BCF plan for 2022-23.

The template is split into three main sections.

Demand - used to enter the expected demand for short term, intermediate care services in the local authority (HWB) area from all referral sources from October 2022-March 2023. There are two worksheets to record demand

- Sheet 3.1 Hospital discharge - expected numbers of discharge requiring support, by Trust.
- Sheet 3.2 Community referrals (e.g. from Single points of Access, social work teams etc)

Intermediate care capacity - this is also split into two sheets (4.1 Capacity - Discharge and 4.2 Capacity - community). You should enter expected monthly capacity available for intermediate care services to support discharge and referrals from community sources. This is recorded based on service type.
Data for capacity and demand should be provided on a month by month basis for the third and fourth quarters of 2022-23 (October to March)

Spend data - this worksheet collects estimated spend across the local authority area on intermediate care for the whole year ie 2022-23. This should include all expenditure (NHS and LA funded) on intermediate care services as defined in appendix 4 of the BCF Planning Requirements.

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a grey background, as below:

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

To view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level to between 90% - 100%. Most drop downs are also available to view as lists in the relevant sheet or in the guidance tab for readability if required.

The details of each sheet in the template are outlined below.

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign-off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to:
england.bettercarefundteam@nhs.net
(please also each copy in your respective Better Care Manager)
If you have any queries on the template then please direct these to the above email inbox or reach out via your BCM.
3. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

3. Demand

This section requires the Health & Wellbeing Board to record expected monthly demand for supported discharge by discharge pathway (as set out in the Hospital Discharge Guidance avalable on Gov.uk)
Data can be entered for individual hospital trusts that care for inpatients from the area. Multiple Trusts can be selected from the drop down list in column F. You will then be able to enter the number of expected discharges from each trust by Pathway for each month. The template uses the pathways set out in the Hospital Discharge and community support guidance -
https://www.gov.uk/government/publications/hospital-discharge-and-community-support-guidance/hospital-discharge-and-community-support-guidance
We suggest that you enter data for individual trusts where they represent 10% or more of expected discharges in the area. Where a Trust represents only a small number of discharges (less than 10%), we recommend that you amalgamate the demand from these sources under the '**Other**' Trust option.

The table at the top of the screen will display total expected demand for the area by discharge pathway and by month.
Estimated levels of discharge should draw on:

- Estimated numbers of discharges by pathway at ICB level from NHS plans for 2022-23
- Data from the NHSE Discharge Pathways Model.

3.2 Demand - Community

This worksheet collects expected demand for intermediate care services from community sources, such as multi-disciplinary teams, single points of access or 111. The template does not collect referrals by source, and you should input an overall estimate each month for the number of people requiring intermediate care (non-discharge) each month, split by different type of intermediate care.

Further detail on definitions is provided in Appendix 4 of the Planning Requirements. This includes the NICE Guidance definition of 'intermediate care' as used for the purposes of this exercise.

4.1 Capacity - discharge

This sheet collects expected capacity for services to support people being discharged from acute hospital. You should input the expected available capacity to support discharge across these different service types:

- Voluntary or Community Sector (VCS) services
- Urgent Community Response
- Reablement or reabilitation in a person's own home
- Bed-based intermediate care (step up or step down)
- Residential care that is expected to be long-term (collected for discharge only)

Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay
Caseload (No. of people who can be looked after at any given time)
Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility
Please consider using median or mode for LoS where there are significant outliers
Peak Occupancy (percentage) - What was the highest level of occupany expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services at a given time.

4.2 Capacity - community

This sheet collects expected capacity for intermediate care services where a person has been referred from a community source. You should input the expected available capacity across the different service types.

You should include expected available capacity across these service types for eligible referrals from community sources. This should cover all service intermediate care services to support recovery, including Urgent Community Response and VCS support. The template is split into 5 types of service:

- VCS services to support someone to remain at home
- Urgent Community Response (2 hr response)
- Reablement or rehabilitation in a person's own home
- Bed-based intermediate care (step up)

5.0 Spend

This sheet collects top line spend figures on intermediate care which includes:
- Overall spend on intermediate care services - using the definitions in the planning requirements (BCF and non-BCF) for the whole of 2022-23

- Spend on intermediate care services in the BCF (including additional contributions).

These figures can be estimates, and should cover spend across the Health and Wellbeing Board (HWB). The figures do not need to be broken down in this template beyond these two categories.

Better Care Fund 2022-23 Capacity & Demand Template

2.0 Cover

Version 1.0

Health and Wellbeing Board:	Dorset
Completed by:	Jonathan Price, Corporate Director for Commissioning
E-mail:	jonathan.price@dorsetcouncil.gov.uk
Contact number:	01305 224685

Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No, subject to sign-off	
If no, please indicate when the report is expected to be signed off:	Wed 09/11/2022	<< Please enter using the format, DD/MM/YYYY

Please indicate who is signing off the report for submission on behalf of the HWB (delegated authority is also accepted):

Job Title:	Executive Director for Adults and Housing
Name:	Vivienne Broadhurst

How could this template be improved?	If an opportunity to provide comments / context along with assun

Better Care Fund 2022-23 Capacity & Demand Template

3.1 Demand - Hospital Discharge

Selected Health and Wellbeing Board: Dorset

3. Demand

This section requires the Health & Wellbeing Board to record expected monthly demand for supported discharge by discharge pathway.

Data can be entered for individual hospital trusts that care for inpatients from the area. Multiple Trusts can be selected from the drop down list in column F. You will then be able to enter the number of expected discharges from each trust by Pathway for each month. The template uses the pathways set out in the Hospital Discharge and community support guidance - https://www.gov.uk/government/publications/hospital-discharge-and-community-support-guidance/hospital-discharge-and-community-support-guidance

If there are any 'fringe' trusts taking less than say 10% of patient flow then please consider using the '**Other**' Trust option.

The table at the top of the screen will display total expected demand for the area by discharge pathway and by month.

Estimated levels of discharge should draw on:

- Estimated numbers of discharges by pathway at ICB level from NHS plans for 2022-23
- Data from the NHSE Discharge Pathways Model.

Totals Summary (autopopulated)	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
0: Low level support for simple hospital discharges - e.g. Voluntary or Community Sector support - (D2A Pathway 0)	2030	1682	1949	1758	1546	1678
1: Reablement in a persons own home to support discharge (D2A Pathway 1)	165	140	159	143	126	132
2: Step down beds (D2A pathway 2)	122	101	116	106	92	97
3: Discharge from hospital (with reablement) to long term residential care (Discharge to assess pathway 3)	8	8	9	8	7	8

Any assumptions made:	Forecasts are based on demand from Winter 21/22 - we have made some improvements to Pathway management since, so hope that any increase in the forecast will be mitigated improved cover. E.g. more flexible / blended approach to allocation of Reablement. Assumption that 70% of expected discharges for the year will be made Oct to Mar

!!Click on the filter box below to select Trust first!!

	Demand - Discharge						
Trust Referral Source (Select as many as you need)	Pathway	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUS	0: Low level support for simple hospital discharges - e.g. Voluntary or Community Sector support - (D2A Pathway 0)	482	461	472	431	387	360
YEOVIL DISTRICT HOSPITAL NHS FOUNDATION TRUST		100	72	99	81	81	89
DORSET COUNTY HOSPITAL NHS FOUNDATION TRUST		502	373	464	460	371	424
SALISBURY NHS FOUNDATION TRUST		84	84	87	41	58	73
UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUS	1: Reablement in a persons own home to support discharge (D2A Pathway 1)	74	75	79	72	56	57
YEOVIL DISTRICT HOSPITAL NHS FOUNDATION TRUST		6	5	7	11	9	11
DORSET COUNTY HOSPITAL NHS FOUNDATION TRUST		73	48	64	54	52	55
SALISBURY NHS FOUNDATION TRUST		12	12	9	6	9	9

UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUS	2: Step down beds (D2A pathway 2)	44	40	39	35	38	34
YEOVIL DISTRICT HOSPITAL NHS FOUNDATION TRUST		18	12	15	9	10	11
DORSET COUNTY HOSPITAL NHS FOUNDATION TRUST		51	41	50	58	39	44
SALISBURY NHS FOUNDATION TRUST		9	8	12	4	5	8
UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUS	3: Discharge from hospital (with reablement) to long term residential care (Discharge to assess pathway 3)	4	2	3	3	4	1
YEOVIL DISTRICT HOSPITAL NHS FOUNDATION TRUST		2	1	2	2	1	0
DORSET COUNTY HOSPITAL NHS FOUNDATION TRUST		2	4	3	3	2	6
SALISBURY NHS FOUNDATION TRUST		0	1	1	0	0	1

Better Care Fund 2022-23 Capacity & Demand Template

3.0 Demand - Community

Selected Health and Wellbeing Board: Dorset

3.2 Demand - Community

This worksheet collects expected demand for intermediate care services from community sources, such as multi-disciplinary teams, single points of access or 111. The template does not collect referrals by source, and you should input an overall estimate each month for the number of people requiring intermediate care (non-discharge) each month, split by different type of intermediate care.

Further detail on definitions is provided in Appendix 4 of the Planning Requirements. This includes the NICE Guidance definition of 'intermediate care' as used for the purposes of this exercise.

Any assumptions made:	As per 3.1 modelling is based on demand from 21/22 Modelling does not reflect the additional capacity that we expect the re-modelled Reablement offer to provide by Qtr 4 22/23 - we have based on existing service provision.

Demand - Intermediate Care

Service Type	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Voluntary or Community Sector Services	609	662	546	627	501	624
Urgent community response	19	14	20	24	18	21
Reablement/support someone to remain at home	24	23	19	20	18	21
Bed based intermediate care (Step up)	5	6	7	7	7	5

Better Care Fund 2022-23 Capacity & Demand Template

4.0 Capacity - Discharge

Selected Health and Wellbeing Board: Dorset

4.1 Capacity - discharge

This sheet collects expected capacity for services to support people being discharged from acute hospital. You should input the expected available capacity to support discharge across these different service types:

- Voluntary or Community Sector (VCS) services
- Urgent Community Response
- Reablement or reabilitation in a person's own home
- Bed-based intermediate care (step down)
- Residential care that is expected to be long-term (collected for discharge only)

Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay

Caseload (No. of people who can be looked after at any given time)

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility

Please consider using median or mode for LoS where there are significant outliers

Peak Occupancy (percentage) - What was the highest levels of occupany expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services.

Any assumptions made:	Modelling does not reflect the additional capacity that we expect the re-modelled Reablement offer to provide b

Capacity - Hospital Discharge							
Service Area	Metric	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
VCS services to support discharge	Monthly capacity. Number of new clients.	596	505	573	517	457	483
Urgent Community Response (pathway 0)	Monthly capacity. Number of new clients.	596	505	572	517	458	482
Reablement or reabilitation in a person's own home (pathway 1)	Monthly capacity. Number of new clients.	143	122	138	124	110	115
Bed-based intermediate care (step down) (pathway 2)	Monthly capacity. Number of new clients.	153	126	145	133	115	121
Residential care that is expected to be long-term (discharge only)	Monthly capacity. Number of new clients.	11	10	11	10	9	10

Better Care Fund 2022-23 Capacity & Demand Template

4.2 Capacity - Community

Selected Health and Wellbeing Board: Dorset

4.2 Capacity - community

This sheet collects expected capacity for community services. You should input the expected available capacity across the different service types.

You should include expected available capacity across these service types for eligible referrals from community sources. This should cover all service intermediate care services to support recovery, including Urgent Community Response and VCS support. The template is split into 5 types of service:

- Voluntary or Community Sector (VCS) services
- Urgent Community Response
- Reablement or rehabilitation in a person's own home
- Bed-based intermediate care (step up)

Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay

Caseload (No. of people who can be looked after at any given time)

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility

Please consider using median or mode for LoS where there are significant outliers

Peak Occupancy (percentage) - What was the highest levels of occupany expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services.

