Public Document Pack

Health and Wellbeing Board

Date: Wednesday, 17 June 2026
Time: 2.00 pm
Venue: Meeting Room 1, County Hall, Dorchester, DT1 1XJ

Members (Quorum: 5)
Steve Robinson (Chair), D Spencer, Matt Bell, Gill Taylor, Paula Bennetts, Jan Britton, Mark Callaghan, Sam Crowe, Dawn Dawson, Paul Dempsey, Margaret Guy, Marc House, Julia Ingram, Martin Longley and Simone Yule

Chief Executive: Catherine Howe, County Hall, Dorchester, Dorset DT1 1XJ

For more information about this agenda please contact Democratic & Governance 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. If you would like to attend this meeting and have any specific requirements please contact the Democratic Services Officer named above.

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Agenda

Item **Pages**

1. APOLOGIES

To receive any apologies for absence.

2. ELECTION OF CHAIR

To elect the chair of the Health and Wellbeing Board for the year 2026-27.

3. ELECTION OF VICE-CHAIR

To elect the vice-chair of the Health and Wellbeing Board for the year 2026-27.

4. MINUTES 5 - 8

To confirm the minutes of the meeting held on 18 March 2026.

5. 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.

6. PUBLIC PARTICIPATION

Representatives of town or parish councils and members of the public who live, work, or represent an organisation within the Dorset Council area are welcome to submit either 1 question or 1 statement for each meeting. You are welcome to attend the meeting in person or via Microsoft Teams to read out your question and to receive the response. If you submit a statement for the committee this will be circulated to all members of the committee in advance of the meeting as a supplement to the agenda and appended to the minutes for the formal record but will not be read out at the meeting. The **first 8 questions and the first 8 statements received from members of the public or organisations for each meeting will be accepted on a first come first served basis in accordance with the deadline set out below.** For further information read Public Participation - Dorset Council

All submissions must be emailed in full to george.dare@dorsetcouncil.gov.uk by 8.30am on Friday, 12 June 2026.

When submitting your question or statement please note that:

- You can submit 1 question or 1 statement.
- a question may include a short pre-amble to set the context.
- It must be a single question and any sub-divided questions will not be permitted.
- Each question will consist of no more than 450 words, and you will be given up to 3 minutes to present your question.
- when submitting a question please indicate who the question is for (e.g., the name of the committee or Portfolio Holder)
- Include your name, address, and contact details. Only your name will be published but we may need your other details to contact you about your question or statement in advance of the meeting.
- questions and statements received in line with the council's rules for public participation will be published as a supplement to the agenda.

- all questions, statements and responses will be published in full within the minutes of the meeting.

7. COUNCILLOR QUESTIONS

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, 12 June 2026.

Dorset Council Constitution – Procedure Rule 13

8. 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.

9. WORK PROGRAMME 9 - 12

To consider the Health and Wellbeing Board's work programme.

10. BETTER CARE FUND IN DORSET: END OF YEAR 2025/26 TEMPLATE & 2026/27 PLANS 13 - 58

To consider a report by the Head of Service for Commissioning for Older People and Home First.

11. DEVELOPING THE BOARD AND ITS PURPOSE

To receive a presentation by the Executive Director of Housing, Prevention and Communities on developing the Health and Wellbeing Board and its purpose.

12. SUPPORTED HOUSING STRATEGY

To receive a presentation on the development of the Supported Housing Strategy.

(Report to follow)

13. 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 x 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.

There are no exempt items scheduled for this meeting.

Dorset Council

HEALTH AND WELLBEING BOARD

MINUTES OF MEETING HELD ON WEDNESDAY 18 MARCH 2026

Present: Cllr Steve Robinson (Chair), Sarah Howard (Vice-Chair), Cllr Gill Taylor and Sam Crowe

Present remotely: Cllr Clare Sutton, Paula Bennetts and Margaret Guy

Apologies: Jan Britton, Paul Dempsey, Stewart Gates, Marc House and Jonathan Price

Officers present (for all or part of the meeting):
George Dare (Senior Democratic and Governance Officer), Alice Deacon (Corporate Director for Commissioning and Partnerships), Sam Poole (Interim Corporate Director for Commissioning & Improvement), Rupert Lloyd (Senior Health Programme Advisor) and Sarah Longdon (Head of Service Planning)

Officers present remotely (for all or part of the meeting):
Sarah Sewell (Head of Service - Commissioning for Older People and Home First), Iain Sim (Interim Corporate Director for Housing) and Natasha Morris (Team Leader Intelligence)

50. **Apologies**

Apologies for absence were received from Jan Britton, Paul Dempsey, Stewart Gates, Marc House and Jonathan Price.

51. **Minutes**

The minutes of the meeting held on 11 February 2026 were confirmed and signed.

52. **Declarations of Interest**

No declarations of disclosable pecuniary interests were made at the meeting.

53. **Public Participation**

There was no public participation.

54. **Councillor Questions**

There were no questions from Councillors.

55. **Urgent items**

There were no urgent items.

56. **Work Programme**

The Board noted its work programme and the need for the Neighbourhood Health Plan to be included in a future meeting.

57. **Better Care Fund: Quarter 3 Template 2025/26**

The Head of Commissioning for Older People introduced the Better Care Fund Quarter 3 Template. She gave a short presentation to outline the key parts of the template.

The Chair updated the Board that the FutureCare programme was delivering as expected and that discharge delays had improved compared to a year ago.

The Neighbourhood Health Framework encompassed the priorities of the Better Care Fund. Going forward, there would be a need to ensure the Better Care Fund had an overarching function of supporting all out of hospital care, as well as supporting hospital flow.

Decision: That the Better Care Fund Reporting Template for 2025/26 Quarter 3 be endorsed.

58. **Health and Wellbeing Strategy Development**

The Director of Public Health introduced the report. The Health and Wellbeing Strategy was being linked to wider cross-council work and it would need wide engagement whilst the strategy is being shaped. With the Integrated Partnership being stood down, it enabled an effective place-based partnership under the Health and Wellbeing Board. The Board may need to review its governance and terms of reference towards the end of the process, particularly if the Board would be receiving budgets in the future.

The Head of Service Planning outlined the outcomes from strategy development workshops and future planned work.

Members discussed the involvement of stakeholders in developing the strategy and ensuring that there would be alignment across the council, with involvement of external stakeholders.

Proposed by Sam Crowe, seconded by Sarah Howard.

Decision:
That the Health and Wellbeing Board approve the approach to develop an outcomes-based health and wellbeing strategy for the Dorset place system by September 2026, noting the work done to date and input from stakeholders and overview committee.

59. **Health Literacy: Update and Next Steps**

The Senior Health Programme Advisor introduced the report and shared a video on the importance of health literacy. Health literacy needed improvement in Dorset and the work on health literacy needed to be scaled.

Health literacy had been public health led, with Dorset Community Action having involvement. The workshop would include the council, NHS, and voluntary sector.

Members reinforced the need for plain language to be used in committee reports, to support clarity of information. A member gave an example on how information on accessing GP services online was rewritten, to enable people to access services easily.

Decision:
1. That organisational health literacy be confirmed as an important enabler for achieving system priorities, including improving access and experience of services and reducing health inequalities.
2. That the planned workshop (March 2026) to codesign a proposal for scaling up organisational health literacy across Dorset be supported.

60. **Joint Strategic Needs Assessment Forward Plan**

The Team Leader – Intelligence introduced the Joint Strategic Needs Assessment (JSNA) Forward Plan report. The JSNA was a statutory requirement for the Health and Wellbeing Board which helps to understand current and future health and wellbeing needs. A focussed insight would typically be produced twice a year. Areas of focus for 2027-28 needing further scoping before being confirmed.

The Director of Public Health and Prevention highlighted the forthcoming SEND and education reform. The JSNA work plan may need to be changed to ensure SEND and education is included, with the need for it to be developed on a short timescale.

The Board noted that there is need for flexibility in the JSNA work plan.

Proposed by Sam Crowe, seconded by Cllr Steve Robinson.

Decision:
That the forward work plan for the Joint Strategic Needs Assessment and the annual narrative update be approved.

61. **Exempt Business**

There was no exempt business.

Duration of meeting: 2.00 - 3.06 pm

Chairman

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Health and Wellbeing Board
Work Programme

Meeting Date: 17 June 2026

Report Title	Aims and Objectives	Lead Officers / Members	Other Information
Better Care Fund in Dorset: End of Year 2025/26 Template & 2026/27 Plans	Approval of the End of Year 2025/26 Template & 2026/27 Plans	Sarah Sewell – Head of Older People, Home First and Market Access Cllr Steve Robinson – Cabinet Member for Adult Social Care & Health	
Supported Housing Strategy Statutory Requirements and Stakeholder Involvement	Update presentation of the Supported Housing Strategy.	Iain Sim – Corporate Director for Housing Cllr Gill Taylor – Cabinet Member for Housing and Homelessness	
Developing the Board and its purpose	To receive a presentation and discuss the development of the Board.	Sam Crowe – Executive Director for Housing, Prevention and Communities Cllr Steve Robinson – Cabinet Member for Adult Social Care & Health	

Meeting Date: 16 September 2026

Report Title	Aims and Objectives	Lead Officers / Members	Other Information
Strategic Alliance for Children and Young People Annual Report		Michelle Pursall – Commissioning and Policy Lead Cllr Clare Sutton – Cabinet Member for Children's Services, Education and Skills	
FutureCare Programme Final Report	To review the final report on the FutureCare Programme	Dylan Champion – FutureCare Programme Director Cllr Steve Robinson – Cabinet Member for Adult Social Care & Health	

Meeting Date: 18 November 2026

Report Title	Aims and Objectives	Lead Officers / Members	Other Information

Meeting Date: 17 March 2027

Report Title	Aims and Objectives	Lead Officers / Members	Other Information

Meeting Date: Unscheduled items

Potential Item	Description	Lead Officer	Cabinet Member(s)	Other Information
Thriving Communities – 1 year evaluation				Autumn 2026
National Neighbourhood Implementation Programme		Sarah Howard – Deputy Director of Modernisation and Place		
Dorset Intelligence and Insight Service				

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Health & Wellbeing Board

17 June 2026

Better Care Fund in Dorset: End of Year 2025/26 Template & 2026/27 Plans For Decision

Cabinet Member:
Cllr S Robinson, Adult Social Care & Health

Local Councillor(s):
All

Senior Leadership Team:
S Crowe - Executive Director, Housing, Prevention and Communities

Report author and job title: Sarah Sewell, Head of Service for Commissioning for Older People and Home First
Email: sarah.sewell@dorsetcouncil.gov.uk

Statutory Authority:

Report status: Public (the exemption paragraph is N/A)

1. Executive summary (maximum of 500 words)

1.1 Dorset's Better Care Fund continues to support strong system performance, particularly in reducing emergency admissions and strengthening discharge pathways through improved partnership working. However, increasing demand, acuity and complexity are placing sustained pressure on community capacity, residential care pathways and workforce availability.

