BCF Planning Template 2024-25

1. Guidance

Overview

Note on entering information into this template

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

Data needs inputting in the cell

Pre-populated cells

2. Cover

1. 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.

2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells in this table are green should the template be sent to the Better Care Fund Team: england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).

3. 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'.

4. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.

5. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.

6. Please ensure that all boxes on the checklist are green before submission.

7. Sign off - HWB sign off will be subject to your own governance arrangements which may include delegated authority. If your plan has been signed off by the full HWB, or has been signed off through a formal delegation route, select YES. If your plan has not yet been signed off by the HWB, select NO.

4. Capacity and Demand

A full capacity and demand planning document has been shared on the Better Care Exchange, please check this document before submitting any questions on capacity and demand planning to your BCM. Below is the basic guidance for completing this section of the template.

As with the last capacity and demand update, summary tables have been included at the top of both capacity and demand sheets that will auto-fill as you complete the template, providing and at-a-glance summary of the detail below.

4.2 Hospital Discharge

A new text field has been added this year, asking for a description of the support you are providing to people for less complex discharges that do not require formal reablement or rehabilitation. Please answer this briefly, in a couple of sentences.

The capacity section of this template remains largely the same as in previous years, asking for estimates of available capacity for each month of the year for each pathway. An additional ask has now also been included, for the estimated average time between referral and commencement of service. Further information about this is available in the capacity and demand guidance and q&a documents.

The demand section of this sheet is unchanged from last year, requesting expected discharges per pathway for each month, broken down by referral source.

To the right of the summary table, there is another new requirement for areas to include estimates of the average length of stay/number of contact hours for individuals on each of the discharge pathways. Please estimate this as an average across the whole year.

4.3 Community

Please enter estimated capacity and demand per month for each service type.

The community sheet also requires areas to enter estimated average length of stay/number of contact hours for individuals in each service type for the whole year.

5. Income

1. This sheet should be used to specify all funding contributions to the Health and Wellbeing Board's (HWB) Better Care Fund (BCF) plan and pooled budget for 2024-25. It will be pre-populated with the minimum NHS contributions to the BCF, iBCF grant allocations, DFG allocations and allocations of ASC Discharge Fund grant to local authorities for 2024-25. The iBCF grant in 2024-25 remains at the same value nationally as in 2023-24.

2. The sheet will be largely auto-populated from either 2023-25 plans or confirmed allocations. You will be able to update the value of the following income types locally:

- ICB element of Additional Discharge Funding
- Additional Contributions (LA and ICB)

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.

3. The sheet will pre populate the amount from the ICB allocation of Additional Discharge Funding that was entered in your original BCF plan. Areas will need to confirm and enter the final agreed amount that will be allocated to the HWB's BCF pool in 2024-25. As set out in the Addendum to the Policy Framework and Planning Requirements; the amount of funding allocated locally to HWBs should be agreed between the ICB and councils. These will be checked against a separate ICB return to ensure they reconcile.

4. The additional contributions from ICBs and councils that were entered in original plans will pre-populate. Please confirm the contributions for 2024-25. If there is a change to these figures agreed in the final plan for 2024-25, please select 'Yes' in answer to the Question 'Do you wish to update your Additional (LA/ICB) Contributions for 2024-25?'. You will then be able to enter the revised amount. These new figures will appear as funding sources in sheet 6a when you are reviewing planned expenditure.

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

6. If you are pooling any funding carried over from 2023-24 (i.e. underspends from BCF mandatory contributions) you should show these as additional contributions, but on a separate line to any other additional contributions. Use the comments field at the bottom of the sheet to identify that these are underspends that have been rolled forward. All allocations are rounded to the nearest pound.

7. Allocations of the NHS minimum contribution are shown as allocations from each ICB to the HWB area in question. Where more than one ICB contributes to the area's BCF plan, the minimum contribution from each ICB to the local BCF plan will be displayed.

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

6. Expenditure

This sheet has been auto-populated with spending plans for 2024-25 from your original 2023-25 BCF plans. You should update any 2024-25 schemes that have changed from the original plan. The default expectation is that plans agreed in the original plan will be taken forward, but where changes to schemes have been made (or where a lower level of discharge fund allocation was assumed in your original plan), the amount of expenditure and expected outputs can be amended. There is also space to add new schemes, where applicable.

If you need to make changes to a scheme, you should select yes from the drop down in column X. When 'yes' is selected in this column, the 'updated outputs for 2024-25' and 'updated spend for 2024-25' cells turn yellow and become editable for this scheme. If you would like to remove a scheme type please select yes in column X and enter zeros in the editable columns. The columns with yellow headings will become editable once yes is selected in column X - if you wish to make further changes to a scheme, please enter zeros into the editable boxes and use the process outlined below to re-enter the scheme.