Any assumptions made:	

Capacity - Community							
Service Area	Metric	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Voluntary or Community Sector Services	Monthly capacity. Number of new clients.	677	736	607	697	557	693
Urgent Community Response	Monthly capacity. Number of new clients.	21	16	22	27	20	23
Reablement or rehabilitation in a person's own home	Monthly capacity. Number of new clients.	53	49	42	44	36	47
Bed based intermediate care (step up)	Monthly capacity. Number of new clients.	6	7	8	8	8	6

Better Care Fund 2022-23 Capacity & Demand Template

5.0 Spend

Selected Health and Wellbeing Board: Dorset

5.0 Spend

This sheet collects top line spend figures on intermediate care which includes:

- Overall spend on intermediate care services (BCF and non-BCF) for the whole of 2022-23
- Spend on intermediate care services in the BCF (including additional contributions).

These figures can be estimates, and should cover spend across the Health and Wellbeing Board (HWB). The figures do not need to be broken down in this template beyond these two categories.

Spend on Intermediate Care

	2022-23
Overall Spend (BCF & Non BCF)	£4,970,267
BCF related spend	£670,707
Comments if applicable	

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Dorset's Better Care Fund Narrative Plan 2022-2023

1. Cover

Health and Wellbeing Board(s):
Dorset
Bodies involved in preparing the plan: (including NHS Trusts, social care provider representatives, VCS organisations, housing organisations, district councils:
- Dorset Council, - NHS Dorset - Dorset Joint Commissioning Board (JCB). Representatives from above have either directly input or been consulted on the content of the Plan. Wider consultation with Acute Trusts, Providers, VCS organisations takes place in other forums and settings in relation to specific contracts, priorities and workstreams. This directly influences the Plan. The Joint Commissioning Board, a Pan Dorset Group of Commissioners, has been consulted on the planning as a collective and throughout the year are updated and referred to in relation to allocation and spending. JCB at its meeting on the 23rd September approved the plan. The NHS Dorset and Dorset Council Chief Executive have approved the 2022/23 Plan submitted. The Health and Wellbeing Board (HWB) will receive the plan for approval at its next meeting on 9th November 2022. However, the documentation has been shared with the Chair of the Board. The 2022/23 Plan builds on the priorities previously agreed and overseen by the HWB and demonstrates the progress Dorset has made.
How have you gone about involving these stakeholders?
Via the forums referenced above plans are developed and agreed, whilst live projects and contracts are monitored and reported. The stakeholders are kept abreast of any evolving guidance and support development of current and new schemes.

2. Executive summary

Dorset Council and NHS Dorset Better Care Fund Plan (BCF) for 2022-23 seeks to deliver against the National Conditions including the Policy Objectives as set out in the BCF guidance published on 19th July 2022.

This document is to be read in conjunction with both BCF excel return templates, together they provide confidence and assurance that Dorset Council and Dorset NHS have:

- Jointly completed and agreed this Narrative Plan and Planning templates
- Ensured the NHS contribution to adult social care is being maintained in line with the uplift to NHS minimum contribution
- Invested in NHS out of hospital services
- Implemented BCF policy objectives

Note: The Health and Wellbeing Board will receive this Plan for approval on 9th November, however the submission has been shared with the Chair of the Board.

2.1 Priorities for 2022-23

The 2022-23 allocation of the Better Care Fund (BCF) continues in-line with previous years. Our ambitions for health and social care delivery have not changed from the previous years and we are making positive progress towards addressing some of the key challenges in Dorset.

Working collaboratively, Dorset Council and Dorset NHS alongside input from the local NHS providers, including Acute Trusts, the provider market and voluntary community sector have continued to invest BCF into the following schemes:

- Maintaining Independence
- High Impact Change – Hospital Discharge

- Integrated Health and Social Care Teams
- Strong & Sustainable Care Markets
- Carers
- Moving on from Hospital Living

We have applied the uplift to the NHS minimum contribution to the following key priority areas, as we continue to manage extreme challenges associated with high demand and reduced health and social care capacity.

The Schemes which have been prioritised for additional investment from 2022-23 uplift are as follows:

8 - High Impact Changes Implementation/ Supported Hospital – Reablement/ Rehabilitation
10 - Maintaining Independence – Residential Placements
12 - High Impact Changes Implementation/ Supported Hospital – Rapid/ Crisis Response

This investment, particularly into Schemes 8 and 12 is directly supporting Dorset to meet National Condition 3 - Agreement to invest in NHS-commissioned out of-hospital services, also BCF Policy Objective 1 - Enable people to stay well, safe and independent at home for longer

During this year we are keen to begin planning on how we can invest BCF funding into both new pilot initiatives but also include services that support All Age Commissioning. Over time we wish to align and arrange the funding into a small number of local schemes, that will still enable us to continue to deliver against the national conditions and policy objectives, but that will clearly link to local priorities. Our initial thinking is explored in section 4.

2.2 Key changes since previous planning document submitted 2021-22

No services have been decommissioned in the last year and we have increased funding to the schemes 8,10 and 12 by investing the uplift.

Due to the ongoing challenges and pressures in the Dorset Health and Social Care System, our focus has continued on similar areas as last year, however, we have developed planning of new services and improvements in key BCF funded Schemes such as Carers and Reablement. During the course of 2022/23 we will seek to review the application of the BCF and, where agreed by all partners, re-allocate funds to schemes and initiatives that might better support achievement of our shared goals. Our focus has been on the following key areas:

- Maintaining and supporting Hospital Discharge; much work has been progressed in the Dorset wide Home First Programme, several supported by BCF funding streams. A range of commissioned services continue to maintain capacity to support this key area.

- Supporting providers with significant workforce shortages; Commissioners have continued to work collaboratively with partners to try and manage the significant shortage of care capacity in the local market, particularly home care, due to a range of ongoing factors leading to staff leaving the sector, including; ‘Burn out’ due to the pandemic, overseas workers not returning either due to pandemic-related decisions or immigration status, staff finding more attractive terms and conditions in other industry sectors, including tourism and logistics, and more recently, the cost of living rises, particularly fuel costs.

Note – since the last Plan, Dorset has progressed a ‘Dorset NHS & Care Vocational Scholarship’ which is a joint recruitment programme that launched in early September. This offers a pathway from education into health and social care, along with a career pathway of progression.

- The development of new Reablement model; due to launch from October, this will provide greater community prevention opportunities and continue to support System demands, including admission avoidance and discharge.

- Carers Strategy: this has been jointly developed and includes a clear plan by which we will introduce Personal Budgets for carers, along with other new services. The Personal Budgets will be implemented during 2022/23 and will include support for Carers’ Wellbeing.

3. Governance

Dorset Health & Wellbeing Board govern the Dorset Better Care Fund, signing off and monitoring the local Plan.

In advance of sign off at the HWB, Dorset Council Chief Executive and DASS approve the Plan, as does the NHS Dorset Chief Executive Officer.

Dorset Council, BCP Council and NHS Dorset have in place a Pan Dorset Joint Commissioning Board – this Board is responsible for development and agreement of the Plan before it is submitted for approval from the Chief Executives in advance of submission to the HWB.

Senior Commissioning Leads in NHS Dorset and the Council are responsible for supporting the implementation, monitoring and reporting on the delivery of the agreed targets.

Voluntary sector organisations and other statutory and non-statutory partners feed into the Plan through various forums.

The Council has an internal mechanism for monitoring delivery of the Plan before submission to the Pan Dorset Joint Commissioning Board.

4. Overall BCF plan and approach to integration

4.1 Joint priorities for 2022-23

As set out in the Executive Summary the 2022-23 allocation of the Better Care Fund (BCF) continues in-line with previous years. Our ambitions for health and social care delivery have not changed from the previous years and we are making positive progress towards addressing some of the key challenges in Dorset.

Working collaboratively Dorset Council and NHS Dorset alongside input from the local NHS providers, including Acute Trusts, the provider market and voluntary community sector have continued to invest BCF into the following schemes:

- Maintaining Independence
- High Impact Changes – Hospital Discharge
- Integrated Health and Social Care Teams
- Strong & Sustainable Care Markets
- Carers
- Moving on from Hospital Living

4.2 Approaches to joint/collaborative commissioning

As mentioned, during this year Dorset Council and NHS Commissioners are keen to begin planning on how we can invest BCF funding into both new pilot initiatives but also include services that support All Age Commissioning. Over time we wish to align and arrange the funding into a small number of local schemes, that will still enable us to deliver against the national conditions and policy objectives, but that will clearly link to local priorities too.

Pilot initiatives being explored include interventions to support the End of Life and Palliative Care Strategy and also new contracting models to address the homecare deficit creating stronger links with local voluntary and community sector organisations.

Our initial thinking around All Age Commissioning is to include Birth to Settled Adulthood, and the development of Supported Living; both these areas are in line with the BCF national condition 4, and both Policy Objectives. We have much work to plan how alignment would take place over time as all current available funding is committed. Other local priorities we will consider how we can link to the BCF Plan include; Demand Management, Digital and Technology, Care Optimisation and Care Provider Development. Much joint work is needed to further this thinking and develop our approach.

Since the last Plan we have continued our collaborative commissioning approach and made progress on integrated working. Our approaches across the local System, are outlined below, linked to specific named BCF Schemes for ease of Assurance:

- **Integrated Health and Social Care**

The integrated health and care partnerships across Dorset are continuing to further develop services in conjunction with our Primary Care Networks. Significant investment is being directed in developing rapid response services in order to deploy rapid intervention, treatment and monitoring of patients that have an immediate and/or escalating need.

Multidisciplinary working, virtual wards, home visiting and risk profiling tools ensure that the right support is provided at the right time and in the right place.

Under the Home First and the Ageing Well programmes we are bringing together System partners and taking a population health management approach which will support teams to be proactive at a neighbourhood level, that will also link into our urgent community response service when needs escalate

- **Maintaining Independence – Integrated Community Equipment Service (ICES)**

The ICES is jointly commissioned, via a pooled budget, by Dorset and BCP Councils and NHS Dorset, a single provider delivers the service. It has continued to respond well to demand, despite some driver recruitment challenges, prioritising same and next day deliveries usually required to support hospital admission avoidance and discharge, with 88% of these requests delivered within the times requested. The contract is currently being jointly re-tendered in order to comply with procurement regulations.

- **Carers**

Carers services are commissioned in partnership between both LAs in Dorset and NHS Dorset. There is a Pan-Dorset Carers Steering Group to support achievement of the Strategy objectives and agreed joint priorities over the next five years. Several contracts remain in place to support Carers across the Dorset area. These include information, advice and guidance services; befriending and peer support services; counselling support service and short breaks services. In addition, initiatives remain in place such as My Carers Card and other types of engagement and promotion materials are available to offer different forms of support. These services, in partnership with care technology and support in GP surgeries support the carer to enable them to continue caring and helps to maintain their wellbeing reducing the need for more formal long-term commissioned care options.

The Council hosted Carers Week earlier in 2022, planned collaboratively with Partners including third sector, working together to create a calendar of events to celebrate and promote Carers, and raise the profile of what support is available.

BCF funding is also utilised for Carers Case Workers across localities and linked to some hospital sites. This provides resilience in both ongoing support for carers but also at times of crisis response and hospital discharge planning. The number of workers has been increased this year to enable more complex scenarios to be supported.

- **Moving on from Hospital Living**

A pooled budget continues from the BCF to support a small number of adults with learning disabilities who moved out of long stay hospitals to live at home in the community. Work continues to look at the historic agreement and to review people where their needs have changed. NHS Dorset and Dorset Council meet regularly to ensure oversight and governance over this work

- **iBCF Winter monies allocations**

This year's allocations focus on supporting provider resilience and addressing the workforce capacity challenges we are facing, such as:

- Our Trusted Assessor pilot for Care Homes has been extended due to the positive results including much swifter discharges of individuals and improved communication and relationships with care providers and Acute staff. Work is underway within Home First to explore opportunities to fund and expand the service on a longer-term basis

- Additional resources deployed to support integrated locality working and MDT approaches, including Safeguarding capacity. Also, to provide extended working hours to support weekend hospital discharge and admission avoidance via Home First approach.