1.2 The 2026/27 plan builds on existing progress with a strengthened focus on community-based provision, prevention and integrated neighbourhood working. It also reflects the need for continued transformation to ensure the system remains sustainable, improves flow, and enables more people to live independently at home.

1.3 This report seeks approval from the Health and Wellbeing Board for endorsement of Better Care Fund Reporting Templates and Plans.

2. Recommendation(s)

2.1 To endorse the Better Care Fund (BCF) End of Year Reporting Template for 2025/26, and the Narrative Plan and Reporting Template for 2026/27; approved under delegated authority.

3. Reason for the recommendation(s)

3.1 NHS England (NHSE) require the Health and Wellbeing Board (HWB) to approve all BCF plans, this is one of the national conditions within the Policy Framework. This includes planning documents at the beginning of a funding period, and template returns reporting progress against the plans mid-year, and at the end of the year.

3.2 There is typically a short timeframe between NHS England (NHSE) publishing BCF reporting templates and the required submission deadline. NHSE permits local areas to submit plans under delegated authority, pending subsequent approval by the HWB. At its meeting on 12 January 2022, the HWB agreed that, where it is not possible to convene a meeting within the NHSE sign-off period, delegated authority to approve BCF plans would be granted following consultation with the HWB Chair. This responsibility now sits with the Executive Director of Housing, Communities and Prevention, reflecting the current leadership and governance arrangements.

3.3 The 2025/26 End of Year template submitted for endorsement today was shared with HWB Members by email on 1st June 2026. The 2026/27 Narrative Plan and Numerical Template were shared on 14th May 2026. This was in advance of submission to NHSE to provide advance oversight and offer opportunity to comment; no comments or amendments were returned for either submissions.

3.4 Submission of the templates were made to NHSE as follows on behalf of Dorset Council and Dorset NHS in line with delegated approvals; 26/27 Plans on 19th May 2026 and 25/26 End of Year template on 5th June. Retrospective endorsement is now sought from the Board at its meeting on 17 June 2026.

4. The Report

<u>2025/26 End of Year Template</u>

4.1 The template is at Appendix A and reports performance against the original plan submitted for 2025-26. The template format is in line with previous formats.

4.2 During 25/26 Dorset's Better Care Fund was invested as planned, and there were no change in planned expenditure. The schemes have delivered a strong overall performance, with emergency admissions not meeting target, but with discharge targets achieved, reflecting our focus of effort on improving partnership working and more joined up system coordination embedded via the Future Care transformation programme.

4.3 Increased demand, acuity and complexity of need has created pressures, particularly in residential care admissions and some discharge pathways,

these continue to be actively addressed through targeted actions and forward planning.

2026/27 Narrative & Numerical Plan

4.4 The 2026/27 Narrative plan is at Appendix B, and the 2026/27 Numerical template at Appendix C. Again, the format of the documents is in line with previous years.

4.5 BCF objectives for 26/27 continue to focus on strengthening integrated working between system partners and enhancing preventative care, particularly for people with complex needs. A key objective is to enable more people to live independently at home by expanding community and intermediate care services, improving discharge pathways and reducing avoidable admissions.

4.6 Local systems are expected to begin aligning BCF plans and investment with the development of integrated neighbourhood health services, including multidisciplinary teams and place-based care.

4.7 Key performance metrics continue that focus on reducing non-elective admissions and delayed discharges, improving reablement outcomes, and reducing long-term residential care admissions.

4.8 The framework reinforces the importance of sustained investment in adult social care, carers, housing adaptations and prevention to support independence and system resilience.

4.9 In Dorset, we continue to demonstrate a strong and balanced financial plan, consistent with previous years, with a clear narrative outlining how current schemes align to strategic objectives and identifying areas for further development. The BCF contains c£160m reflecting significant and ongoing joint investment from both the Council and NHS Dorset into initiatives that support BCF policy objectives.

4.10 Our plans evidence our focus on prevention initiatives and regaining / maintaining independence and improving the move from hospital back into the community. We are investing mainly in community-based resources, such as intermediate care, prevention and reablement focussed, including long term care packages and placements. Support for carers remains as an important feature of BCF investment.

4.11 The plan outlines the current work within the Integrated Neighbourhood Teams (INT) programme, and our intention to consider how we improve joint

commissioning of proactive and preventative care that meets a wide range of common objectives for INTs and BCF, as the initiatives become more aligned in the coming years.

4.12 Our plans explain ongoing challenges such as delays in discharge, growing demand and acuity but mitigations to address these through targeted actions are included.

4.13 Renewal of the Section 75 Agreement remains a key priority. Council commissioners have proposed a template that aligns well to the standard reporting requirements from NHSE, and that is easily adaptable in coming years if BCF schemes investments change.

4.14 Dorset is currently undertaking a system-wide audit of the Better Care Fund, with active engagement and support from system partners across health and social care. The purpose of the audit is to provide assurance that BCF funding is being utilised in line with agreed plans and national guidance, and to assess the extent to which investment is delivering the intended outcomes aligned to both national BCF objectives and Dorset ICS priorities. The findings will inform future planning, strengthening oversight, value for money and alignment of resources to system goals.

5. Future Development of the BCF

5.1 During 2026/27, we intend, via the Health & Wellbeing Board, and linked development sessions, to explore options to better align the BCF with other initiatives and programmes where there are common goals and outcomes. For example place-based approaches to community prevention and neighbourhood health, improving alignment of integrated working approaches between health, social care and community partners and / or differing commissioning models that could better enable joint working. As this work develops, and priority areas identified, along with timescales, further updates will be shared.

6. Financial Implications

6.1 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.

7. Natural Environment, Climate and Ecology Implications.

7.1 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.

8. Well-being and Health Implications

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

8.2 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, the highest risks continue to be the increasing acuity of health, care and support needs of those being supported both in the community and in hospital. In addition the lack of therapy led care and support to promote the regaining and maintaining of longer-term independence continues to challenge us.

9. Other Implications

9.1 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 admission avoidance and hospital discharge to ensure flow is maintained to support and respond to additional demand.

10. Risk Assessment

10.1 Dorset Council and Dorset NHS officers are confident the report appendices provide appropriate assurance and confirms spending is compliant with conditions.

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

10.3 Dorset is actively working to alter approaches that enable enhancement of provision to mitigate risks, and promote recovery, regaining and maintaining of independence.

11. Impact Assessment

11.1 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.

12. Appendices

12.1 Appendix A: Dorset’s Better Care Fund 2025-2026 End of Year Template

Appendix B: Dorset's Better Care Fund 2026-2027 Narrative Plan
Appendix C: Dorset's Better Care Fund 2026-2027 Numerical Template

13. 13. Background Papers

- Better Care Fund framework 2026 to 2027 - GOV.UK
- Health & Wellbeing Board, 19th November 2025 - Committee Report template
- Health & Wellbeing Board, 18th March 2026 - Committee Report template

14. Report sign-off

14.1 This report has been through the internal report clearance process and has been signed off by the Director for Assurance & Governance (Monitoring Officer), the Director for Resources (Section 151 Officer) and the appropriate Portfolio Holder(s)

Better Care Fund 2025-26 EOY Reporting Template

1. Guidance

Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements for 2025-26 (refer to link below), which supports the aims of the BCF Policy Framework and the BCF programme; jointly led and developed by the national partners Department of Health and Social Care (DHSC), Ministry for Housing, Communities and Local Government (MHCLG), NHS England (NHSE).

https://www.england.nhs.uk/long-read/better-care-fund-planning-requirements-2025-26/#introduction

https://www.gov.uk/government/publications/better-care-fund-policy-framework-2025-to-2026/better-care-fund-policy-framework-2025-to-2026

As outlined within the planning requirements, quarterly BCF reporting will continue in 2025-26, with areas required to set out progress on delivering their plans by reviewing metrics performance against goals, spend to date as well as any sigificant changes to planned spend.

The primary purpose of BCF reporting is to ensure a clear and accurate account of continued compliance with the key requirements and conditions of the fund. The secondary purpose is to inform policy making, the national support offer and local practice sharing by providing a fuller insight from narrative feedback on local progress, challenges and highlights on the implementation of BCF plans and progress on wider integration.

BCF reporting is likely to be used by local areas, alongside any other information to help inform HWBs on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including ICBs, local authorities and service providers) for the purposes noted above.

In addition to reporting, BCMs and the wider BCF team will monitor continued compliance against the national conditions and metric ambitions through their wider interactions with local areas.