If you need to add any new schemes, you can click the link at the top of the sheet that reads 'to add new schemes' to travel quickly to this section of the table.

For new schemes, as with 2023-25 plans, the table is set out to capture a range of information about how schemes are being funded and the types of services they are providing. There may be scenarios when several lines need to be completed in order to fully describe a single scheme or where a scheme is funded by multiple funding streams (eg: iBCF and NHS minimum). In this case please use a consistent scheme ID for each line to ensure integrity of aggregating and analysing schemes.

On this sheet, please enter the following information:

1. Scheme ID:

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

2. Scheme Name:

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

3. Brief Description of Scheme

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

4. Scheme Type and Sub Type:

- Please select the Scheme Type from the drop-down list that best represents the type of scheme being planned. A description of each scheme is available in tab 6b.

- Where the Scheme Types has further options to choose from, the Sub Type column alongside will be editable and turn ""yellow"". Please select the Sub Type from the dropdown list that best describes the scheme being planned.

- Please note that the dropdown list has a scroll bar to scroll through the list and all the options may not appear in one view.

- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside. Please try to use pre-populated scheme types and sub types where possible, as this data is important in assurance and to our understanding of how BCF funding is being used nationally.

- The template includes a field that will inform you when more than 5% of mandatory spend is classed as other.

5. Expected outputs

- You will need to set out the expected number of outputs you expect to be delivered in 2024-25 for some scheme types. If you select a relevant scheme type, the 'expected outputs' column will unlock and the unit column will pre populate with the unit for that scheme type.

- You will not be able to change the unit and should use an estimate where necessary. The outputs field will only accept numeric characters.

- A table showing the scheme types that require an estimate of outputs and the units that will prepopulate can be found in tab 6b. Expenditure Guidance.

You do not need to fill out these columns for certain scheme types. Where this is the case, the cells will turn blue and the column will remain empty.

- A change has been made to the standard units for residential placements. The units will now read as 'Beds' only, rather than 'Beds/placements'

6. Area of Spend:

- Please select the area of spend from the drop-down list by considering the area of the health and social care system which is most supported by investing in the scheme.

- Please note that where 'Social Care' is selected and the source of funding is "NHS minimum" then the planned spend would count towards eligible expenditure on social care under National Condition 4.

7. Commissioner:

- Identify the commissioning body for the scheme based on who is responsible for commissioning the scheme from the provider.

- Please note this field is utilised in the calculations for meeting National Condition 3. Any spend that is from the funding source 'NHS minimum contribution', is commissioned by the ICB, and where the spend area is not 'acute care', will contribute to the total spend on NHS commissioned out of hospital services under National Condition 4. This will include expenditure that is ICB commissioned and classed as 'social care'.

- If the scheme is commissioned jointly, please select 'Joint'. Please estimate the proportion of the scheme being commissioned by the local authority and NHS and enter the respective percentages on the two columns.

8. Provider:

- Please select the type of provider commissioned to provide the scheme from the drop-down list.

- If the scheme is being provided by multiple providers, please split the scheme across multiple lines.

9. Source of Funding:

- Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme from the drop down list. This includes additional, voluntarily pooled contributions from either the ICB or Local authority

- If a scheme is funded from multiple sources of funding, please split the scheme across multiple lines, reflecting the financial contribution from each.

10. Expenditure (£)2024-25:

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

11. New/Existing Scheme

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

12. Percentage of overall spend.

This new requirement asks for the percentage of overall spend in the HWB on that scheme type. This was a new collection for 2023-25. This information will help better identify and articulate the contribution of BCF funding to delivering capacity.

You should estimate the overall spend on the activity type in question across the system (both local authority and ICB commissioned where both organisations commission this type of service). Where the total spend in the system is not clear, you should include an estimate. The figure will not be subject to assurance. This estimate should be based on expected spend in that category in the BCF over both years of the programme divided by both years total spend in that same category in the system.

7. Metrics

This sheet should be used to set out the HWB's ambitions (i.e. numerical trajectories) and performance plans for each of the BCF metrics in 2024-25. The BCF policy requires trajectories and plans agreed for the fund's metrics. Systems should review current performance and set realistic, but stretching ambitions for 2024-25.

Some changes have been made to the metrics since 2023-25 planning; further detail about this is available in the Addendum to the BCF Policy Framework and Planning Requirements 2023-25. The avoidable admissions, discharge to usual place of residence and falls metrics remain the same. Due to the standing down of the SALT data collection, changes have been made to the effectiveness of reablement and permanent admissions metrics.