- Several pilots have been commissioned to support development of strong and sustainable markets. Including focussing on unmet home care demand and working more closely between regulated providers and voluntary and community sector organisations at a local level. Also, resources to introduce Trusted Practice into home care provision and support provider recruitment

4.3 Additional Collaborative Working

Aligned to the BCF schemes we undertake additional and complimentary joint work; including but not limited to:

- **Supporting the Home First Programme**

Dorset is making progress in embedding greater integrated working via Dorset Home First, this has been elaborated on within section 5.

- **Developing Strong and Sustainable Markets**

Since the last Plan we have progressed the following initiatives:

- **Dorset Care Framework**

This is a shared approach to the Care Markets for Health and Social Care Commissioners in the Dorset Council area. This will enable all commissioning activity to funnel through this single contracting mechanism, creating greater efficiency for the market, commissioners and stakeholders across the local System. iBCF and BCF schemes will be procured through the Framework going forward. The new framework is now live and providers have begun joining. The first round of procurements will commence in October for Home Care services, as described in Section 5.2.

o Quality monitoring and assurance of Care

Whilst there isn't funding from the BCF to support this work, it is important to note the strong collaborative working approach of NHS Dorset and Dorset & BCP Councils. Both Councils are planning to move to a new digital System to enable them and providers, a more efficient and consistent approach to gathering information to meet quality standards. This is a joint programme with 11 other southwest authorities and a regional stakeholder forum is in place, along with local plans. Dorset will begin pilot implementation of the new approach in October with a small number of providers from across the market before a wider system rollout can be progressed.

o Joint Brokerage

Our joint Care Brokerage Service remains in place and continues to assist social care and health practitioners find the most appropriate care and support for individuals. This offer is monitored to ensure there is a consistent approach to arranging personalised care and support choices across the system that places the individual at the centre of their support planning journey. We intend to implement an e-Brokerage System, that will be a joint venture with Children's Services colleagues, to streamline our processes and seek greater efficiencies for all Partners, including providers.

o Provider engagement

In Dorset, we have a joint contract in place to support provider engagement – again supporting the development and maintaining market relationships. This contract enables regular joint provider communications to be issued on behalf of both LAs in the county of Dorset and the NHS.

Dorset Council is currently planning to support the county's Provider Association to relaunch in order to further enhance provider engagement to support the market with the many new initiatives being introduced particularly via the Adult Social Care Reforms, e.g. Cost of Care Capping and Care Accounts, new digital care records etc.

5. How BCF funded services are supporting integration in Dorset and Implementation of the BCF Policy Objectives (national condition four)

We have outlined below how collaborative working approaches across primary, community and social care services is supporting greater integrated working. Particularly in the Home First Programme, this collaborative approach is informing commissioned services including those being led by the Local Authority as Lead Commissioner for the Dorset System. Ultimately these services are supporting people to remain at home or return home following an episode of inpatient hospital care.

Like many areas of the country, Dorset continues to experience a deficit in care, particularly for home care. It can also be a challenge to source care home placements where higher acuity or complex conditions require support. This presents a challenge in meeting the BCF Objectives for all individuals, however, we have developed several plans, outlined below that we believe will enable positive outcomes to be achieved:

BCF Policy Objectives:

1. Enable people to stay well, safe and independent at home for longer
2. Provide the right care in the right place at the right time

5.1 Improved Integrated Working

- We have well-established integrated working through Multi-Disciplinary Teams (MDTs) both in locality areas who focus on community support, but also to facilitate and monitor discharges, both through a single point of access and

out to localised cluster teams. This approach is enabled by BCF funding and within integrated health and social care locality team Schemes reported in the BCF Planning Template. This activity is managed at local 'Cluster' levels, split into 5 areas across the county.

- To support Acute partners, BCF Funding enables social work staffing capacity to be present at the hospital front door including ED, medical assessment and rapid access clinics with a model of putting patients at the centre throughout all hospital pathways.

- As part of the Dorset ICS, Dorset and BCP Councils continue to work collaboratively in supporting the Home First model, striving where it is right to do so, to commission the same services across the footprint of Dorset to gain maximum impact to support people ready to be discharged.

- A key area of improved integration since the last Plan is via the Home First Programme, several Pathways of which are supported by BCF funding streams.

  Over the summer, development of Integrated Intermediate Care Teams has been progressed and mobilisation is planned in order to support, and respond to, winter pressures. Whilst this is not a formal integration, it is the first marked step towards clearly aligning resources and processes that reduces hand-offs and enables us to manage the collective resource as one, particularly heading into winter 2022/23. A System wide 'Sit Rep' will be launched to support this approach and continued focus on improving performance will be a priority.

  We expect this will drive up utilisation and efficiency in the capacity we have. We plan to arrange this in two footprints in the first instance -West and East. This approach will further support discharge and reduce length of stay in short term services.

- Closer working around Carers as detailed in Section 6 is another area of improved integrated working, along with our continued approaches around DFGs and Integrated Community Equipment Service as described in Section 7.

5.2 Changes to commissioned services

We are progressing several interventions, that are funded from the BCF to further support and enable delivery of the BCF objectives:

- **Remodelling of Reablement Service**
  (BCF Scheme - High Impact Changes Implementation/ Supported Hospital – Reablement/ Rehabilitation)

Whilst the existing Service is strengths based and recovery focussed, it has been unable to respond to all demand, both from hospital and community. This is due to workforce capacity, and lack of therapy led support.

The Council will award a new contract, to a new Provider, in October, who will remodel Dorset's Reablement offer. It will be therapy led and recovery focussed. This will enable more individuals to regain and maintain their independence and provide a greater response to System pressures and improve our community prevention offer. This will improve flow and reduce delayed discharges.

- '**Blended' approach with Intermediate Community Rehabilitation and Reablement**

A key approach to meeting the objectives is that of the System funded Care Allocation Team who co-ordinate discharges for people needing rehabilitation, reablement or home care by allocating to pre-commissioned capacity. Due to scale of demand, BCF funded schemes of Rehabilitation and Reablement have been unable to meet all referrals, so we have jointly commissioned additional homecare, that is focussed on strength-based approaches, that is deployed in a number of ways, including to 'blend' care resources. Blending care involves the care plan being led by Rehab and Reablement, but visits are shared with home care providers. Visits are shared across the day in order to make care hours spread further. This enables more individuals to leave hospital more quickly, and an MDT approach is used to maintain sight of the individual supported via these schemes.

- **Remodelling of Home Care Services**
  (BCF Scheme – Strong and Sustainable Markets)

Through the new Dorset Care Framework, we will re-commission the Council's Home Care contracts later in the Autumn. This will further enhance the ability to personalise care and deliver asset / strengths-based approaches, which are key priorities within the Council's Home Care Commissioning Strategy. In addition, we anticipate that this will improve provider resilience and begin to address the care deficit, importantly including:

- Greater focus on promoting and maintaining independence

- Introduce trusted practice, to enable providers to be more responsive and flexible in provision of care and support needs
- Working in clearly defined geographic local zones
- Closer links to voluntary and community sector organisations in order to enable opportunities for care and support needs to be met by non-regulated, and more individualised approaches
- New contracting models.

- **End of Life Care Pathways**

Led by NHS Dorset Commissioners, End of Life Pathways have been re-commissioned and streamlined since the last Plan was submitted, taking a proof-of-concept approach. This has enabled individuals in the end stages of life to be discharged more rapidly to the place they wish to be. This has increased the number of individuals who have been supported home, and this work clearly aligns to Objective 2.

- **Trusted Assessor Pilot**
  (BCF Scheme – iBCF winter pressures)

BCF funding enabled us to pilot this approach at Dorset County Hospital from 1 April 2021. Since then, more than 50% of care homes in Dorset have begun working with the service, which is enabling care home residents to return home from hospital more quickly. Communications and relationships between homes and wards has improved too. We are exploring how funding could be accessed to expand this service further to support Emergency Departments to avoid admissions, also new care home placements from hospital and home care referrals. We would also like to make this available to Community Hospitals. This is another example of a commissioned service that is promoting achievement of both objectives.

Learning from Dorset's pilot, BCP Commissioners intend to pilot this approach at the Acute hospitals in their council footprint.

- **Defining types and levels of care in a care home**
  (BCF Scheme – Strong and Sustainable Markets)

As referenced brokerage teams often report difficulties in the sourcing of placements for higher levels of need and greater complexity. This is an area of the market that needs further development, and we plan to work with providers to develop clear definitions around the four levels of complexity of care (residential, complex residential, nursing, complex nursing) and where needed develop a plan to embed these.

We will then establish the agreed set of definitions on the levels of complexity in care contracting.

5.4 Maintaining Independence Schemes

There are well embedded approaches via Maintaining Independence Schemes that contribute to both objectives; this includes jointly commissioned contract, with a pooled budget, for Integrated Community Equipment Service and also the Technology Enabled Care (TEC) (Assistive Technology) contract.

- **Integrated Community Equipment Service (ICES)**

Over the past year, ICES capacity and resources have been rebalanced from hospital to community as Covid pressures have subsided. Referrals can be made from health and social care workers to enable people to remain at home, and get home from hospital, wherever home is in the community, e.g. own home, a care home etc. The service continues to respond well but there remain pressures from rising cost of commodities and transport infrastructure which is increasing the costs of all equipment but particularly the specialist equipment. We are working hard to recycle equipment as much as possible.

- **Technology Enabled Care**

Funded from BCF, Dorset Council's TEC team continue to support people to remain in their own homes for as long as possible, an enabling and preventative service. Recently use of TEC has been expanded to support several supported living schemes to enable young adults with Learning Disabilities and Mental health to move into more independent living and minimising the size of the care package to give them more choice and control – evidencing our work towards Objective 2. The team are working with several Housing providers to trial different technologies as part of increasing innovation in Dorset.

In addition, we have invested iBCF winter funding to increase availability of TEC to support hospital discharges and we are working with our VCSE hospital coordinator to offer TEC via Pathway 0 as a key longer term preventative approach.

Our plans around implementation of Trusted Practice amongst Home Care Providers will also include TEC.

In addition, NHS Dorset is also working alongside both Dorset and BCP Councils in relation to the development of Virtual Wards, as well as in line with Ageing Well plans, especially in relation to anticipatory care.

5.5 Further embedding links with VSCE organisations

Other key work to further support BCF funded schemes that maintain independence and focus on an asset-based approach is the raft of projects underway with VSCE organisations and networks, these ultimately support both Objectives:

- **Dorset Community Response**

Following the successful pilot, Dorset Community Response model continues to match requests for support with people and groups in the community, such as befriending, moving / removing furniture, help with daily activities such as cleaning and meal preparation. Referrals can be made from across the health and social care system, from social work teams, social prescribers, Carers Support Dorset as well as Acute Hospitals. As part of this there is an urgent same day, short term service provided by the Volunteer Centre, which also operates at weekends, supporting hospital admission avoidance and discharge.

- **VSCE Pilot schemes**

There are several pilots underway that involve lead VSCE organisations such as Age UK and Volunteer Centre, supporting discharge and intervening to support admission avoidance. The services range from handyperson offer (furniture moving, waste disposal, decluttering, cleaning etc) to link workers being onsite in Acute hospitals as part of MDT approach to identify opportunities for community support to facilitate discharge. In this example the worker works directly with the patients – these are often complex including health, housing and environmental issues. The approach has allowed for speed and flexibility supporting 72 discharges to the end of August, and we are developing a business case to expand the approach to other local hospitals.

Working in partnership with BCP Council and the VSCE we are developing a pilot for one-off personal health budgets to support people living in the community as part of Ageing Well. In addition, the development of micro providers and routes to increase Direct Payments and Individual Service Funds are also increasing person centred local care and support options.