BCF reports submitted by local areas are required to be signed off HWB chairs ahead of submission. Aggregated data reporting information will be available on the DHSC BCF Metrics Dashboard and published on the NHS England website.

Note on entering information into this template

Please do not copy and paste into the 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/Not required

Note on viewing the sheets optimally

To more optimally 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 tab for readability if required.

The row heights and column widths can be adjusted to fit and view text more comfortably for the cells that require narrative information.

Please DO NOT directly copy/cut and paste to populate the fields when completing the template as this can cause issues during the aggregation process. If you must 'copy and paste', please use the 'Paste Special' operation and paste Values only.

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

Checklist (2. Cover)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF 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

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. Once you select your HWB from the drop down list, relevant data on metric goals from your BCF plans for 2025-26 will pre-populate in the relevant worksheets.

2. HWB Chair sign off will be subject to your own governance arrangements which may include a delegated authority.
3. 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 copy in your respective Better Care Manager)
4. 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. National Conditions

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2025-26 (link below) continue to be met through the delivery of your plan. Please confirm as at the time of completion.

https://www.england.nhs.uk/long-read/better-care-fund-planning-requirements-2025-26/

This sheet sets out the four conditions and requires the Health & Wellbeing Board to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met for the year and how this is being addressed. Please note that where a National Condition is not being met, an outline of the challenge and mitigating actions to support recovery should be outlined. It is recommended that the HWB also discussed this with their Regional Better Care Manager.

In summary, the four National conditions are as below:
National condition 1: Plans to be jointly agreed
National condition 2: Implementing the objectives of the BCF
National condition 3: Complying with grant and funding conditions, including maintaining the NHS minimum contribution to adult social care (ASC) (and section 75 in place)
National condition 4: Complying with oversight and support processes

4. Metrics

The BCF plan includes the following metrics (these are not cumulate/YTD):
1. Emergency admissions to hospital for people aged 65+ per 100,000 population. (monthly)
2. Average number of days from Discharge Ready Date to discharge (all adult acute patients). (monthly)
3. Admissions to long term residential and nursing care for people aged 65+ per 100,000 population. (quarterly)
Plans for these metrics were agreed as part of the BCF planning process outlined within 25/26 planning submissions.
Populations are based on 2024 mid year estimates, please note this has been updated from the Q2 template to match the DHSC metrics dashboard.

Within each section, you should set out how the ambition has been reached, including analysis of historic data, impact of planned efforts and how the target aligns for locally agreed plans such as Acute trusts and social care.

The bottom section for each metric also captures a confidence assessment on achieving the locally set ambitions for each of the BCF metrics.

The metrics worksheet seeks a short explanation if a goal has not been met - in which case please provide a short explanation, including noting any key mitigating actions. You can also use this section to provide a very brief explanation of overall progress if you wish.

In making the confidence assessment on progress, please utilise the available metric data via the published sources or the DHSC metric dashboard along with any available proxy data.

https://dhexchange.kahootz.com/Discharge_Dashboard/groupHome

5. Income & Expenditure

This section requires confirmation of an update to actual income received in 2025-26 across each fund, as well as spend to date at Q3. If expenditure by activity has changed since the original plan, please confirm that this has been agreed by local partners. If that change in activity expenditure is greater than 5% of total BCF expenditure, please use this box to provide a brief summary of the change.

On the 'DFG' row in the 'Source of Funding' table, 'Updated Total Income for 25-26' this should include the total funding from DFG allocations that is available for you to spend on DFG in this financial year 2025-26. 'EOY Actual Expenditure' should include total amount that has been spent at year-end, even if the application or approval for the DFG started in a previous quarter or there has been slippage.

The template will automatically pre-populate the planned income in 2025-26 from BCF plans, including additional contributions. Please enter the update amount of income even if it is the same as in the submitted plan. Note that the extra £50m DFG top-up that had been introduced at the start of the year is now included in the total DFG amount therefore please include this in your total actuals expenditure.

Please also use this section to provide the aggregate End of Year Spend. This tab will also display what percentage of planned income this constitutes.

HM Government

NHS England

Better Care Fund 2025-26 EOY Reporting Template

2. Cover

Version 1.0

Please Note:

- The BCF quarterly reports are categorised as 'Management Information' and data from them will be published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.

- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.

- All information will be supplied to BCF partners to inform policy development.

- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Dorset
Completed by:	Sarah Sewell
E-mail:	sarah.sewell@dorsetcouncil.gov.uk
Contact number:	1305221256
Has this report been signed off by (or on behalf of) the HWB Chair at the time of submission?	Yes
If no, please indicate when the report is expected to be signed off:	

Checklist

Complete:
Yes
Yes
Yes
Yes
Yes
Yes

Better Care Fund 2025-26 EOY Reporting Template

3. National Conditions

Selected Health and Wellbeing Board: Dorset

Confirmation of Nation Conditions			Checklist Complete:
National Condition	**Confirmation**	**If the answer is "No" please provide an explanation as to why the condition was not met in the quarter and mitigating actions underway to support compliance with the condition:**	
1) Plans to be jointly agreed	Yes		Yes
2) Implementing the objectives of the BCF	Yes		Yes
3) Complying with grant and funding conditions, including maintaining the NHS minimum contribution to adult social care (ASC) and Section 75 in place	No	Section 75 is being updated	Yes
4) Complying with oversight and support processes	Yes		Yes

Better Care Fund 2025-26 EOY Reporting Template

4. Metrics for 2025-26

Selected Health and Wellbeing Board: Dorset

For metrics time series and more details: BCF dashboard link

For metrics handbook and reporting schedule: BCF 25/26 Metrics Handbook

4.1 Emergency admissions

Plan		Apr 25 Plan	May 25 Plan	Jun 25 Plan	Jul 25 Plan	Aug 25 Plan	Sep 25 Plan	Oct 25 Plan	Nov 25 Plan	Dec 25 Plan	Jan 26 Plan	Feb 26 Plan	Mar 26 Plan
Emergency admissions to hospital for people aged 65+ per 100,000 population	Rate	1,450.7	1,484.3	1,397.8	1,426.3	1,491.9	1,344.0	1,529.7	1,376.8	1,454.9	1,475.9	1,337.3	1,401.1
	Number of Admissions 65+	1,727	1,767	1,664	1,698	1,776	1,600	1,821	1,639	1,732	1,757	1,592	1,668
	Population of 65+	119,046.0	119,046.0	119,046.0	119,046.0	119,046.0	119,046.0	119,046.0	119,046.0	119,046.0	119,046.0	119,046.0	119,046.0

Assessment of whether goal has been met in Q4:	Not on track to meet goal
You may use this box to provide a very brief explanation of overall progress if you wish.	Q4 has presented unexpected and sustained demand as we entered spring. Despite this demand over the total year we ahve met the plan expectations. Planned emergency Admissions total 20,441 vs actual emergency admission of 18,836 (verified with local data). Despite increased ED demand across the system, transformation work within FutureCare has absorbed this demand.

4.2 Discharge Delays

Original Plan	Apr 25 Plan	May 25 Plan	Jun 25 Plan	Jul 25 Plan	Aug 25 Plan	Sep 25 Plan	Oct 25 Plan	Nov 25 Plan	Dec 25 Plan	Jan 26 Plan	Feb 26 Plan	Mar 26 Plan
Average length of discharge delay for all acute adult patients (this calculates the % of patients discharged after their DRD, multiplied by the average number of days)	0.90	1.31	1.40	1.22	1.09	1.08	0.80	0.61	0.84	1.04	0.85	0.83
Proportion of adult patients discharged from acute hospitals on their discharge ready date	87.1%	85.5%	82.5%	86.4%	87.9%	88.0%	90.0%	91.3%	89.5%	88.5%	89.4%	89.6%
For those adult patients not discharged on DRD, average number of days from DRD to discharge	7.00	9.00	8.00	9.00	9.00	9.00	8.00	7.00	8.00	9.00	8.00	8.00

Assessment of whether goal has been met in Q4:	On track to meet goal
You may use this box to provide a very brief explanation of overall progress if you wish.	Target met in Q4 with an average of 81.9% in Q4. Overall year end position is possitive and target met.

4.3 Residential Admissions

Actuals + Original Plan		2023-24 Full Year Actual	2024-25 Full Year CLD Actual	2025-26 Plan Q1 (April 25-June 25)	2025-26 Plan Q2 (July 25-Sept 25)	2025-26 Plan Q3 (Oct 25-Dec 25)	2025-26 Plan Q4 (Jan 26-Mar 26)
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Rate	493.4	404.0	112.6	111.7	108.4	88.2
	Number of admissions	577.0	481.0	134.0	133.0	129.0	105.0
	Population of 65+*	119046.0	119046.0	119046.0	119046.0	119046.0	119046.0

Better Care Fund 2025-26 EOY Reporting Template

5. Income & Expenditure

Selected Health and Wellbeing Board: Dorset

Source of Funding	2025-26 Planned Income	2025-26 Updated Total Income for 25-26	DFG EOY Actual Expenditure
DFG (including top-up)	£5,514,860	£5,514,860	£5,514,860
Minimum NHS Contribution	£39,145,707	£39,145,707	
Local Authority Better Care Grant	£15,359,816	£15,359,816	
Additional LA Contribution	£59,440,839	£59,440,839	
Additional NHS Contribution	£36,997,733	£36,997,733	
Total	**£156,458,955**	**£156,458,955**	

		% of Planned Income
End of Year Actual Expenditure	**£156,098,224**	**100%**

If expenditure by activity has changed since the original plan, please confirm that this has been agreed by local partners. If that change in activity expenditure is greater than 5% of total BCF expenditure, please use this box to provide a brief summary of the change.	N/A

Better Care Fund 2024-25 EOY Reporting Template

6. Year End Impact Summary

Selected Health and Wellbeing Board: Dorset

Confirmation of Statements		
Question statements	**Confirmation**	**If the answer is "No" please provide an explanation:**
Overall delivery of BCF has improved joint working between health and social care	Yes	
Our BCF schemes were implemented as planned in 2025-26	Yes	
The delivery of our BCF plan 2025-26 has had a positive impact on the integration of health and social care in our locality.	Yes	

Highlight success and challenges within reference to the most relevant enablers from SCIE logic model:	
Logic model for integrated care - SCIE	
Success and Challenges	**Narrative**
2 key successes observed towards driving the enablers for integration	1) Greater partnership working to drive forward transformation. Our Future Care Programme has improved several aspects of our UEC pathways, including establishing of Transfers of Care Hubs and increasing the number of people supported home from hospital on Pathway 1. 2) Use of data and insights has improved across the System landscape, both operationally/day to day and to support governance discussions. Data is being used to undertsnad what is driving performance, and to identify how to address issues / challenges etc.