The effectiveness of reablement metric will no longer be included in the BCF as there is no direct replacement for the previous measure.

The metric for rate of admissions to Areas should set their ambitions for these metrics based on previous SALT data.

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

For each metric, areas should include narratives that describe:

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

1. Unplanned admissions for chronic ambulatory care sensitive conditions:

- This section requires the area to input indirectly standardised rate (ISR) of admissions per 100,000 population by quarter in 2024-25. This will be based on NHS Outcomes Framework indicator 2.3i but using latest available population data.
- The indicator value is calculated using the indirectly standardised rate of admission per 100,000, standardised by age and gender to the national figures in reference year 2011. This is calculated by working out the SAR (observed admission/expected admissions*100) and multiplying by the crude rate for the
- The population data used is the latest available at the time of writing (2021)

- Actual performance for each quarter of 2023-24 are pre-populated in the template and will display once the local authority has been selected in the dropdown box on the Cover sheet.
- Please use the ISR Tool published on the BCX where you can input your assumptions and simply copy the output ISR:

https://future.nhs.uk/bettercareexchange/view?objectId=143133861

- Technical definitions for the guidance can be found here:

https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework/march-2022/domain-2---enhancing-quality-of-life-for-people-with-long-term-conditions-nof/2.3.i-unplanned-hospitalisation-for-chronic-ambulatory-care-sensitive-conditions

2. Falls

- This metric for the BCF requires areas to agree ambitions for reducing the rate of emergency admissions to hospital for people aged 65 or over following a fall.
- This is a measure in the Public Health Outcome Framework.
- This requires input for an Indicator value which is directly age standardised rate per 100,000. Emergency hospital admissions due to falls in people aged 65 and over.
- Please enter the indicator value as well as the expected count of admissions and population for 2023-24 and 2024-25 plan.
- We have pre-populated the previously entered planned figures for your information and further more recent data will be available on the BCX in the data pack here: https://future.nhs.uk/bettercareexchange/view?objectID=116035109

Further information about this measure and methodolgy used can be found here:
https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/6/gid/1000042/pat/6/par/E12000004/ati/102/are/E06000015/iid/22401/age/27/sex/4

3. Discharge to usual place of residence.

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

4. Residential Admissions:

- This section requires inputting the expected and plan numerator of the measure only.
- Please enter the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care)
- Column H asks for an estimated actual performance against this metric in 2023-24. Data for this metric is not published until October, but local authorities will collect and submit this data as part of their salt returns in July. You should use this data to populate the estimated data in column H.
- The prepopulated denominator of the measure is the size of the older people population in the area (aged 65 and over) taken from Office for National Statistics (ONS) subnational population projections.
- The annual rate is then calculated and populated based on the entered information.
- Although this data collection will be discontinued it is anticipated this will map across to the new CLD extract once this becomes available.

Better Care Fund 2024-25 Update Template

2. Cover

Version 1.3.0

Please Note:

- The BCF planning template is categorised as 'Management Information' and data from them will published in an aggregated form on the NHSE website and gov.uk. 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:	01305 221256	
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No	
If no please indicate when the HWB is expected to sign off the plan:	Wed 26/06/2024	<< Please enter using the format, DD/MM/YYYY

	Role:	Professional Title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:
***Area Assurance Contact Details:**	Health and Wellbeing Board Chair	TBC: Cllr	Steve	Robinson	cllrsteve.robinson@dorsetcouncil.gov.uk
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off		Patricia	Miller	patriciamiller@dorsetnhs.nhs.uk
	Additional ICB(s) contacts if relevant		Kate	Calvert	kate.calvery@dorsetnhs.nhs.uk
	Local Authority Chief Executive		Matt	Prosser	matt.prosser@dorsetcouncil.gov.uk

	Local Authority Director of Adult Social Services (or equivalent)		Jonathan	Price	jonathan.price@dorsetcouncil.gov.uk
	Better Care Fund Lead Official		Mark	Tyson	mark.tyson@dorsetcouncil.gov.uk
	LA Section 151 Officer		Aidan	Dunn	aidan.dunn@dorsetcouncil.gov.uk
Please add further area contacts that you would wish to be included in official correspondence e.g. housing or trusts that have been part of the process -->					