5.6 Ageing Well Programme

A key programme, that is separately funded but intrinsically linked to Intermediate Care, and the BCF Objectives, is the Ageing Well Programme. The Ageing Well Steering Group consists of representatives from across the Dorset System including primary, acute, community and social care services. A key workstream is Anticipatory Care, where many new initiatives are being planned such as Virtual Wards, where Dorset has a target to provide 360 beds by December 2023 providing higher acuity hospital care at home. Also, a programme of falls detection and prevention across care homes, and a greater emphasis on remote monitoring to prevent escalations and admission to hospital.

As this programme develops, we will continue to work closely together to ensure interdependencies are mapped across all programmes of work.

6. Supporting unpaid carers.

6.1 BCF funded services that are supporting unpaid carers

Dorset Council and NHS Dorset have joint arrangements in place to support Carers, with the Council leading the commissioning and contract monitoring activity, including measuring of outcomes. The BCF Planning Template evidences that the NHS minimum contribution is being invested to fund the contracts. There are large range of services available to support unpaid carers that includes breaks. We have worked in partnership with System Partners to improve ease of referrals for Carers from GPs to these services.

The services are outlined below, and there are case studies within the Appendices section that describes how carer outcomes have been improved:

- **Commissioned lead carer organisation;** A 'one-stop-shop' to provide information, advice, guidance and emotional support through a befriending service 'Here to Talk, peer support groups, regular newsletters, pop-up information points across Dorset including GP surgeries and signposting to services. They make referrals for Carer breaks, holidays, grant funding, counselling, Carers Assessments and Care Act Assessments for the Cared for Person. They also provide an extensive training offer to include a range of topics from legal and financial advice to physical, mental health and wellbeing. Young carers are also supported through this contract, particularly those who are in transition to adulthood.

  From contract performance data we know that carers who are already known to the service are returning for more support, information, advice and guidance concerning a different need, and that the provider is proactive in signposting carers to opportunities and support. We have included Case Studies 1,3 and 4 at the Appendices section.

- **A commissioned bespoke Mental Health service to support Carers who are caring for someone living with mental health illness**; This service offers 1:1 support, peer support groups, walking group therapy, training on mental health, Triangle of Care and Carers Rights, holistic and therapeutic activities. Carers to Counselling is also available. The service offers a respite funding offer to Carers to support their wellbeing which enables access to a range of activities and resources from gym membership to hypnotherapy, a family day out, to a bicycle or laptop to connect with friends and family. Please refer to Case study 2.

- **Carers Case Workers**; Based across Dorset in Adult Social Care localities and linked to hospital settings, they undertake Carers Assessments where the situation is complex or includes Safeguarding. They also connect Carers to services, and provide 1:1 support, advice, and counselling referrals. There are plans underway to create a new Advanced Practitioner manager to provide greater dedicated support to the Workers, as well as a team approach.

- **Other initiatives**; include Carers Card; which enables the carers to access local discounts, free entry etc. Also 'Digital Doorway' that support carers to access digital devices, training and support.

- **Personal Budgets** are under development with plans to launch this financial year. This will award a personal budget to a Carer following a Carers Assessment to those with Care Act eligible needs. This will enable greater choice and take control over how their care and support needs. This includes their wellbeing; anything which the Carer feels will meet their need is acceptable.

6.2 Carers breaks

Carers breaks are currently available as respite (replacement care) and breaks away and are detailed below. Keen to develop the offer, Commissioners have been engaging with Carers to understand what a break means to them. This has revealed it is not necessarily a holiday, or a mini-break overnight stay, or a break from the person they are caring for. It is a break from the caring responsibilities and routine. In some cases, this will include a break from the person they are caring for, but not in all cases. A break can form many things including an activity, a new hobby or a task which distracts them from their caring routine/thoughts/pressures/stress and responsibilities. We are working on ways to develop more breaks for Carers for 2022/2023 and have already started offering some holistic activities and art activities.

- Short Breaks is our current replacement care, respite offer to Carers. Following a Carers Assessment if eligible they can access up to 120 hours of replacement care by a CQC regulated provider. This service has recently been reviewed and work is underway to enhance the offer to Carers with a wider range of providers including non-regulated where this would be appropriate.

- The commissioned services and Adult Social Care can make referrals for Carers to access breaks via a local and national voluntary sector charity too.

- A pilot called 'Memorable Moments' could offer a break together, offering opportunity to reconnect with carer and carer for person in their primary relationship and enhance their wellbeing. Barriers such as transport, lack of time to organise etc are being included as part of the project to ensure it is as easy as possible to take that break together.

7. Disabled Facilities Grant (DFG) and wider services

Dorset Council's Dorset Accessible Homes (DAH) contract covers the statutory duties for the local authority to assess for and deliver Disabled Facilities Grants (DFGs).

Adult Social Care and Housing colleagues have a well embedded joint working approach to support the administration, monitoring of spend and quality assurance of the work undertaken via the DFG. Housing colleagues have specialist technical skills that support the ongoing development of services. At present, the impact of the government's white paper

'Putting People at the Heart of Adult Social Care' is being assessed, as we understand it will include introduction of Smart Assistive technologies to further promote independence and daily living tasks such as turning up the heating, lighting etc. Work is needed to link these requirements to the ongoing Assistive Technology and Equipment offer.

As referred to in last year's plan, there are good working relationships with Registered Social Landlords who also undertake adaptations, as well providing the right level of intervention with Private Sector Landlords who may have reservations about homes being adapted. Ongoing work seeks to support housing options for those whose needs may be better met by a positive move to more suitable accommodation.

The DAH contract promotes independence in a strength-based approach to maximise individual's ability to carry out activities of daily living in their home which can enhance their health and well-being and reduce their reliance on formal care services. Adaptations can also assist carers to continue to care for longer by reducing the physical barriers to caring and make day to day caring activities easier. Health partners can access this arrangement in order to allow equipment such as overhead ceiling hoists to be installed to support people to remain at home. A recent re-tendering of the contract has enabled a refresh of requirements to ensure the contract remains fit for purpose and the appropriate vehicle to deliver statutory duties.

Since the last plan we have introduced a discretionary DFG Top Up grant in addition to the mandatory limit. This will enable more people to receive adaptations due to the increasing costs of building materials which risked people withdrawing from much needed adaptations as they were required to contribute.

In addition, we have increased the minor works limit to enable more people to access support. This has supported an increase in referrals, 30% of which are from health colleagues supporting hospital discharges or as an intervention that avoids hospital admission. This is not means tested so this change enables adaptations to be progressed more quickly, and the increased cost cap means a greater range of adaptations is accessible resulting in more people being able to access support. This will result in individuals having more opportunities to improve and maintain their independence; this contributes to meeting both BCF national condition and policy objectives

8. Equality and health inequalities

Dorset Council and NHS Dorset are committed to addressing health inequalities, and this is a priority for the new Integrated Care Board.

Dorset Health Inequalities Group oversees our work on health inequalities. It is a multi-agency group supporting our approach to reducing health inequalities through raising awareness, creating learning and development opportunities and supporting services to think differently to create new ways of delivery. A series of workshops has explored topics such as 'What are Health Inequalities?', 'Health Literacy', 'Building resilience in Dorset's communities' and 'Tackling Health Inequalities'. Through the workshops attendees from across the local System identified what actions they could take on an individual, organisational and systematic basis in order to address the themes raised and discussed in each session. Further information can be found here: Health Inequalities – Our Dorset

The group are in the process of developing a virtual academy to support training and raising awareness, including free training, case studies and ideas from some of the top evidence-based international theories, to support service delivery, redesign and development to reduce inequality.

Data and intelligence is now more readily available via the Dorset Information & Intelligence Service (DiiS) and use is increasing amongst commissioners, as well as clinicians, so there is a greater understanding of populations from a Health & Well-being area perspective. It includes PCN and patient level detail to enable services planning to meet care and health needs. We strive to use the information to enable 'place-based' gap analysis to inform commissioning priorities.

There are specific examples of BCF funded services where inequalities are being addressed, such as:

- Carers

The commissioned service for Carers has been proactively working with minority groups and Carers more difficult to reach. Engagement plans have been developed for the most recent period included targeting identified ethnic minority groups, people from the LGBT+ community, refugee groups and collaborating with key partners to help identify and reach male carers of all ages. Representatives are engaging with local organisations such as Dorset Race Equality Council, Community Health Ambassadors LGBT+ Voices Dorset Forum and Dorset Disability Equality Forum to raise awareness and improve networks of support.

As part of Carers Week, feedback we received was that male carers face individual challenges, depending on their circumstances but having a break and opportunity to take time out for themselves was a recurring theme. Therefore, we have planned focussed engagement for Quarters 2 and 3 for male carers.

- Disabled Facilities Grant

The changes described in section 7 in relation to the increasing the minor works limit is contributing to reducing inequality. This is not a means tested service and has created faster access to a greater number of adaptations, so now supporting people with more complex needs, a service that is available across all ages.

APPENDICES - Carers Case Studies – evidence of improved outcomes for unpaid carers

Case Study 1 –Lead Carer Organisation, Befriending Service:

Joy, carer

My family don't get what caring does to me, it's huge manging my life, Mum's and my business affairs. I have very time to relax. Any friends I did have in Wiltshire from growing up here, have passed away, I don't know or have the opportunity make new friends. I unable to talk to locals as I want to respect my mum's privacy.

I'm very careful to whom I confined in. My family often call mum and say 'give love to Joy', but they don't talk to me. It's assumed as I don't have children or a husband it's okay for me to give my life up for caring. Other family members unable to and unwilling to compromise.

Talking to the volunteer befriender has been wonderful, as I can talk about my concerns, and I feel no one else will take this. Caring for my mum is extremely isolating, I don't regret giving up my life but I do have needs and appreciate the time to talk.
The befriending calls are wonderful because the volunteer is a great listener, empathetic and I can explain things to her, and she understands. I have a feeling of self-worth to have this space. It stops me expressing myself as I don't want to take things out on my family and it takes my worries away, just an opportunity to chat and offload

Case Study 2

Recovery Case Study

Title of case study	Support Resistant Carer
Author	Rethink – Dorset Carers Service
Activity details	
What we wanted to achieve	
To reduce carer stress and frustration	
What we did	
X is an elderly man who cares for his wife with clinical depression. He was resistant to accessing the Service because he thinks he should just "get on with it". However, his wife's support worker asked us to give him a call to see if he would accept support as she was concerned about his levels of stress. I phoned him and talked to him about the Service, and what we could provide. I listened to him and spoke to him about resources available to him. He refused to access the respite fund, though eligible to do so, but did want phone support, and a full referral was made as a result. I signposted X to information on depression and talked to him about what this diagnosis meant to improve his understanding of what his wife was experiencing to try and reduce his frustration with her and her inability to get out of bed. I used Rethink fact sheets for this and signposted to the Recovery Education Centre and our online courses.	

In our second session we spent some time talking about the things X enjoyed doing and that he still did. We also discussed the things he used to do but feels he cannot anymore because of his wife's illness: we then explored ways he could adapt so he could still do those things – and we have set this as his goal. X is keen to engage in goal focussed work, which really surprised me given his initial resistance. His current goal is to invite a friend round for a drink to enjoy in his beautiful garden, and to explain briefly to his friend why his wife would not join them in the garden. X has not felt able to invite his friends round because he feels his wife should be present and feels awkward that she is not. His wife does not mind people coming round, she just doesn't want to engage with them herself.
What worked well
Having a short chat with X before he was referred to reassure him. Really listening to x about his frustrations and allowing him to let off steam. Expanding X's understanding of mental illness. X realising he could still do things he enjoyed.
Key messages
The need to take things at the carer's pace and, if appropriate, work with resistance sensitively. But never to underestimate a willingness to adapt and learn even in the elderly. The importance of taking time to establish trust.
Outcomes
X feels more positive. He is enjoying working with me and says: "I do feel better for having talked to you. I now realise I need to look after myself too."