2 key challenges observed towards driving the enablers for integration	1) Joint commissioning and pooled or aligned resources; As previously reported, the lack of longer term funding is challenging our ability to fully plan the longer term approach across UEC pathways, which is slowing progress in developing more enhanced services to continue to increase community options to enable people to remain or get back home. For example, our pooled budget for the Integrated Community Equipment Store has overspent for the second year due to high levels of demand, despite a re-basing of the 25/26 budget. The overspend is met outside of the BCF. 2) Rising demand and acuity of care needs regularly outstrips the resources in place to respond, whether in the community or in hospital. Strategic planning is underway to develop longer term initaives, linking across UEC, Neighbourhood Health and wider programmes.

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Department of Health & Social Care | Ministry of Housing, Communities & Local Government | NHS England

Better Care Fund 2026-27 Narrative return - Dorset

Submission details

Mandatory to complete, please do not submit a return without completing the details below:

Adapt as necessary	HWB area 1	HWB area 2
HWB	Dorset	
ICB	Dorset	
ICB		
ICB		

1. **Please provide a short statement setting out the rationale for using BCF funding to maximise delivery of integrated and preventative care linked to the relevant areas of neighbourhood health and social care services.**

Better Care Fund Planning 2026/27

Dorset's approach to the Better Care Fund (BCF) in 2026/27 is to maximise prevention and independence, using BCF investment to strengthen locally based approaches that align to Neighbourhood Health initiatives. This will enable more people to be supported well at home and in their communities. We will continue to build on two system-wide programmes: Future Care, which is transforming urgent, emergency and intermediate care end-to-end, and the development of Integrated Neighbourhood Teams (INTs) that bring together primary care, community services, adult social care, VCSE partners and housing to coordinate proactive, person-centred support.

Key BCF-funded schemes that underpin this include Disabled Facilities Grants delivered through Dorset Accessible Homes Service; the jointly commissioned Integrated Community Equipment Service (ICES) which is accessible by Health and Social Care staff, enabling minor adaptations and Technology Enabled Care (TEC) to be made available to Dorset's residents. During 2025/26 ~2,200 people benefited from a largely digitised careline offer and a hands-on 'TEC Lounge' to help practitioners and residents trial solutions.

Our plan for this year is well aligned to the NHS Dorset Five Year Commissioning Plan.

Carers

The BCF will continue to support unpaid carers across Dorset. Our longstanding offers that provide respite, peer support and information, advice and guidance continue, however, we are also developing pathways that offer more preventative and proactive support, ranging from self-help plans and information support areas, all age service that supports young carers, and piloting support for carers for pre and post hospital admission.

Prevention and VSCE Partnership

We will continue to invest BCF resource to the Dorset Integrated Prevention Partnership (DIPP) – a suite of VCSE-led services spanning community connectors, volunteer response, social reablement/crisis support and targeted housing/tenancy support – to intervene earlier and reduce escalation. Our commissioning will maintain the strategic 'left' shift to increase preventative approaches, and those that enable the least restrictive care options. e.g moving from bed-based to home-based care, enhanced by community offers.

Intermediate Care

In Intermediate Care, following phase one of our Future Care programme, we will continue to embed discharge-to-assess principles and continue to invest our BCF into health and social care staffing to support and manage pathways. We will further develop closer working of these staffing teams, along with care providers, at a more local level to enhance our Locality level Clinical wrap-around support and MDT arrangements. This will better manage and oversee people who are being supported by home-based intermediate care (HBIC), and expand the cohort who can access these services, in particular, those with more complex and higher levels of need.

The Trusted Assessors and Reablement and Recovery & Community Resilience services will continue to support swifter discharges home from hospital, and focus on recovery at home with strengths-based approaches to ensure Dorset residents maximise independence, before long-term care options are considered. During 2025/26 improvements to HBIC pathways has resulted in support for higher levels of need, as the number of people supported by larger care packages to return straight home has increased.

In respect of bedded intermediate care, similar work is needed to ensure people with higher level/more complexity of need can move out of the acute setting sooner – we are utilising

NHSE best practice guidance to support and inform the requirements of the enhanced resources we need to develop.

As we move into the next phase of UEC transformation, we will continue to develop step-up/step-down pathways with wider System resources such as Urgent Community Response and the Care Coordination Hub. Identifying opportunities to align to Dorset's Neighbourhood Health programme is key.

Demand & Capacity

Through the Future Care Programme we have improved insights into demand and capacity by intermediate care pathway. This is being embedded into System-wide governance to improve visibility and performance monitoring/management.

In line with the Future Care projected benefits, as anticipated, we have seen a shift in demand from Pathway 2 (P2) / intermediate bedded care to Pathway 1 (P1) / HBIC. However, P1/HBIC demand has increased more than anticipated, which at times leads to longer waits for people ready to leave hospital, particularly for those needing larger care packages, despite the improvements to efficacy and flow. During 26/27 we plan to address this and will develop our P1/HBIC offer to strengthen clinical and MDT oversight and expand options to enable more enhanced needs, such as night-time and more time -intensive care to be supported.

P2 capacity is sufficient to meet demand, but we need to improve length of stay to optimise flow and reduce waiting times. Over the last year we have been able to reduce reablement bedded capacity due to improvements in P1 flow and P2 length of stay.

In respect of Pathway 3 (P3) capacity we have sufficient capacity but are working on increasing visibility of demand to ensure we have the capacity available at the right time to minimise the time it takes to move people between settings. Enhancing our specialist bed provision is another area of focus in the coming year to improve current performance.

Links to Neighbourhood Health Programme

Dorset Place was successful in becoming one of the 43 Places in England to participate in the National Neighbourhood Health Implementation Programme (NNHIP).

This has provided the opportunity to accelerate more proactive working within each Integrated Neighbourhood Team (INT). Currently a focus on interventions for those who are moderately or severely frail and at high risk of falls has been agreed as a priority cohort. Interventions include proactive, personalised care-planning, medicines optimisation and care co-ordination/navigation, which we expect to reduce non-elective admissions and ED attendances.

As we learn about new ways of working and the associated outcomes, we will be considering how we improve joint commissioning of proactive, preventative care, alongside intermediate care within Dorset Place.

The Health and Wellbeing Board, Place-Based Partnership and joint coordination of the BCF will enable Dorset to realise the outcomes aligned to the neighbourhood plans.

26/27 Changes to our investments

There is one substantial change to our investments this year; during 25/26 we reduced the number of reablement beds from 30 to 12. The money released here has been used to invest into the one-off Future Care Transformation resources which will enable us to unlock system wide operational benefits. We anticipate this money being released for new service investment from 27/28.

Governance

Governance will remain joint via the Health & Wellbeing Board with day-to-day BCF scheme management and monitoring overseen collaboratively between Dorset Council and NHS Dorset Lead Officers.

2. **Please provide a brief explanation of the rationale for how you have set out goals for the metrics of non-elective admissions (for those 65 years old and over) and delayed discharges. Please also set out how you will monitor and drive progress in preventing avoidable long-term care home admissions and improving outcomes from reablement, including through any locally agreed goals for long term admissions to residential care and nursing homes.**

Non-elective admissions (for those 65 years old and over) and delayed discharges:

To ensure our targets reflect both system pressures and improvement opportunities, our 2026/27 metric goals have been set by reviewing the 2025/26 activity data. Periods in 2025/26 saw surge of activity above the forecast plan, this has been reflected in our planning for 2026/27.

Future Care's system diagnostic highlighted that up to a third of admissions from ED could be safely avoided with different services and better coordination, and that average waits for people not discharged on the day they are medically fit are materially above the national average; it also identified sizeable opportunity to reduce length of stay in intermediate care beds. We are therefore setting stretching yet realistic trajectories for non-elective admissions (65+) and delayed discharges that assume matured alternatives to admission, strengthened P1 (home-first) pathways, and improved transfer-of-care coordination. Operationally, we will use system visibility tools and shared dashboards to track run-rate against plans, LOS, conversion rates from P1/P2, and discharge delays by reason, with weekly review at cross-organisational forums (including the Transfer of Care Hub). Local goals in the Excel return are informed by local actual activity data from 2025/26, expected efficiency from Future Care workstreams, and demand/capacity profiling which anticipates a shift from P2 to P1 volumes as efficacy improves. We will triangulate intelligence from DiiS population-health data, provider performance, and brokerage/market signals to course-correct in-year. Our methodology and assumptions align to the national Metrics Handbook and planning guidance, ensuring local ambitions are evidence-based and deliverable within the financial and operational context for 2026/27.