Better Care Fund 2024-25 Update Template

3. Summary

Selected Health and Wellbeing Board: Dorset

Income & Expenditure

Income >>

Funding Sources	Income	Expenditure	Difference
DFG	£4,529,287	£4,529,287	£0
Minimum NHS Contribution	£35,044,629	£35,044,629	£0
iBCF	£12,450,566	£12,450,566	£0
Additional LA Contribution	£58,299,500	£58,299,500	£0
Additional ICB Contribution	£37,554,921	£37,554,921	£0
Local Authority Discharge Funding	£2,909,250	£2,909,250	£0
ICB Discharge Funding	£2,170,000	£2,170,000	£0
Total	**£152,958,153**	**£152,958,153**	**£0**

Expenditure >>

NHS Commissioned Out of Hospital spend from the minimum ICB allocation

	2024-25
Minimum required spend	£9,907,649
Planned spend	£21,130,466

Adult Social Care services spend from the minimum ICB allocations

	2024-25
Minimum required spend	£13,914,160
Planned spend	£13,914,163

Metrics >>

Avoidable admissions

	2024-25 Q1 Plan	2024-25 Q2 Plan	2024-25 Q3 Plan	2024-25 Q4 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (Rate per 100,000 population)	145.6	151.1	156.7	151.2

Falls

		2023-24 estimated	2024-25 Plan
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Indicator value	1,972.8	1,933.3
	Count	2392	2344
	Population	113053	113053

Discharge to normal place of residence

	2024-25 Q1 Plan	2024-25 Q2 Plan	2024-25 Q3 Plan	2024-25 Q4 Plan
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	92.0%	92.0%	92.0%	92.0%

Residential Admissions

		2022-23 Actual	2024-25 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	468	397

Planning Requirements >>

Theme	Code	Response
NC1: Jointly agreed plan	**PR1**	Yes
	PR2	0
	PR3	Yes
NC2: Social Care Maintenance	**PR4**	Yes
NC3: NHS commissioned Out of Hospital Services	**PR5**	0
NC4: Implementing the BCF policy objectives	**PR6**	Yes
Agreed expenditure plan for all elements of the BCF	**PR7**	Yes
Metrics	**PR8**	Yes

Better Care Fund 2024-25 Update Template

4. Capacity & Demand

Selected Health and Wellbeing Board: Dorset

Hospital Discharge

Capacity - Demand (positive is Surplus)	Capacity surplus. Not including spot purchasing											
	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Reablement & Rehabilitation at home (pathway 1)	-10	-3	-13	-5	-35	-5	-53	-41	-9	-48	-46	-41
Short term domiciliary care (pathway 1)	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation in a bedded setting (pathway 2)	26	18	18	34	18	3	31	12	17	0	10	34
Other short term bedded care (pathway 2)	5	5	5	5	5	1	5	2	5	1	2	5
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	-17	-15	-25	-22	-26	-39	-22	-32	-18	-26	-12	-6

Please briefly describe the support you are providing to people for less complex discharges that do not require formal reablement or rehabilitation – e.g. social support from the voluntary sector, blitz cleans. You should also include an estimate of the number of people who will receive this type of service during the year.

We currently commission a home from hospital service frrom 2 local VSCE organisations. These organisations have a staff member based in the discharge lounge at Dorset County Hospital, and who attend regular ward rounds and meetings discussing patient discharges to identify opportunities to offer support. The support may include deep cleans, small repairs or small home appliances. Other support could be through signposting or volunteer support which can include, but is not limited to, moving furniture, buying food parcels on behalf of the person, collecting prescriptions or befriending. We are in the process of developing the service to include welfare check phone calls for when people return home, and looking closer at admission avoidance opportunities.

185 referrals have been made to the service since the 1st October 2023 when the service was first commissioned, which is approximately 26 people per month (approx. 312 per annum). Referrals have been around 30 per month since establishing a base in the hospital and It is anticipated as the service becomes more well known throughout the hospital referrals will increase. 28% of referrals were because of Environmental issues in the home. 88% of the referrals were for people who live alone, and the ongoing trend seems to be mostly males that live alone and are over 65.

Capacity surplus (including spot puchasing)											
Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
-10	-3	-13	-5	-35	-5	-53	-41	-9	-48	-46	-41
0	0	0	0	0	0	0	0	0	0	0	0
26	18	18	34	18	3	31	12	17	0	10	34
5	5	5	5	5	1	5	2	5	1	2	5
0	0	0	0	0	2	0	0	0	0	0	0

Average LoS/Contact Hours per episode of care	
Full Year	Units
10	Contact Hours per package
0	Contact Hours per package
35	Average LoS (days)
42	Average LoS (days)
42	Average LoS (days)