Case Study 3 :

BCF case study template 2022-23 v1

Case Study 4

BCF case study template 2022-23 v1

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Dorset Health and Wellbeing Board

9 November 2022

A Movement for Movement: A Physical Activity Strategy for Dorset

For Review and Consultation

Portfolio Holder: Cllr P Wharf, Adult Social Care and Health

Local Councillor(s):

Executive Director: S Crowe, Director of Public Health

Report Authors: Rupert Lloyd and Charlotte Coward
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Report Status: Public

Brief Summary:

The purpose of this report is to seek the Board's support for 'A Movement for Movement' (a physical activity strategy for Dorset). The strategy sets out a shared approach for partners to apply to developing action for increasing physical activity across Dorset.

Rates of physical activity have fallen since March 2020 in both adults and children. Across Dorset significant number of adults, children and young people do not meet the UK Chief Medical Officers' guidelines for physical activity (movement) levels.

Physical activity is identified as a priority in the Dorset Health and Wellbeing Board Strategy and A Movement for Movement builds on this by setting out priority themes for collective action by stakeholders from across the system to increase movement levels.

Recommendation:

It is RECCOMENDED that the Board:

1. Notes the contents of the draft physical activity for Dorset 'A Movement for Movement' and provides any comments (Appendix A)
2. Board Members support the launch and dissemination of A Movement for Movement within their organisation during Autumn 2022 and engage with the approach it sets out.

Reason for Recommendation: To enable the draft strategy to be finalised and launched with partners across Dorset Council and BCP Council areas (support for the strategy will be requested from BCP Health and Wellbeing Board)

1. **Report**

1.1 In Dorset, Board members and other organisations deliver action which supports and enables people to be active and 'move' at home, at work and in leisure time. This action is an important contributor to local population health and wellbeing.

1.2 Data on physical activity levels in Dorset from Sport England's Active Lives survey highlights the challenge and opportunity that exists for improving health and wellbeing by supporting less active adults, children and young people to move more:

- During November 2020-November 2021 20.9% of Dorset adults did less than 30 minutes activity on average per week
- Across the pan-Dorset area 35.5% of children aged under 16 did less than 30 minutes activity on average per day

1.3 In response to this challenge, A Movement for Movement (the strategy) has been developed in partnership between Active Dorset and Public Health Dorset with the support of Dorset Health and Wellbeing Board and BCP Health and Wellbeing Board.

1.4 The strategy has been informed by engagement and consultation with stakeholders which took place during 2021/22 using online methods to:

- Collect insights and develop a shared understanding of the system that drives how much Dorset's population moves
- Identify key barriers or 'challenges' which prevent us from moving more and themes for action to address those barriers

1.5 The Board's support is requested for the strategy and the approach it sets out for partners to develop their own actions for changing how much we all move by:

- Reframing our language about movement
- Building movement into daily life
- Connecting everyone with the value of daily movement

1.6 After seeking approval from wider partners, including BCP Health and Wellbeing Board, a Movement for Movement will be launched in Autumn 2022.

1.7 The approach set out in A Movement for Movement will support the developing Integrated Care Strategy for improving health care, social care and public health across the whole population including tackling wider determinants of health. For example, by connecting people with ways to move more which they value and which contribute to the Integrated Care Strategy's ambition to support people to 'live their best life'.

2. Financial Implications

2.1 No direct financial implications are identified in this report. Action by partners arising from the implementation of this strategy is likely to generate initiatives that require funding. Where additional funding is required this could be allocated from existing budgets or grant funding will need to be sought.

3. Environmental Implications

3.1 The strategy highlights the role of the physical environment in enabling daily movement through active travel. This includes walking and cycling for both leisure and work where possible. Increasing uptake of active travel will contribute to Dorset Council's commitment to reducing greenhouse gas emissions from vehicles and deliver co-benefits for air quality.

4. Well-being and Health Implications

4.1 The strategy's aim is to improve health and wellbeing by leading action to increase physical activity.

5. Other Implications

5.1 No other implications to note.

6. **Risk Assessment**

6.1 **HAVING CONSIDERED: the risks associated with this decision; the level of risk has been identified as:**

Current Risk: None

Residual Risk: None

7. Equalities Impact Assessment

7.1 The strategy explicitly seeks to support a reduction in health inequalities through a proportionate approach to increasing movement by focusing greater support on those who face the greatest barriers to moving more and currently move least.

8. **Appendices**

8.1 Appendix A: A Movement for Movement (DRAFT strategy document)

Background Documents:
None

Our Dorset

A Movement For Movement

Active Dorset

Dorset Council

Public Health Dorset

BCP Council

NHS Dorset

Our Dorset
Local NHS and Councils Working Together

Foreword

Sam Crowe

Public Health Dorset

Director

We all know that moving more is good for us individually and collectively. It can make us happier and healthier and benefit our health & social care system, the economy, and our environment. But we know that this knowledge alone isn't enough to address the barriers that many of us face to making movement part of our daily life. In 'A Movement for Movement' we've aimed to set out a shared strategic approach that everyone across Bournemouth, Christchurch & Poole and Dorset can play a part in. We hope it will provide you, your organisation and the communities you're part of with recognition of the valuable work already happening and inspiration to identify the action and partnerships needed to go further so that all of us can move more in ways that deliver value for everyone.

Martin Kimberley

Active Dorset

Chief Executive

Movement is a fabulous thing, whether that is walking my dog, playing with my children or missing tennis balls as they fly past me, I always feel better physically and mentally after I've done some activity. What we do and enjoy will be different for everyone but A Movement for Movement sets out some of the important things we can do as individuals and organisations to use movement to improve peoples lives. Everyone has a role to play and we know that real change to deliver an impact at scale won't happen unless we all pull together in the same direction. This strategy is designed to empower everyone to think about how they can use physical activity as a tool to help solve the wider societal issues we face collectively. We hope that the words in this strategy help to grow a movement for change across Bournemouth, Christchurch & Poole and Dorset and are brought to life by us all, through the decisions we make to embrace movement, in both a personal and work capacity. Our aim is for all of us to work together by committing to designing in movement, to our places and spaces, making movement and physical activity more accessible for everyone

Rachel Partridge

Public Health Dorset

Deputy Director

I'm delighted to have been part of the development of a Movement for Movement. Finding ways for all of us to move more in daily life offers the potential to benefit so many aspects of our health and wellbeing, and this strategy sets out a shared focus for action by partners across BCP and Dorset. It draws on insights developed nationally by Sport England and others and builds on them with local knowledge and expertise to highlight how we can all play a part in moving more. In my own life moving more, by making space for lunchtime runs in the local woods, has helped me respond to the demands of a busy work and home life.

This strategy was developed by:

Charlie Coward - Deputy CEO, Active Dorset

Rupert Lloyd - Senior Health Programme Advisor, Public Health Dorset

Contents

Section 1: Introduction

This document 'Our Dorset – A Movement for Movement' is the physical activity strategy for BCP and Dorset. It sets out why we need to make change, what we need to focus on and how we can do it.

Our aim is to support everyone to move a little more every day, in ways that work for them while tailoring that support towards those who can benefit most from moving more. Moving more isn't the goal in itself; it will play its part in improving wellbeing for all of us living in Bournemouth, Christchurch, Poole and Dorset. To achieve this we will need to work as a system to build a narrative around movement that inspires and empowers everyone to move a little more and sit a little less.

A movement for movement doesn't set out a short term time frame. This signifies an acknowledgement that making significant change will take time and commitment from partners to a long term approach. We know that who takes action, what they do and how they do it will change over time.

However, our overarching approach to working collaboratively to design in movement to the decisions we make, the places we live and the choices we make will continue.

'A Movement for Movement' presents a direction of travel for our shared approach in Dorset. It recognises that no single organisation holds all the answers or can take all the action needed to tackle inactivity. We are all actors in the system that shapes how much we move and we can all make change, in our lives, the lives of our families and friends and our communities.

This is our call to action. To work together to find the levers to enable more movement for everyone. To embed movement in everything we do, in every decision we make, no matter how big or small.

Come and join us to help build a movement for movement across Dorset and BCP.

A note on terminology

Activity and movement are used to describe any kind of physical activity, sport, or exercise either purposeful and structured (like sport) or informal and incidental activity (like walking to work).

System is used to describe the different factors that work together in an Interconnecting network to shape how much we move.

Section 2: Our challenge

The benefits of moving more are well established. Being active by moving our bodies in whatever way works best for us can help keep us happy and healthy from childhood, through adult life and as we age. It's not just about sport or formal exercise.

Walking, cycling, carrying shopping and moving around the places that we live, learn and work in all counts and can all make a difference.

As well as the importance of moving, we know more about the harm that sedentary behaviour or sitting can cause us. Despite this, many us still find making movement part of everyday life a challenge.

How much are we moving in BCP and Dorset?

Adults - During the period Mid-November 2020 – Mid November 2021

20.9% (67,000 People) of adults (16+) in Dorset Council area did less than 30 minutes per day

29.7% (97,500 People) of adults (16+) in BCP Council area did less than 30 minutes per day

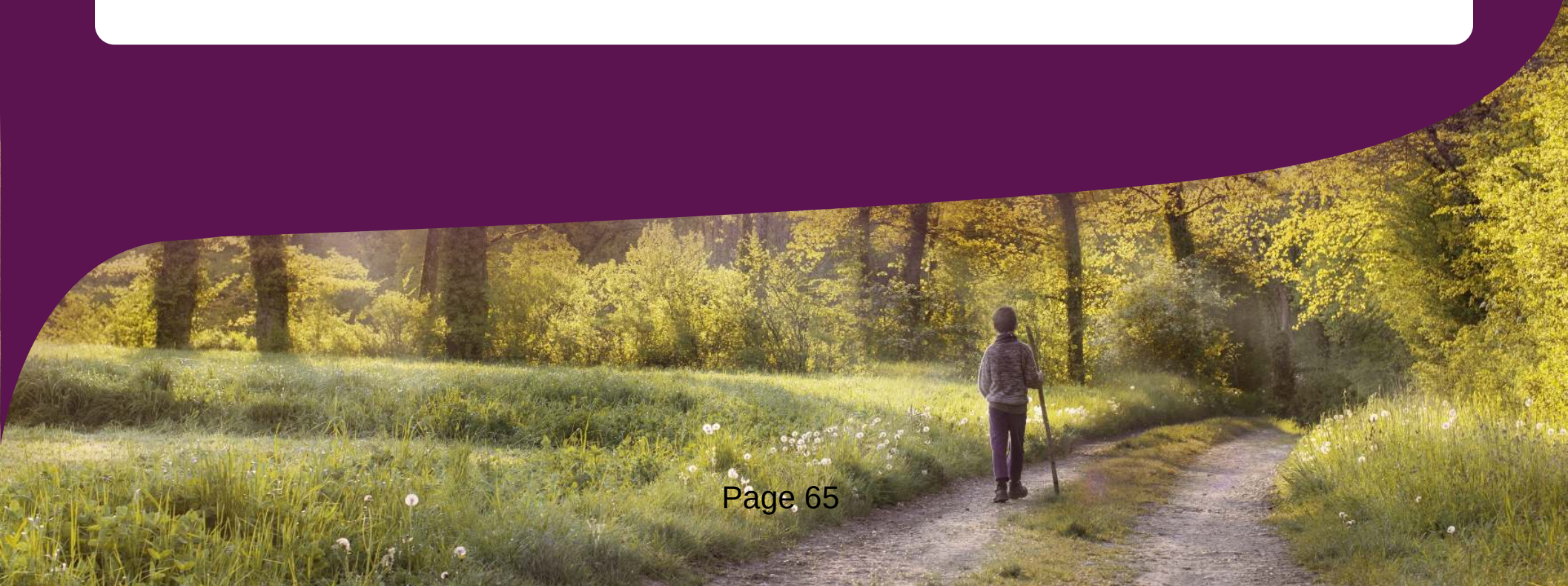
SOURCE: Sport England Active Lives Survey April 2022

Children - During the period Mid November 2020 – Mid November 2021

33.8% (27, 600) children and young people (school Years 1 to 11) in BCP Council area did less than 30 minutes per day

27.5% (11, 900) children and young people (school Years 1 to 11) in Dorset Council area did less than 30 minutes per day