Preventing avoidable long-term care home admissions

During 2026/27 we will continue to monitor long-term residential admissions and further develop strategies and initiatives to prevent and delay the need for residential care. These include:

- Strengthening our Prevention and Early Intervention offer by making reablement support more widely available as part of our community/front door offer. This includes opportunities to introduce equipment and Technology Enable Care as

alternatives to ‘hands-on’ care, where appropriate. Whilst funded from outside BCF, we have included theses as new BCF schemes from 26/27 given the clear links to BCF objectives.

- Stronger home-based intermediate care offer that includes therapy-led, goals focussed reablement, either on discharge from hospital, or to prevent admission.
- DFGs will be used to enable more people to remain independent in a home of their own home, for longer.
- Extra Care Housing is available across several sites in Dorset that is providing an alternative to residential care, that enables more frequent of higher levels of care to be met. The Council has longer term plans to further expand Extra Care Provision across Dorset, utilising Council sites for development. Whilst funding is outside of BCF schemes, this approach is a key enabler to reducing reliance on long-term care home placements.

The metrics for measuring our performance in residential admissions is laid out in our Numerical Template, and the Council monitor performance monthly via corporate governance reporting This year we have applied quarterly targets on a more even spread, with slight variation applied for seasonal pressures.

Via the Future Care Programme we have focussed more attention to improving reablement outcomes by:

- Deployment of a Reablement App, alongside leadership of a new Occupational Therapist, within our Lead Reablement Provider. This is embedding a goals focusses approach, and will continue to increase the effectiveness of the reablement intervention, increasing longer-term independence. In particular, this should increase the proportion of older people who remain at home 12 weeks after discharge.

- Measuring the average weekly effectiveness (hours of care reduced) of all Reablement providers, and introducing this as a leading Key Performance Indicator to our contracts. the impact of Phase 1 of the Future Care programme has improved HBIC provider performance, reducing length of stay, and increasing effectiveness. Despite needing to reduce some funding during 25/26, approx. 7 more people enter HBIC support each week.

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

BCF funding for 2026/27 will continue to be deployed across Dorset schemes; many of them focus on prevention and independence in the community, already well-aligned to intermediate care models, and well placed for closer working with neighbourhood health as the Dorset model develops. Many schemes support more than one of the overall BCF goals of:

- Reducing Non-Elective Admissions
- Reducing Delayed Discharges
- Improving Reablement Outcomes and
- Reducing long term care admissions

We anticipate the impact of funding across the schemes to remain consistent, with focussed improvements for the cohorts of residents with higher levels of needs, planned carers developments will also offer greater support to this group of our Dorset population.

Intermediate Care

We have continued BCF investment in home-based intermediate care (Recovery & Community Resilience, therapy-led reablement and Integrated Community Rehabilitation Team) and are maintaining targeted bed-based capacity where it adds most value. During 26/27 we will continue focussing on reducing hospital lengths of stays but speeding up discharges home with support, and increase independence levels so fewer residents require long-term packages. As a Dorset System as this work progressed we will review the nature and number of bed-based resources we require.

As referenced earlier in this plan, BCF funding invested in Community Reablement and Recovery & Community Resilience provision (HBIC offer) is supporting more people, and those with higher levels of need to get back home. Adult Social Care have deployed digital forms to these providers to enhance the Trusted Review process which is enabling Care Act Assessments to be completed in a more timely manner, reducing length of stay in HBIC services, and providing a more seamless experience for people being supported. Where people enter HBIC services with large care packages the Adult Social Care Team are prioritising support early in the pathway to understand needs, and explore therapy and equipment options. At the time of writing, average length of stay in HBIC is 20 days, with 40% of people fully independent of formal long-term care and support on discharge. On average care needs are reduced by 6 hours per week.

Supporting and Maintaining Independence, linked with Prevention

Disabled Facilities Grants and ICES continue to promote independence, reduce risks associated with falls and functional decline, reduce readmissions and enable more people to remain in the place they call home. During 25/26 to better manage the increasing demand we have utilised our Minor Adaptations offer, which includes changes such as installation of ramps, level access showers and fitting of handrails. 824 adaptations were completed. We received 600 referrals for DFGs, although a third of the referrals were addressed with advice and information. Dorset DFGs are available to all ages, with most of our complex cases, around 4 out of 5, supporting children and families to adapt their homes.

Technology Enabled Care (TEC) will continue to support safe independence, enable 'virtual care' elements within blended packages, and reduce reliance on in-person visits where appropriate. During 2025/26 c1430 installations of TEC were completed, examples include; cognitive support tools to provide reminders around daily routines and meal preparation that increases independence and avoids the need for traditional care, GPS-enabled devices with falls detection to enable individuals to go out independently. During the last year 96% of conversions to digital careline devices were completed – c2250 devices are now connected.

Through DIPPs, our partnership is responding early in the community, address practical barriers to discharge (e.g., through small grants and volunteer support) and stabilise crises before formal services are needed. This partnership is co-ordinating supporting at a local level across a range of support from welfare checks and carers support, responding to community and urgent referrals from health and social care professionals. Bereavement and social isolation support, along with housing and benefits advice are other examples of support, in addition to cleaning, food provision and transport services.

Our Carers offers continue support for Carers to access the tight information at the right time to make informed choices. Front facing services and online websites including Bridgit platform will support this. Bridgit has 25,230 users to date, 28,370 have created self-help plans, accessed 102,70 information support areas and 163 Carer Assessments submitted. We are transitioning to a new version with increased AI functionality during the coming year.

Universal services will support Carers in the community where they live, connect them to networks of support and services, preventing, delaying, and reducing the need for Social Care intervention. We will continue to expand our BCF Carers funding to support all ages of carers to extend the impact of the BCF, planning further upstream to prepare for changes and strengthen resilience. Examples include support for parents to plan for the independence of their child as they reach adulthood and beyond, and initiatives such as

MYTIME and The Hope Programme that provide emotional, social, and developmental support to young carers, helping mitigate the impact of caring responsibilities on education, health ,wellbeing, and life outcomes.

For 26/27 we are planning a 6-month pilot to support carers with through pre and post Hospital admission pathways. We intend to develop the service which will compliment the Home from Hospital service provided by existing VSCE services. The pilot will create a partnership to support a stress-free hospital experience for both the cared for person and their carers.

During 2025/26 Adult Social Care have introduced an enhanced approach to better manage front door demand and deploy more preventative approaches. A new Prevention and Early Intervention Team have been established to offer earlier more in-depth reviews of care and support needs to establish whether some form of reablement support would be appropriate. This ranges from low level equipment and TEC, community resources within VSCE networks local to the person, or goals focussed reablement for a short period to establish long term needs. For people who receive hands-on short-term reablement support, two thirds of people are reabled and do not need formal long-term support.

Currently this is funded outside of the BCF, but due to clear links to the BCF policy objectives, we have added to our plan as an Additional Local Authority funded scheme.

Longer-term Impacts

Finally, currently outside of this year's BCF schemes, but contributing to our aligned objectives, are our longer term capital plans for new Reablement Centres and the further expansion of Extra Care Housing. This will create additional capacity for preventative interventions and rehabilitation, and with ongoing sufficiency in the homecare market it will provide a more sustainable alternative to long-term residential care.

4. **Please outline how ICBs and local authorities have confidence that the services funded through the BCF represent value for money, and how they will seek to raise the productivity of services.**

We will assure value for money (VfM) and raise productivity by:

- Targeting BCF spend at interventions with proven impact on prevention, independence and flow, such as DIPPs and Carers offers, home-based intermediate and long-term care, DFGs, Equipment and TEC. Closer working with community networks is key.
- Continuing to utilise the Dorset Care Framework 2 for contracting requirements, and deploying contract mechanisms such as standard rates, service categories and block contracting to improve price certainty, reduce brokerage activity, and deepen strategic relationships with providers to upskill the workforce to be able to support people with more complex and higher acuity conditions in the community.
- continuing to apply Fair Cost of Care principles during fee setting and commercial negotiations, maintaining the skillset and capability of our joint brokerage service.
- Using digital dashboards to share insights and intelligence, such as KPI monitoring of intermediate care, and scaling the approach across a range of opportunities where possible and appropriate to reduce manual processing and information/ data review, such as Trusted Review, Contract activity and management and referral co-ordination and care allocation.
- Where market conditions (e.g., pay related, inflation, equipment prices, transport costs) create pressure, we will use pooled-budget risk-share arrangements and demand-management measures (e.g. same/next-day delivery planning, assessment support, and improved scheduling) to protect value.

The Future Care diagnostic forecast material cash-releasing and non-cash benefits from improvements across the urgent and emergency care pathways that we expect to realise during 26/27 that will allow re-investment into different and new BCF initiatives during 27/28.

As we develop services within the BCF, we will refer to benchmarking data and insights. An example of this is our recent dialogue with four of the NSHE Community Rehab and Reablement Front Runners to understand their local tried and tested models.

5. **Please outline your robust joint governance for managing the expenditure of BCF funding, including assessing impact of funding, value for money and continuous improvement.**

Governance remains robust and joint. The Dorset Health & Wellbeing Board (HWB) oversees, signs off and monitors the BCF; delegated authority routes are used between meeting cycles with retrospective ratification at the next HWB.

Whilst the pan-Dorset Joint Commissioning Board (Dorset Council, BCP Council, NHS Dorset) has been paused due to local ICB re-organisation. Close working continues between Senior commissioning leads from the ICB and Council to manage day-to-day delivery and provide oversight and coordination.

At the time of writing, consideration is being given to how we can strengthen and expand the Health & Wellbeing Board Forward Plan to improve strategic oversight and development of Place, Community and Prevention initiatives, this will include programmes such as Neighbourhood Health, Intermediate Care, Place based partnerships and Children's Services initiatives.

The Future Care Transformation Programme has utilised the Dorset Information & Intelligence Service (DiiS) insights to enhance 'System Visibility' dashboards to monitor performance and trigger improvement actions in Urgent and Emergency Care. This demonstrates greater grip of operational services and enables a swifter route to escalation should there be issues that require action.

BCF Schemes are monitored at contract level by assigned commissioner / contract manager, where KPIs and budgets are monitored in line with set contract management procedures.

A joint audit of the BCF has recently been undertaken by independent auditors on behalf of NHS Dorset and the Council. While the final report is pending at the time of writing, the commissioning of an independent, partnership-wide audit demonstrates a clear commitment to robust governance, transparency, and effective oversight.

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Better Care Fund

Department of Health & Social Care

Ministry of Housing, Communities & Local Government

NHS England

Better Care Fund (BCF) 2026-27 Numerical Template

1. Guidance

Overview

The numerical return is designed to capture planned BCF spend, goals and assurance statements. Together with the narrative return these will enable local areas to demonstrate how they meet the national funding conditions, in line with the published BCF 2026-27: https://www.gov.uk/government/publications/better-care-fund-framework-2026-to-2027/better-care-fund-framework-2026-to-2027.

Completed numerical returns are due by Tuesday 19 May 2026 (noon)

Submissions should be sent to the national BCF team at england.bettercarefundteam@nhs.net, as well as to regional Better Care Managers.

This guidance provides an overview of how to complete this numerical return. Further guidance is provided in the BCF Planning Principles guidance and and supporting documents which can be found on the Better Care Exchange - https://future.nhs.uk/bettercareexchange/view?objectID=70716560

Functional use of the template

We are using the latest version of Excel in Office 365, an older version may cause an issue.

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

This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

2. Cover

The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. To view pre-populated data for your area and begin completing your template, you should select your HWB from the top of the sheet.

Governance and sign-off

National condition one (refer to tab 6) outlines the expectation for the local sign off of plans. Plans must be jointly agreed and be signed off in accordance with organisational governance processes across the relevant ICB and local authorities. Plans must be accompanied by signed confirmation from local authority and ICB chief executives that they have agreed to their BCF plans, including the goals for performance against headline metrics. Please enter date of expected sign off if not yet signed off. **This accountability must not be delegated**.

Data completeness and data quality:

- 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 in this table are green should the template be sent to the BCF team: england.bettercarefundteam@nhs.net (please also copy in your better care manager).
- The checker column, which can be found on each individual sheet, 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'.
- The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
- Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'. Please ensure that all boxes on the checklist are green before submission. Please contact your regional BCF team if you have any issues.

3. Income

This sheet should be used to specify all funding contributions to the HWBs BCF plan and pooled budget for 2026-27. This section will be pre-populated with the NHS minimum contributions, Disabled Facilities Grant (DFG) and Local Authority Better Care Grant (LABCG). For any questions regarding the BCF funding allocations, please contact england.bettercarefundteam@nhs.net (please also copy in your better care manager).

Additional Contributions
This sheet also allows local areas to add in additional contributions from both the NHS and local authority. You will be able to update the value of any additional contributions (local authority and NHS) income types locally. If you need to make an update to any of the funding streams, select 'Yes' in the boxes where this is asked and cells for the income stream below will turn yellow and become editable. Please use the comments boxes to outline reasons for any changes and any other relevant information as this will ensure section is marked as complete.

Unallocated funds
Plans should account for full allocations meaning no unallocated funds should remain once the template is complete.

4. Expenditure

Please see tab '4a. Expenditure guidance' for further information.

5. Metrics

For 2026-27, local authorities, integrated care boards (ICBs) and HWBs will be expected to monitor performance and improvement for the four metrics listed in the Metrics Handbook https://future.nhs.uk/bettercareexchange/view?objectID=277641413, available on the Better Care Exchange:

It is a national requirement for partners to set local goals in relation to the following two metrics:

- Non elective admissions to hospital for people aged 65 and over per 100,000 population
- Average length of discharge delay for all acute adult patients

HWBs are also encouraged to set goals for the metric on long-term admissions to residential and nursing homes for people aged 65 and over per 100, 000 population.

We also expect HWBs to monitor and drive improvements for the metric on the proportion of people aged 65 and over discharged from hospital with reablement provided partly or solely by local authorities who remained in the community within 12 weeks of discharge.

Further details on the metrics, can be found below:

1. Non-elective admissions to hospital for people aged 65 and over per 100,000 population. (monthly)
- This is a count of non-elective inpatient spells at English hospitals with a length of stay of at least 1 day, for specific acute treatment functions and patients aged 65+
- This requires inputting of both the planned count of emergency admissions. The population figure is pre-populated using the latest available mid-year estimates.
- This will then auto populate the rate per 100,000 population for each month
Source statistics: https://digital.nhs.uk/supplementary-information/2026/non-elective-inpatient-spells-at-english-hospitals-occurring-between-1-april-2020-and-30-november-2025-for-patients-aged-18-and-65

2. Average number of days from Discharge Ready Date to discharge (all adult acute patients). (monthly)
- This is calculated as the sum of all bed days between the Discharge Ready Date and discharge (bed days lost) for patients discharged in a given month, divided by the total number of patients discharged in that month.
In completing the table for 2026-27 we ask areas to set out these two components and sheet automatically calculates the average figure:
- In a given month, the total number of patients discharged on the same day as their Discharge Ready Date, divided by the total number of patients discharged in that month.
- The sum of all bed days between the Discharge Ready Date and discharge (bed days lost) for patients discharged in a given month, divided by the total number of patients delayed by at least 1 day and discharged in that month.
Source statistics: https://www.england.nhs.uk/statistics/statistical-work-areas/discharge-delays/discharge-ready-date/

3. Long-term admissions to residential and nursing care homes for people aged 65 and over per 100,000 population
- Admissions data is taken from the Client Level Data (CLD) source published on a quarterly basis and presents admissions as a rolling 12-month total, calculated to the end of each quarter and reported as a rate per 100,000 population.
- Population are based on a calendar year using the latest available mid-year estimates.

Any improvement planned in reablement can be noted in the narrative template but does not need to be included in this numerical template.

For missing pre-populated actuals data from November 2025 to date, please check the BCF dashboard on the DHeXchange which will have more recent data as it becomes available.

6. National conditions

This section requires local authorities, ICBs and HWBs to confirm whether the three BCF national conditions and planning requirements detailed in the published BCF 2026-27 guidance will be met. The assurance statements in this section refer to specific planning requirements, supplementing the information provided in the narrative template and this numerical template.

This sheet requires the local authories, ICBs and HWBs to confirm 'Yes' or 'No' to the assurance statements. Should 'No' be selected, please note the actions in place towards meeting the requirement and outline the timeframe for resolution.
In summary, the national conditions are as below:

- ***National condition 1:*** ICBs and local authorities must develop joint plans, agreed by health and wellbeing boards, outlining how ICBs and local authorities intend to use BCF funding.
to deliver more integrated and preventative care, linked to the wider development of neighbourhood health and social care services.
- ***National condition 2:*** ICBs and local authorities must comply with all national grant and funding conditions and deliver in accordance with their approved return. ICBs must
maintain the NHS minimum contribution to adult social care and pool NHS BCF contributions into a section 75 (of the NHS Act 2006) pooled fund.
- ***National condition 3:*** ICBs and local authorities must comply and engage with BCF planning, governance and reporting requirements including adherence to any assurance and oversight processes.

Better Care Fund 2026-27 Numerical Template

2. Cover

Version 1.0

Please Note:
- The BCF numerical template is categorised as 'Management Information' and data from them will be published in an aggregated form on the NHS England website and gov.uk. This will include any narrative section. Some data may also be published in non-aggregated form on gov.uk. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.
- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the Better Care Exchange) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- All information will be supplied to BCF partners (MHCLG, DHSC, NHS England) to inform policy development.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Governance and Sign off

Health and Wellbeing Board:	Dorset	
Confirmation that the plan has been signed off by Health and Wellbeing Board ahead of submission - Plans should be signed off ahead of submission.	No	
If no indicate the reasons for the delay.	Plan circulated electronically to Board Members, but unable to convene a Board enable formal sign off in advance.	
If no please indicate when the HWB is expected to sign off the plan:	Wed 17/06/2026	<< Please enter using the format, DD/MM/YYYY

Submitted by:	Sarah Sewell
Role and organisation:	Head of Service for Older Peoples Commissioning, Dorset Council
E-mail:	sarah.sewell@dorsetcouncil.gov.uk
Contact number:	1305221256
Documents submitted (please select from drop down) **In addition to this template the HWB are submitting the following:**	Narrative

	Role:	Professional title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:	Organisation
Health and wellbeing board chair(s) sign off	Health and wellbeing board chair	Mr	Steve	Robinson	cllrsteve.robinson@dorsetcouncil.gov.uk	
	Health and wellbeing board chair					

Named accountable person	Local authority chief executive	Dr	Catherine	Howe	catherine.howe@dorsetcouncil.gov.uk	
	ICB chief executive 1	Mr	Jonathan	Higman	jonathan.higman@nhs.net	NHS Dorset ICB
	ICB chief executive 2 (where required)					
	ICB chief executive 3 (where required)					

Finance sign off	LA section 151 officer	Mr	Sean	Cremer	Sean.Cremer@dorsetcouncil.gov.uk	
	ICB finance director 1	Mrs	Alison	Henly	alison.henly@nhs.net	NHS Dorset ICB
	ICB finance director 2 (where required)					
	ICB finance director 3 (where required)					

Area assurance contacts	Local authority director of adult social services	Mrs	Julia	Ingram	julia.ingram@dorsetcouncil.gov.uk	
	DFG lead	Mrs	Ian	Simms	ian.simms@dorsetcouncil.gov.uk	
	ICB place lead 1	Dr	Dean	Spencer	Dean.Spencer@nhsdorset.nhs.uk	NHS Dorset ICB
Please add any additional key contacts who have been responsible for completing the plan	ICB place lead 2 (where required)					
	ICB place lead 3 (where required)					