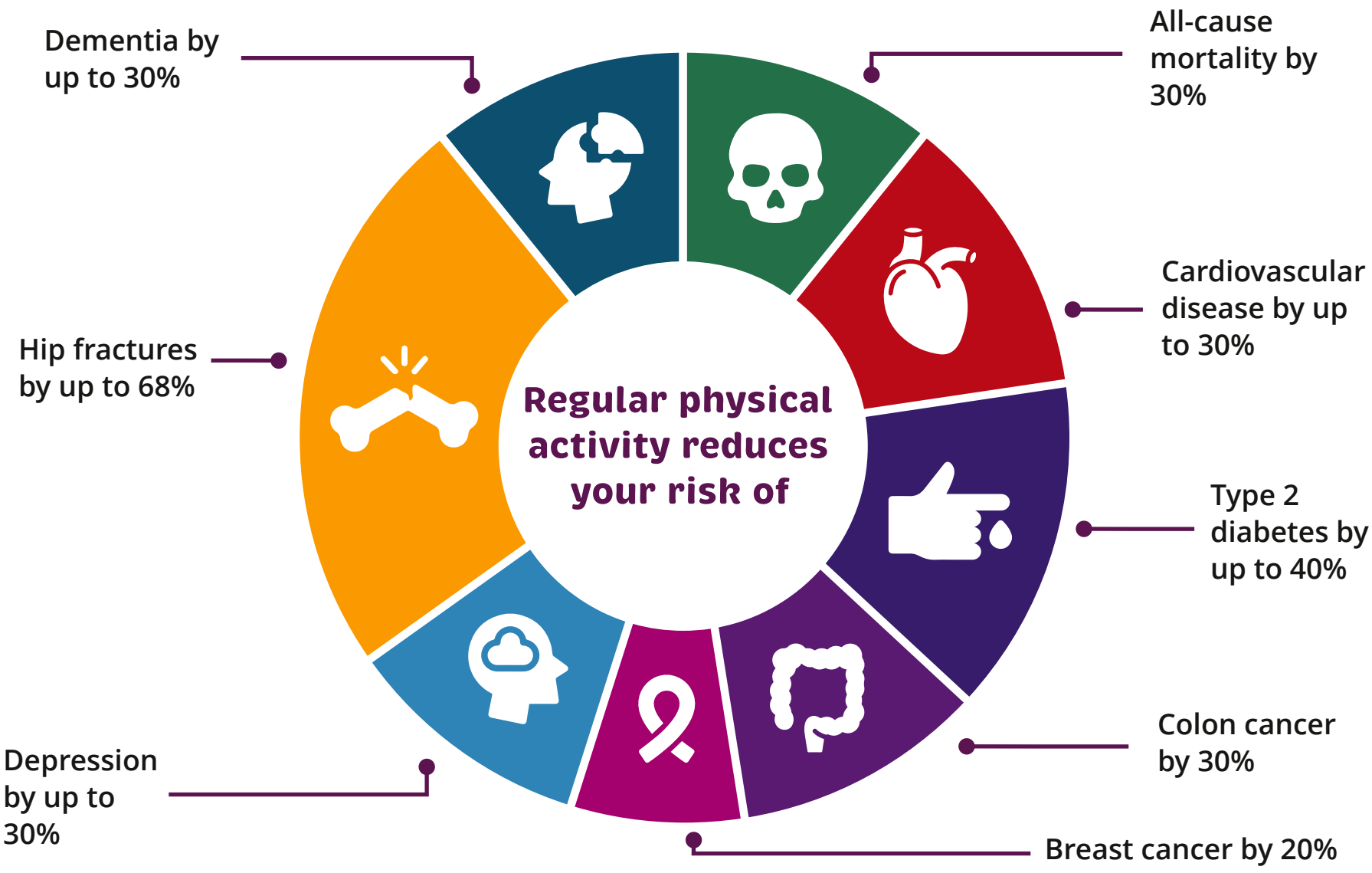
SOURCE: Sport England Active Lives Survey, academic year September 2019 to September 2020



Section 3: Our opportunity

While not moving enough (inactivity) poses risks for all of us, both as individuals and as a society, becoming more active (moving more) offers real opportunities. Regularly moving our bodies in whatever way works for us can significantly reduce the risk we face of developing a number of health conditions.

What are the health benefits of physical activity?



Source - https://www.gov.uk/government/publications/physical-activity-applying-all-our-health/physical-activity-applying-all-our-health

Nationally, the NHS Long Term plan recognises the importance of prevention, and the opportunity the NHS has to positively influence behaviours of patients and their families.

Our NHS Long Term Plan aims to support people to live longer, healthier lives through helping them to make healthier lifestyle choices and treating avoidable illness early on.

We will maximise the opportunities that patient contact and hospital admissions bring to help people to improve their health. This Long Term Plan sets out new commitments for action that the NHS itself will take to improve prevention. It does so while recognising that a comprehensive approach to preventing ill-health also depends on action that only individuals, companies, communities and national government can take to tackle wider threats to health, and ensure health is hard-wired into social and economic policy.

SOURCE: NHS Long Term Plan

In Dorset, our Councils, NHS, public services and voluntary and community groups have come together to work as an integrated health and care system (ICS).

The ICS aims to remove traditional barriers between services so people can access the support and care that they need when they need it.

An important part of this is supporting people and communities to lead healthy, thriving lives and addressing health inequalities.

Meeting this challenge will require change from all these partners and supporting people across Dorset to move more is an opportunity for us all as organisations, communities and individuals.

This strategy is informed by and sets out to support:

- The BCP Health & Wellbeing Board strategy.
- The Dorset Health & Wellbeing Board Strategy.
- Uniting the Movement: Sport England's 10 year vision for sport and physical activity.
- Public Health England 2014; Everybody Active Every Day.

Small change can make a big difference

Moving more is good for everyone, but those of us who find it hardest to be active can see the biggest benefits from increasing the amount we move by even small amounts.

Not moving enough or being 'inactive' is associated with 1 in 6 deaths in the UK and is estimated to cost the NHS alone £0.9 billion every year.

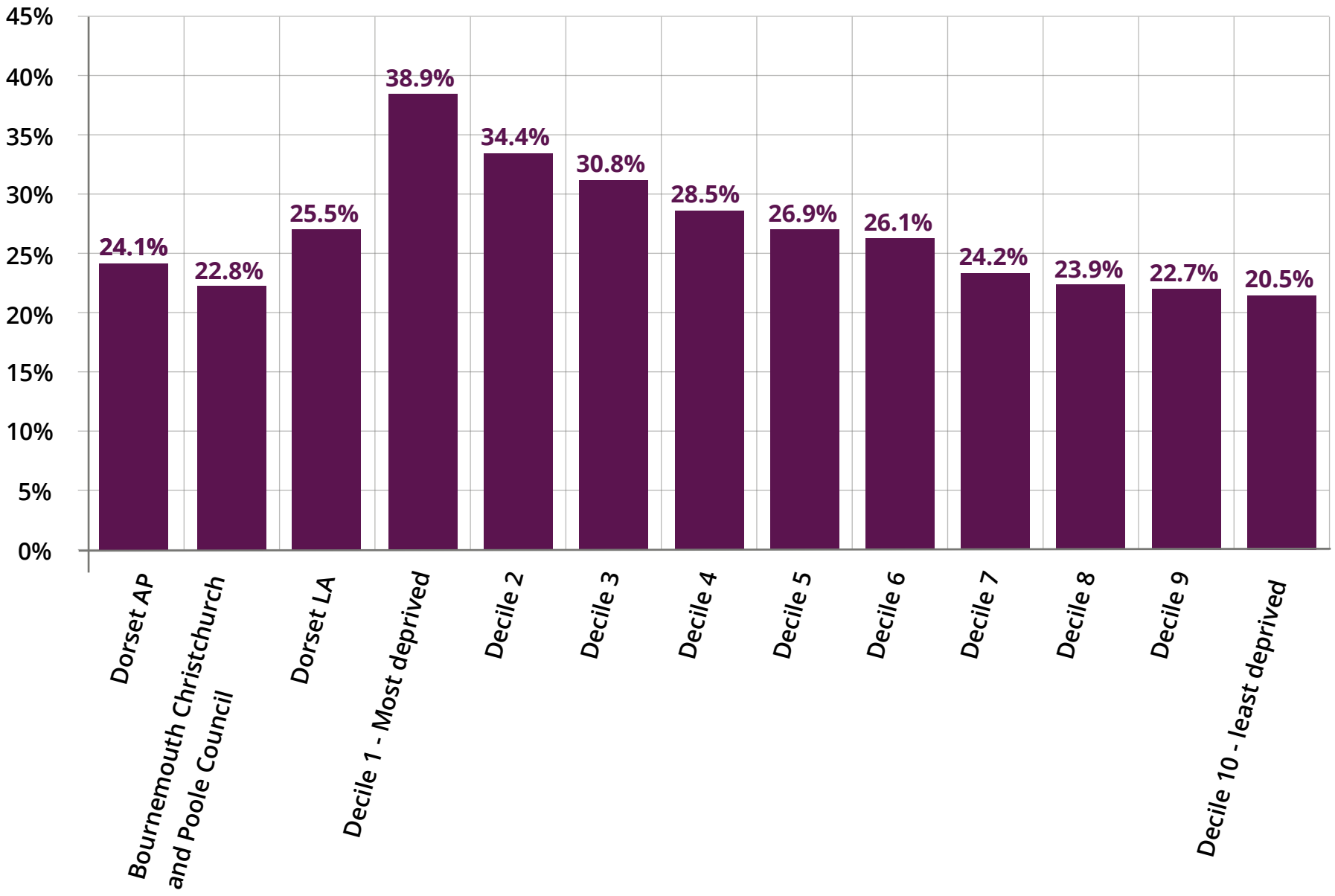
We know that for some of us building movement into our lives is more challenging than it is for others. Across BCP and Dorset those of us living in our most deprived areas are more likely to do less than 30 minute movement each week (defined as inactive) than those of us living in the least deprived areas.

But, it's important to remember that all of us can benefit from moving more and that some of us will need more help and support to do so if we're facing barriers driven by our health, our work, caring commitments, lack of resources or other issues.

Levels of activity: Inactive: less than 30 minutes a week
Whole population
Nov 20-21

% Levels of activity by the whole population

Whole population (16+)



What do we mean by physical activity?

Note: We count most sports and physical activity, but exclude gardening. However, the Office for Health Improvement & Disparities (OHID) does include gardening in its local level physical activity data.