Better Care Fund 2026-27 Numerical Template

3. Income

Selected HWB: Dorset

Local authority contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Dorset	£5,152,517
DFG breakdown for two-tier areas only (where applicable)	
Total Minimum local authority contribution (exc local authority BCF grant)	**£5,152,517**

Local authority better care grant (LABCG)	Contribution
Dorset	£15,359,816
Total Local authority better care grant	**£15,359,816**

Are any additional local authority contributions being made in 2026-27? If yes, please detail below	Yes

Local authority additional contribution	Contribution	Comments - Please use this box to clarify any specific uses or sources of funding
Dorset	£62,723,988	care packages, integrated community equipment store contract, TEC, Birth to settled adulthood, prevention and early intervention
Total additional local authority contribution	**£62,723,988**	

NHS minimum contribution	Contribution
NHS Dorset ICB	£40,304,195
Total NHS minimum contribution	**£40,304,195**

Are any additional NHS contributions being made in 2026-27? If yes, please detail below	Yes

Additional NHS contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
NHS Dorset ICB	£37,301,799	CHC placements, birth to settled adult hood, community services and intermediate care beds
Total additional NHS contribution	**£37,301,799**	
Total NHS contribution	**£77,605,994**	

	2026-27
Total BCF pooled budget	**£160,842,315**

Funding contributions comments For any useful details please use the text box below (for no additional comments, insert 'NA')
N/A

Better Care Fund 2026-27 Numerical Template

4. Expenditure

Selected Health and Wellbeing Board: Dorset

	2026-27		
Running Balances	Income	Expenditure	Balance
DFG	£5,152,517	£5,152,517	£0
NHS Minimum Contribution	£40,304,195	£40,304,195	£0
Local Authority Better Care Grant	£15,359,816	£15,359,816	£0
Additional LA Contribution	£62,723,988	£62,723,988	£0
Additional NHS Contribution	£37,301,799	£37,301,798	£0
Total	**£160,842,315**	**£160,842,315**	**£0**

Required spend on adult social care from NHS minimum allocations

	2026-27	
	Minimum required spend	Planned Spend
Adult Social Care services spend from the NHS minimum allocations	£15,103,304	£15,103,304

Checklist

Column complete:

	Yes	Yes	Yes	Yes	Yes

Number	Category of scheme	Description of scheme	Source of funding	Adult Social Care Spend	Expenditure for 2026-27 (£)
1	Long-term home-based social care services	A combination of provision and initiatives, including domiciliary / home care packages and investment, and digital and TEC	Local Authority Better Care Grant	Yes	£4,368,532
2	Disabled Facilities Grant related schemes	Dorset Accessible Homes Service adminstering DFG	DFG	Yes	£5,152,517
3	Long-term residential/nursing home care	Support and care placements for Mental health and dementia	NHS Minimum Contribution	No	£3,643,809
4	Long-term residential/nursing home care	Support and care placements for Mental health and dementia	NHS Minimum Contribution	Yes	£1,374,803

5	Wider local support to promote prevention and independence	Occupational Therapy capacity to support independent living in the community	NHS Minimum Contribution	Yes	£1,489,371
6	Wider local support to promote prevention and independence	Dorset Integrated Community Equipment Service & Technology Enabled Care	Additional LA Contribution	Yes	£2,296,798
7	Wider local support to promote prevention and independence	Dorset Integrated Community Equipment Service	NHS Minimum Contribution	No	£2,880,808
8	Wider local support to promote prevention and independence	Dorset Integrated Community Equipment Service	Additional NHS Contribution	No	£786,286
9	Wider local support to promote prevention and independence	Dorset Accessible Homes Service provision of AT and equipment	NHS Minimum Contribution	Yes	£653,209
11	Short-term home-based social care (excluding rehabilitation, reablement or recovery services)	Integrated crisis and rapid response service	NHS Minimum Contribution	Yes	£991,688
12	Home-based intermediate care (short-term home-based rehabilitation, reablement and recovery services)	RCR domiciliary care supporting people out of hospital	NHS Minimum Contribution	Yes	£3,358,092
13	Bed-based intermediate care (short-term bed-based rehabilitation, reablement and recovery services)	Intermediate Care beds - Reablement	NHS Minimum Contribution	Yes	£617,070
14	Bed-based intermediate care (short-term bed-based rehabilitation, reablement and recovery services)	Intermediate Care beds - Reablement	Additional NHS Contribution	Yes	£582,930
15	Long-term residential/nursing home care	Care home placements	Local Authority Better Care Grant	Yes	£4,251,898
16	Discharge support and infrastructure	Service improvement and resource to manage and review care market	Local Authority Better Care Grant	Yes	£1,311,929
17	Wider local support to promote prevention and independence	Service improvement and resource to manage and review care market	NHS Minimum Contribution	Yes	£619,515
18	Other	Continuing Health Care Placements	Additional NHS Contribution	No	£26,592,162
19	Other	Advocacy for Continuing Health Care appeals	Additional NHS Contribution	No	£51,816
20	Discharge support and infrastructure	Trusted Assessors	NHS Minimum Contribution	Yes	£380,000
21	Discharge support and infrastructure	ASC resources to support hopsital pathways	Local Authority Better Care Grant	Yes	£3,316,243

22	Short-term home-based social care (excluding rehabilitation, reablement or	Community reablement	NHS Minimum Contribution	Yes	£2,996,903
23	Wider local support to promote prevention and independence	DIPPS prevention contract	NHS Minimum Contribution	Yes	£1,258,763
24	Support to carers, including unpaid carers	A range of support from direct payments to carers, respite, GP practice support, carers training and case workers	NHS Minimum Contribution	Yes	£1,140,767
25	Long-term home-based social care services	Pooled budget of LD cohort to live in community	Additional LA Contribution	Yes	£1,243,325
26	Long-term home-based community health services	Pooled budget of LD cohort to live in community	NHS Minimum Contribution	No	£3,862,022
27	Other	District Nursing Capacity to support locality working	NHS Minimum Contribution	No	£14,482,696
28	Other	Combination of community services and intermediate care services	Additional NHS Contribution	No	£8,139,423
29	Wider local support to promote prevention and independence	Birth to Settled Adulthood programme - care packages	Local Authority Better Care Grant	Yes	£2,111,214
30	Wider local support to promote prevention and independence	Birth to Settled Adulthood programme - care packages and resources to manage/oversee services	Additional LA Contribution	Yes	£951,467
31	Wider local support to promote prevention and independence	Birth to Settled Adulthood programme - Service Manager and Independent Chair contributions	Additional NHS Contribution	Yes	£40,737
32	Long-term residential/nursing home care	Nursing and residential care placements	Additional LA Contribution	Yes	£56,435,270
33	Discharge support and infrastructure	Care Allocation Team	NHS Minimum Contribution	Yes	£223,125
34	Discharge support and infrastructure	Care Allocation Team	Additional LA Contribution	Yes	£216,207
35	Discharge support and infrastructure	Future Care - Transformation Resources 2026/27	NHS Minimum Contribution	No	£331,556
36	Discharge support and infrastructure	Future Care - Transformation Resources 2026/27	Additional LA Contribution	Yes	£205,000
37	Discharge support and infrastructure	Future Care - Transformation Resources 2026/27	Additional NHS Contribution	No	£1,108,444
38	Short-term home-based social care (excluding rehabilitation, reablement or	Preventing admission to ED	Additional LA Contribution	Yes	£133,250
39	Wider local support to promote prevention and independence	Prevention and Early Intervention Support	Additional LA Contribution	Yes	£582,671
40	Home-based intermediate care (short-term home-based rehabilitation, reablement and	Prevention and Early Intervention Resources	Additional LA Contribution	Yes	£660,000

4a. Expenditure Guidance

Guidance for completing expenditure sheet

1. Please enter spend information in the bottom table starting cell B30 including the category of spend which is a dropdown containing the categories listed in the table below. You must also enter scheme-level detail for the line of spend in 'Description of Scheme' with the appropriate level of information keeping this relatively succint, for example 'Community Health Rehabilitation' or 'MSK services' or 'Integrated Crisis and Rapid Response' would be sufficient. Please also enter source of funding which determines the total spend appearing in the source of funding table at the top. Ensure a 'Number' is entered in the 'Expenditure for 2026-27 (£)' so that the validation boxes can be marked as complete.

2. Please ensure 'Adult Social Care Spend' is marked 'Yes' when the money is spent on Adult Social Care across any funding source.

Scheme Types

Number	Category of scheme	Description
1	Assistive technologies and equipment	Using technology in care processes to support self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Community based equipment, Digital participation services).
2	Housing related schemes	This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.
3	DFG related schemes	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.
4	Wider support to promote prevention and independence	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 wellbeing.

5	Short-term home-based intermediate care (rehabilitation, reablement and recovery services)	Short-term (up to 6 weeks), therapy-led services in the person's usual residence (home or care home), following the 'Home First' principle. For adults 18+ to regain independence post-illness/injury/discharge (step-down) or prevent admissions/long-term care (step-up). Person-centred, with initial assessment and regular reviews; led by registered therapists (physiotherapists, occupational therapists, speech/language therapists) plus support from unregistered workers and other professionals (nurses, doctors, social workers). Outcomes: better function, confidence, wellbeing; less carer reliance and long-term care demand. Domiciliary social care (personal care, domestic help) included only within a rehab/reablement-focused package.
6	Short-term home-based social care (excluding rehabilitation, reablement and recovery services)	Short-term domiciliary social care (e.g. personal care, help with domestic tasks, voluntary sector support), except where it is provided as part of a package that also includes rehabilitation, reablement and/or recovery services.
7	Long-term home-based social care services	Ongoing social care services (e.g. personal care, help with domestic tasks), helping people continue to live at home and maintain independence.
8	Long-term home-based community health services	Ongoing health services provided in people's own homes or in other non-residential community-based settings.
9	Bed-based intermediate care (short-term bed-based rehabilitation, reablement or recovery)	Short-term (up to 6 weeks), therapy-led services in a community bed-based setting (e.g. community hospital, care home bed or designated facility). For adults 18+ to regain independence post-hospital stay (step-down) or prevent avoidable admission/long-term residential care (step-up from community). Person-centred, with initial assessment and regular reviews; led by registered therapists (physiotherapists, occupational therapists, speech/language therapists) plus multi-disciplinary support (unregistered workers, nurses, doctors, others as needed). Where safe and appropriate, transition to home-based intermediate care is required to continue recovery at usual residence. Outcomes: improved function, confidence, wellbeing; reduced acute admissions, readmissions and long-term social care demand. May include mixed health and social care interventions.
10	Long-term residential or nursing home care	Ongoing care provided in a residential care home or nursing home for people who need more intensive or specialised support than can be provided at home.
11	Discharge support and infrastructure	Services and activity to enable discharge. Examples include multi-disciplinary/multi-agency discharge functions or Home First/ Discharge to Assess process support/ core costs.
12	End of life care	Schemes specifically designed to provide care and support for people nearing the end of life.
13	Support to carers, including unpaid carers	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.

14	Evaluation and enabling integration	Schemes that monitor or evaluate the impact of integrated care schemes. Schemes or services that enable integrated care, such as (but not necessarily limited to): - Joint commissioning arrangements - Integrated care planning - Helping people navigate services - Workforce development or recruitment and retention
15	Urgent Community Response	Urgent community response teams provide urgent care to people in their homes which helps to avoid hospital admissions and enable people to live independently for longer. Through these teams, older people and adults with complex health needs who urgently need care, can get fast access to a range of health and social care professionals within two hours.
16	Personalised budgeting and commissioning	Various person centred approaches to commissioning and budgeting, including direct payments.
17	Other	This should only be selected where the scheme is not adequately represented by the above scheme types.

Better Care Fund 2026-27 Numerical Template

5. Metrics for 2026-27

Selected Health and Wellbeing Board: Dorset

5.1 Non-Elective admissions

		Apr 25 Actual	May 25 Actual	Jun 25 Actual	Jul 25 Actual	Aug 25 Actual	Sep 25 Actual	Oct 25 Actual	Nov 25 Actual	Dec 25 Actual	Jan 26 Actual	Feb 26 Actual	Mar 26 Actual
Non elective admissions to hospital for people aged 65 and over per 100,000 population	Rate	1,495	1,474	1,369	1,474	1,382	1,403	1,478					
	Number of admissions 65+	1780	1,755	1,630	1,755	1,645	1,670	1,760					
	Population of 65+*	119,046	119,046	119,046	119,046	119,046	119,046	119,046					
		Apr 26 Plan	May 26 Plan	Jun 26 Plan	Jul 26 Plan	Aug 26 Plan	Sep 26 Plan	Oct 26 Plan	Nov 26 Plan	Dec 26 Plan	Jan 27 Plan	Feb 27 Plan	Mar 27 Plan
	Rate	1,554	1,596	1,504	1,512	1,512	1,531	1,630	1,634	1,637	1,688	1,533	1,571
	Number of admissions 65+	1850	1900	1790	1800	1800	1822	1940	1945	1949	2010	1825	1870
	Population of 65+	119,046	119,046	119,046	119,046	119,046	119,046	119,046	119,046	119,046	119,046	119,046	119,046

Source: https://digital.nhs.uk/supplementary-information/2025/non-elective-inpatient-spells-at-english-hospitals-occurring-between-01-04-2020-and-30-11-2024-for-patients-aged-18-and-65

5.2 Discharge delays

*Dec Actual onwards are not available at time of publication

	Apr 25 Actual	May 25 Actual	Jun 25 Actual	Jul 25 Actual	Aug 25 Actual	Sep 25 Actual	Oct 25 Actual	Nov 25 Actual	Dec 25 Actual	Jan 26 Actual	Feb 26 Actual	Mar 26 Actual
Average length of discharge delay for all acute adult patients (this calculates the % of patients discharged after their DRD, multiplied by the average number of days)	1.09	1.06	1.30	1.26	1.38	1.16	1.35	1.31				
Proportion of adult patients discharged from acute hospitals on their discharge ready date	86.8%	87.6%	87.9%	88.0%	86.4%	87.8%	86.9%	86.8%				
For those adult patients not discharged on DRD, average number of days from DRD to discharge	8.2	8.5	10.7	10.5	10.2	9.5	10.3	9.9				

	Apr 26 Plan	May 26 Plan	Jun 26 Plan	Jul 26 Plan	Aug 26 Plan	Sep 26 Plan	Oct 26 Plan	Nov 26 Plan	Dec 26 Plan	Jan 27 Plan	Feb 27 Plan	Mar 27 Plan
Average length of discharge delay for all acute adult patients	1.01	1.31	1.40	1.22	1.09	1.08	1.02	1.09	1.04	1.04	1.00	1.00
Proportion of adult patients discharged from acute hospitals on their discharge ready date	87.4%	85.5%	82.5%	86.4%	87.9%	88.0%	87.3%	86.4%	88.5%	88.5%	87.5%	87.5%
For those adult patients not discharged on DRD, average number of days from DRD to discharge	8.00	9.00	8.00	9.00	9.00	9.00	8.00	8.00	9.00	9.00	8.00	8.00

Source: https://www.england.nhs.uk/statistics/statistical-work-areas/discharge-delays/discharge-ready-date/

5.3 Admissions to residential and nursing care homes

		Rolling 12 month total until end of quarter date indicated							
		Actual Ending 31-12-2024	Actual Ending 31-03-2025	Actual Ending 30-06-2025	Actual Ending 30-09-2025	2026-27 Plan Ending 30-06-2026	2026-27 Plan Ending 30-09-2026	2026-27 Plan Ending 31-12-2026	2026-27 Plan Ending 31-03-2027
Long-term admissions to residential and nursing care homes for people aged 65 and over per 100,000 population	Rate	421.7	421.7	391.4	430.1	399.0	399.0	415.8	415.8
	Number of admissions	502	502	466	512	475	475	495	495
	Population of 65+*	119,046	119,046	119,046	119,046	119,046	119,046	119,046	119,046

*Population of people aged 65 and above are based on the latest available mid-year estimates from the ONS

Better Care Fund 2026-27 Numerical Template

6: National Condition Planning Requirements

Health and wellbeing board: Dorset

HM Government

National Condition	Planning requirement	Assurance statement	Yes/No to assurance statement	Where the planning requirement or assurance statement is not met, please note the actions in place towards meeting the requirement	Timeframe for resolution
National Condition 1: effectively support the delivery of integrated and preventative care ICBs and local authorities must develop joint plans, agreed by health and wellbeing boards, outlining how ICBs and local authorities intend to use BCF funding to deliver more integrated and preventative care, linked to the relevant areas of neighbourhood health and social care services.	ICBs and local authorities must have considered how to use the BCF most effectively to support the delivery of more integrated and preventative services, particularly supporting those with more complex health and social care needs. This must include setting out how the funding will be used to develop the quality, efficiency and outcomes from intermediate care.	Named ICB and local authority chief executives and named HWB chair must confirm that BCF expenditure is agreed and aligned with wider strategic objectives for neighbourhood health and social care.	Yes		
	ICBs and local authorities must set out plans that: - show reasonable progress in the metrics of non-elective admissions (for people aged 65 and over) and delayed discharges - show how they will monitor and drive progress in preventing avoidable long-term care home admissions and improving outcomes from reablement - include the specific contribution of BCF-funded services.				
	ICBs and local authorities must demonstrate that their plans for the use of the BCF represent value for money and improve overall productivity				
National Condition 2: comply with expenditure and grant conditions ICBs and local authorities must comply with all national grant and funding conditions and deliver in accordance with their approved return. ICBs must maintain the NHS minimum contribution to adult social care	ICBs and local authorities must pool their designated minimum contribution (in the case of ICB partners) and the Local Authority Better Care Grant and DFG (in the case of local authority partners). ICBs and local authorities are able to voluntarily pool additional funding through the BCF where they consider this is likely to lead to an improvement in the services being funded.				

and pool NHS BCF contributions into a section 75 (of the NHS Act 2006) pooled fund.	**The NHS minimum contribution to adult social care must be met and maintained by the ICB in line with the published BCF allocations. This represents an increase of 4.4% in each health and wellbeing board area.**	**ICBs and local authorities confirm compliance with BCF national grant and funding conditions, and that they will deliver in accordance with approved spend and BCF numerical return, including maintaining the NHS minimum contribution to adult social care.**	Yes		
	Local authorities must comply with the grant conditions of the Local Authority Better Care Grant and the DFG, including the pooling of funding.	**ICBs and local authorities confirm they will pool funds through Section 75 agreements by 30th September 2026.**	Yes		
National Condition 3: - effective governance, reporting and engagement **ICBs and local authorities must comply and engage with BCF planning, governance and reporting requirements including adherence to any assurance and oversight processes.**	**ICBs and local authorities must have effective joint governance is in place to ensure local accountability for delivery of outcomes, including reviewing performance against plan objectives and local goals, and taking action if necessary to bring delivery back on track.**				
	ICBs, local authorities and health and wellbeing boards are required to engage with BCF reporting, oversight and support processes	**ICBs and local authorities confirm full compliance with BCF planning and reporting requirements and will adhere to the BCF oversight and support processes.**	Yes		

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