Three levels of activity;

Active
At least 150 minutes a week

Fairly Active
An average of 30-149 minutes a week

Inactive
Less than 30 minutes a week

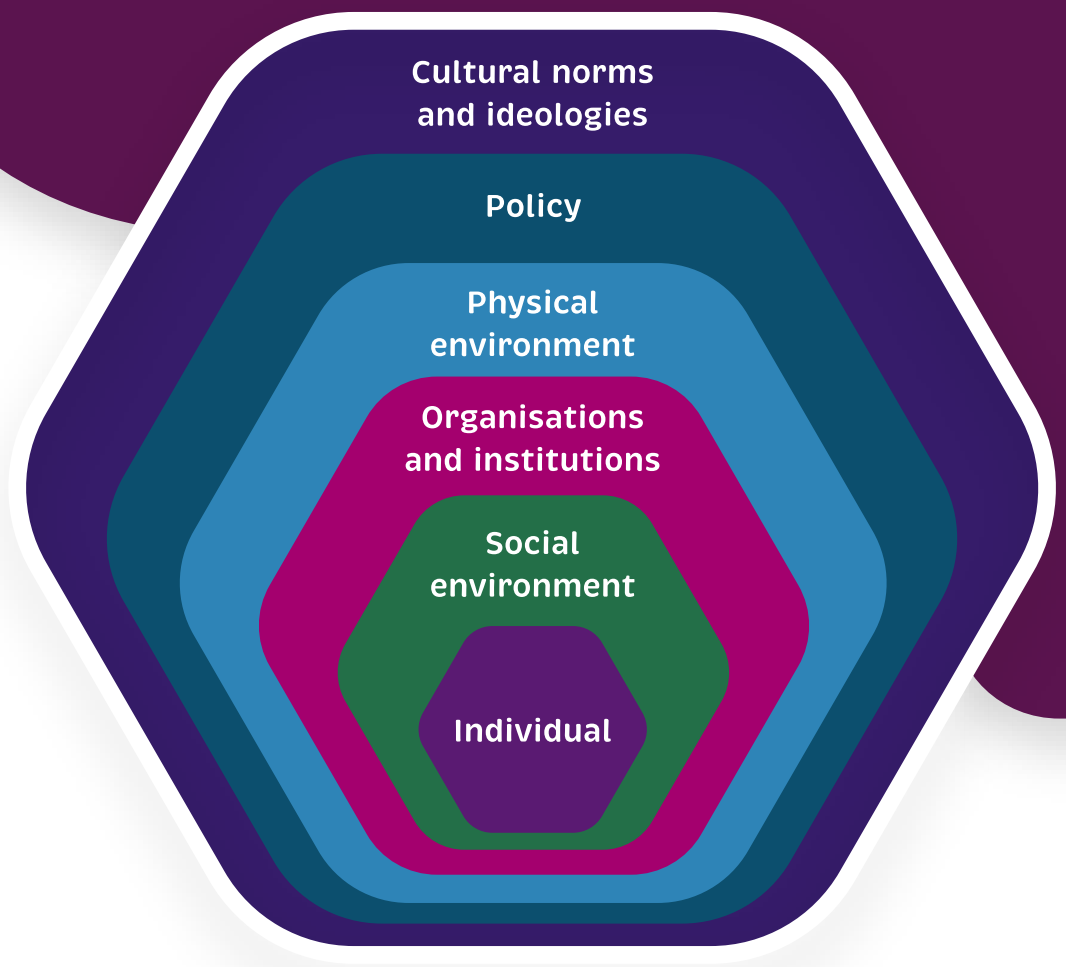
Please note; guidance on recommended levels of activity differ for specialist populations including children and young people and older adults. The guidance above refers to adults only.

9

Section 4: Our road map to creating a ‘Movement for Movement’ across Dorset and BCP

During 2021 Active Dorset and Public Health Dorset set out to engage stakeholders across BCP Council and Dorset Council areas in sharing their views on what shapes the level of movement people do locally.

A whole systems approach



We wanted to understand the complex story or system that lies behind the headline data on how much movement we do or don’t do in Dorset.

And just as importantly we wanted stakeholder views on what we can do locally to enable more people to make movement, and the benefits it brings, part of everyday life.

What factors shape our system?

- **Cultural norms and ideologies:** Language, myths, metaphors, stories, hierarchy of values know-how, assumptions, mindsets
- **Policy:** International and national guidance & laws, local laws and policies, rules, regulations, codes, times and schedules
- **Physical environment:** Built environment, natural environment, green and blue spaces, transport networks, homes
- **Organisations and institutions:** School, healthcare, businesses, workplaces, faith, organisations, charities, clubs
- **Social environment:** Individual relationships, families, support groups, social networks
- **Individual:** Individual capabilities, motivations, opportunities, knowledge, needs, behaviours, physical and mental health and wellbeing

Here's how we did it:

We've consulted many key partners and stakeholders on how tackle inactivity, changing culture to create a Movement for Movement in Dorset and BCP.

We've used several methods including workshops and consultation sessions and an online conversation open to everyone.

So Far:

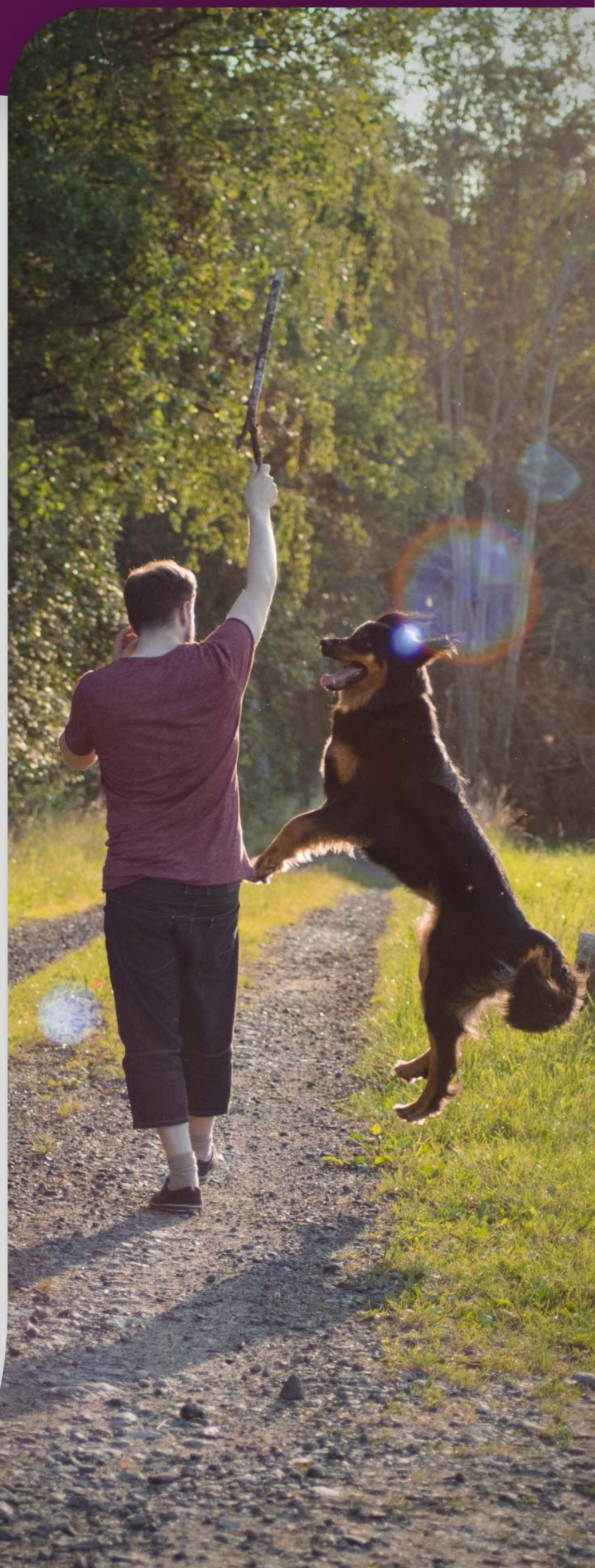
Discovery:
We launched an online conversation about the barriers and enablers of moving more

Workshops:
We brought people together to map the system that shapes how much we move in Dorset

Workshops:
We used our map to identify the 'Story' that drives inactivity

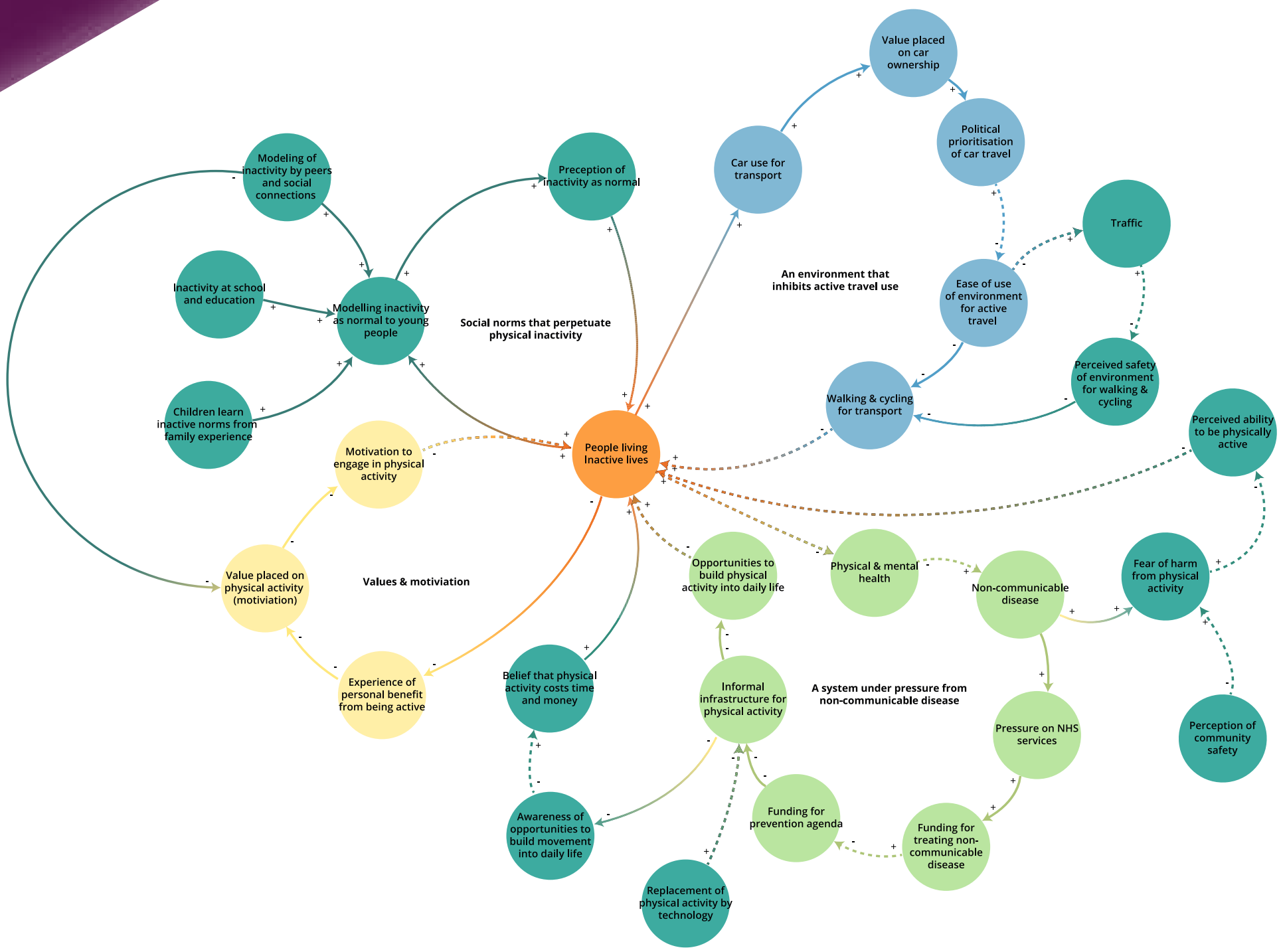
Workshops:
We asked where there are opportunities for enabling us to move more

Sharing:
We shared and tested our findings with others



A Movement for Movement:
Making it happen in Dorset

From these sessions, we've developed a range of insights and a set of key areas where change could be made to influence the activity levels of people living in Dorset and BCP.



You can read more about the insights gathered through the consultation process here:

https://www.activedorset.org/join-our-online-conversation

Section 5: Reframing physical activity

Language is an underpinning principle of our approach to tackling inactivity and increasing the amount we all move. The language we use to talk about physical activity is important.

Throughout the consultation we heard that how we define physical activity and the words we all use to describe it, influences whether people feel activity is for them, how achievable it is for them and therefore, how likely they are to make a behaviour change.

From...

- Sport and exercise
- Structured, purposeful
- A focus on provision of services and 'stuff'
- 5 x 30 minutes
- Focus on physical benefits

To...

- Physical activity, & increasingly, just moving
- Minimise sedentary time
- Focus on individuals and communities
- Every minute counts. Small changes to daily routine
- Physical AND Mental Health

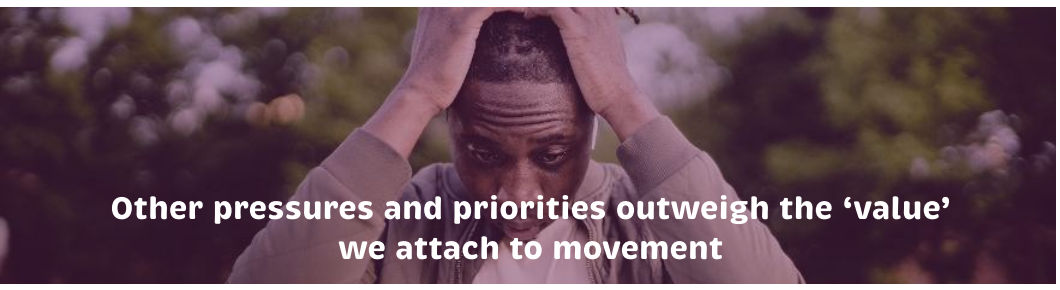
The language is important, the words we use and how we all talk about physical activity matters and crucially, the more we talk about it, the more it becomes important to others.

This document sets out our ambition to change the language we use. To reframe physical activity so that we...

- Change perceptions of what counts as activity
- Acknowledge that the language we use is important and commit to change
- Recognise that movement will look different for everyone
- Think about movement in its broadest sense.
- Understand that some is good, more is better but every minute counts

Section 6:
Four key challenges for action

Through the consultation process we found that four key challenges emerged. These four challenges represent our shared understanding of why some of us in Dorset and BCP find it more difficult to move more and enjoy the benefits it can bring for our health and



Not moving is a ‘norm’ we learn from & have reinforced by family, social networks & others

We heard that not moving is something we learn from others in our lives and that as we age sport and exercise is squeezed out of our lives. Countering this will require developing a system wide approach to re-framing physical activity as ‘daily movement’ that includes and extends beyond sport, exercise and active travel so we can find ways to move that fit with our lives. This will take leaders at an organisational and community level who can ‘model’ the value of physical activity and take advantage of opportunities for brief interventions to promote movement.

Physical and mental health limits individual’s and organisation’s capacity for moving more and enabling others to move more

We heard about how some of us face barriers to moving more from underlying mental and physical health conditions. This contributes to downward pressure on our health and wellbeing and focus on treatment rather than prevention. With the right support we have the power to tap in to our own strengths and motivations to make movement part of our lives and how we manage our own wellbeing.

Other pressures and priorities outweigh the ‘value’ we attach to movement

We heard that for some of us physical activity is viewed solely as sport or time ‘dedicated’ to exercise and opportunities to build physical activity and the enjoyment of moving more into everyday life are not identified or acted on. We need to recognise that all of us will find the value of movement in different ways and simply repeating the messages on how to move more and the health benefits it can deliver won’t be impactful unless they relate to the values and motivations we each hold.

The places we live in can make movement challenging and sedentary behaviour convenient

Active travel is a key enabler for building movement into daily life and ongoing and increased development of appropriate infrastructure can support this. But availability of infrastructure alone will not maximise active travel use without recognising that other factors that motivate people to choose car travel over other modes e.g. time constraints or expectations of others.

Section 7: Making change

Tackling these challenges requires action across the system at a variety of levels by organisations, communities, and individuals. We asked partners for their views on how we can act in Dorset to tackle these challenges and enable more of us to move more.

We grouped what we heard into three key themes for action we can take as individuals, as organisations and as a system.

1 **We need to reframe the language we use when we talk about physical activity**

2 **We need to build movement into everyday life**

3 **We need to connect everyone with the value of daily movement**

For each of these themes we heard about different ways in which we can make a change across Dorset:

- **Catalysts for accelerating change:** These are opportunities we can take as individuals, organisations and as a system to accelerate the pace at which we make daily movement the norm. It could be a simple as shifting the language you use to away from exercise and toward daily movement when speaking with friends and family or more complex like investing in changing the workplace environment to make moving easier.

- **Collaboration & influence**: Working together is vital for us to make a change at scale. For example, multiple organisations speaking with one, consistent voice about the value of moving more and how to do it will have more impact than any single campaign or organisation can have.

- **Connecting and sharing**: We think there's a way for all of us to move more in a way that works for us and can deliver value that makes life better. And we know that there is huge variety of support and opportunities across Dorset for people to move more provided and enabled by individuals, organisations and through the design of the places we live. But information giving isn't enough. We as organisations need to ask people how moving more can deliver value for them and support them to find and access what works for them.

Reframing our language about movement

Catalysts for accelerating change
e.g. Embedding the language of 'daily movement' in communications and messaging

Collaboration & Influence
e.g. Joining up and sharing communications between organisations to present consistent messaging on moving more

Connecting & Sharing
e.g. Enabling health professionals to empower people with long term conditions to move more in a way that works for them

Building movement into daily life

Catalysts for accelerating change
e.g.Building moving more into workplaces by changing their culture & physical environment

Collaboration & Influence
e.g. Ensuring new development promotes moving more through BCP Council & Dorset Council's local planning policy

Connecting & Sharing
e.g. Supporting vulnerable people to access sustainable travel, including walking & cycling, as a way to move more in daily life

Reframing our language about movement

Catalysts for accelerating change
e.g. Dorset Health Villages in outpatient assessment centres. Providing on-site provision of LiveWell Dorset, taking a proportional approach to focus effort & resources on those people who can benefit most

Collaboration & Influence
e.g. Connecting with communities to understand what prevents them moving more and how movement can deliver value for them

Connecting & Sharing
e.g. Creating access to opportunities to move more that meet people's needs.

Section 8: Your Role - How we can create change together

We've spoken about movement being important but what do we mean by creating a movement for movement. How do we create the conditions for movement to grow?

We are all system actors, either as an individual in our community, our work as members of organisations and businesses, or as a senior leader or decision maker. Our behaviour and choices influence those around us.

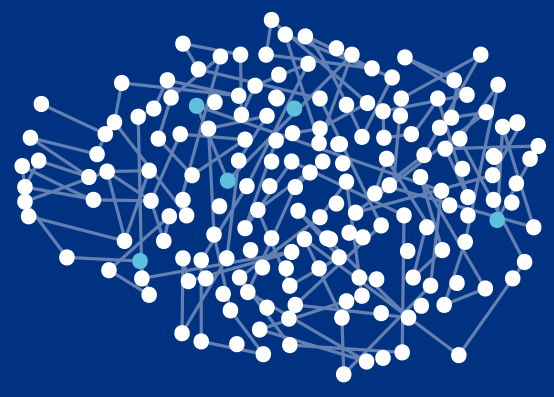
Creating the change, we want to see will require us to work differently, to start with questions and not answers.

We'll need to challenge each other's thinking and be brave to try new approaches.

Recognising that we can't solve the problems created with the same mindset that created them.

Significant change needs a collective approach. Not one person or organisation holds all the answers or pieces to the puzzle, but we can work together towards a shared purpose. It's about all of us and how we can use our influence and networks to enable others to make change.

Understanding influence for change



Just 3% of people in the organisation or system typically influence 85% of the other people

Influencers "The sparkplugs"

Source: Organisational Network Analysis by Innovisor

Activity and movement behaviours are complex and is influenced by the relationship between physical environment and cultural norms. Through the physical environment our activity levels are influenced by the people who plan, design, maintain the physical environment around us; transport engineers, urban designers, planners, Parish, town and Council staff and councillors, countryside services, conservation volunteers, those working for the National Trust, the local nature partnership and the AONB and so on.

Culturally, our movement is influenced by the norms of other people around us by; what other people do, what we see on tv or read on social media, what our peers, friends, family and colleagues do, what sort of patterns our employers create the conditions for, what is seen to be 'normal' at the school gates.

- **How do you build movement into your life? And that of your family?**
- **What opportunities do you have to enable or empower other people to move more?**
- **How can we all 'design in' movement to create a cultural shift?**
- **How can you influence others and invite them to join in?**

Section 9: How will we know if we're making a difference

We set out to explore the complex system that shapes how much we move in Dorset. As this strategy shows no single issue or organisation has control over how much we move or the power to change it alone.

We've set out what we think are the most important 'leverage points' for making change in that system: our four challenges for action. The aim of the strategy is to help focus our shared efforts on these challenges and provide a direction of travel for how to do so.

It is not a detailed plan or set of actions for completion. Instead, partners who share the aim of enabling and supporting Dorset to move more can continue to shape and build on their own approach to taking action.

Sport England's Active Lives Sport England's Active Lives Survey (sportengland.org) will give partners insight into how much Dorset is moving and whether we are headed in the right direction. Individual partners are best placed to monitor and evaluate the effectiveness of their own actions and activities and the impact they are having.

At a system level, we will look at how organisations are working together to make change, how new relationships between stakeholders are developing, or how existing relationships are changing.

We'll look at how strategy, policy and resources are changing to allow people to work collectively and shift the stubborn causes of inactivity.

Crucially we'll look at changes to our language and the narrative we are building about movement in Dorset.

We commit to reviewing how the principles set out in A Movement for movement are adopted in other strategies and partnerships and work with our partners across the Dorset Integrated Care System to support them to build A Movement for Movement.

Section 10:
How to be involved

A Movement for Movement sets out a shared purpose for physical activity in Dorset and BCP that seeks to empower individuals and organisations to take action.

The three themes for action provides a framework for our collective approach, helping us to create a consistent narrative, but allows organisations and individuals to decide how they can make change.

We encourage you to:

- Keep moving, in any kind of way you choose, every day
- Talk about moving, with your friends, family and colleagues
- Share and discuss the strategy with colleagues and friends
- Visit the webpage for more information and access to resources
- Use the themes for action in your work and decision making
  www.activedorset.org/physical-activity-strategy
- Share your thoughts and how you'll help us build a movement for movement on social media
  #movementformovement

Our Dorset

A Movement For Movement

Active Dorset

Dorset Council

Public Health Dorset

BCP Council

NHS Dorset

Our Dorset
Local NHS and Councils Working Together

Health and Wellbeing Board – Forward Plan

Title	Description	Date of Committee Meeting	Agenda item time	Report Author	Portfolio Holder/s	Other Meetings (CLT, SLT, Cabinet etc)
Better Care Fund 2022-23	BCF planning guidance, and our scheme of delegation, requires HWB to approve BCF plans, and require a regular update on performance. This submission is the approval stage of the plan; due to national guidance being published late.	**9 November 2022**		Jonathan Price, Corporate Director for Commissioning	Cabinet Member for Adult Social Care and Health	
Physical Activity Strategy	Review of the draft Physical Activity Strategy	**9 November 2022**		Rupert Lloyd, Senior Health Programme Adviser Charlotte Coward, Deputy Chief Executive, Active Dorset	Cabinet Member for Adult Social Care and Health	
Pharmaceutical Needs Assessment (PNA)	To receive an update on the Pharmaceutical Needs Assessment	**9 November 2022**		Jane Horne, Consultant Public Health	Cabinet Member for Adult Social Care and Health	
Dorset Safeguarding Adults Board Annual Report		**9 November 2022**			Cabinet Member for Adult Social	People & Health Scrutiny Committee – 8 November

Title	Description	Date of Committee Meeting	Agenda item time	Report Author	Portfolio Holder/s	Other Meetings (CLT, SLT, Cabinet etc)
					Care and Health	
Potential Agenda Items for Future Meetings:						
Review of health in all policies		**TBC**		Sam Crowe, Director for Public Health	Cabinet Member for Adult Social Care and Health	
Pharmaceutical Needs Assessment	Update 1 year after implementation	**September 2023**		Jane Horne, Consultant Public Health	Cabinet Member for Adult Social Care and Health	
ICB Forward Plan		**TBC – April 2023**				
Joint Health & Wellbeing Strategy	Reviewing the JHWB Strategy as place-based partnership	**TBC 2023**		Sam Crowe, Director for Public Health		
Birth to Settled Adulthood	Verbal update on the balanced scorecard.	**March 2023**				

Areas for consideration in order to achieve a more targeted approach to meet the requirements of the HWB Strategy:-
Children's Services
Home First
Building Better Lives
Sustainable Transport

Social Prescribing
Cultural Strategy (in relation to H&WB outcomes)

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