Capacity - Hospital Discharge		Refreshed planned capacity (not including spot purchased capacity												Capacity that you expect to secure through spot purchasing											
Service Area	**Metric**	**Apr-24**	**May-24**	**Jun-24**	**Jul-24**	**Aug-24**	**Sep-24**	**Oct-24**	**Nov-24**	**Dec-24**	**Jan-25**	**Feb-25**	**Mar-25**	**Apr-24**	**May-24**	**Jun-24**	**Jul-24**	**Aug-24**	**Sep-24**	**Oct-24**	**Nov-24**	**Dec-24**	**Jan-25**	**Feb-25**	**Mar-25**
Reablement & Rehabilitation at home (pathway 1)	Monthly capacity. Number of new packages commenced.	181	181	181	181	181	181	181	181	181	181	181	181	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation at home (pathway 1)	Estimated average time from referral to commencement of service (days). All packages (planned and spot purchased)	6	6	6	5	5	5	5	5	5	5	5	5												
Short term domiciliary care (pathway 1)	Monthly capacity. Number of new packages commenced.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Short term domiciliary care (pathway 1)	Estimated average time from referral to commencement of service (days) All packages (planned and spot purchased)	0	0	0	0	0	0	0	0	0	0	0	0												
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly capacity. Number of new packages commenced.	112	112	112	112	112	112	112	112	112	112	112	112	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation in a bedded setting (pathway 2)	Estimated average time from referral to commencement of service (days) All packages (planned and spot purchased)	14	14	14	11	11	11	8	8	8	8	8	8												
Other short term bedded care (pathway 2)	Monthly capacity. Number of new packages commenced.	11	11	11	11	11	11	11	11	11	11	11	11	0	0	0	0	0	0	0	0	0	0	0	0
Other short term bedded care (pathway 2)	Estimated average time from referral to commencement of service (days) All packages (planned and spot purchased)	14	14	14	11	11	11	8	8	8	8	8	8												
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly capacity. Number of new packages commenced.	0	0	0	0	0	0	0	0	0	0	0	0	17	15	25	22	26	41	22	32	18	26	12	6
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Estimated average time from referral to commencement of service (days) All packages (planned and spot purchased)	51	50	50	45	45	40	40	35	35	35	35	35												

Demand - Hospital Discharge

Please enter refreshed expected no. of referrals:

Pathway	Trust Referral Source	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Total Expected Discharges:	Total Discharges	**312**	**312**	**312**	**312**	**312**	**312**	**312**	**312**	**312**	**312**	**312**	**312**
Reablement & Rehabilitation at home (pathway 1)	Total	**191**	**184**	**194**	**186**	**216**	**186**	**234**	**222**	**190**	**229**	**227**	**222**
	DORSET COUNTY HOSPITAL NHS FOUNDATION TRUST	75	72	75	73	84	73	91	87	74	89	88	87
	DORSET HEALTHCARE UNIVERSITY NHS FOUNDATION TRUST	27	26	27	26	30	26	33	31	27	32	32	31
	SALISBURY NHS FOUNDATION TRUST	11	11	12	11	13	11	14	13	11	14	14	13
	UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST	57	55	58	56	65	56	70	67	57	69	68	67
	YEOVIL DISTRICT HOSPITAL NHS FOUNDATION TRUST	11	11	12	11	13	11	14	13	11	14	14	13
	OTHER	10	9	10	9	11	9	12	11	10	11	11	11
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Short term domiciliary care (pathway 1)	Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
	DORSET COUNTY HOSPITAL NHS FOUNDATION TRUST	0	0	0	0	0	0	0	0	0	0	0	0
	DORSET HEALTHCARE UNIVERSITY NHS FOUNDATION TRUST	0	0	0	0	0	0	0	0	0	0	0	0
	SALISBURY NHS FOUNDATION TRUST	0	0	0	0	0	0	0	0	0	0	0	0
	UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST	0	0	0	0	0	0	0	0	0	0	0	0
	YEOVIL DISTRICT HOSPITAL NHS FOUNDATION TRUST	0	0	0	0	0	0	0	0	0	0	0	0
	OTHER	0	0	0	0	0	0	0	0	0	0	0	0
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Reablement & Rehabilitation in a bedded setting (pathway 2)	Total	**86**	**94**	**94**	**78**	**94**	**109**	**81**	**100**	**95**	**112**	**102**	**78**
	DORSET COUNTY HOSPITAL NHS FOUNDATION TRUST	34	36	36	30	36	42	32	39	37	43	40	30
	DORSET HEALTHCARE UNIVERSITY NHS FOUNDATION TRUST	12	13	13	11	13	15	11	14	13	16	14	11
	SALISBURY NHS FOUNDATION TRUST	5	6	6	5	6	7	5	6	6	7	6	5
	UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST	26	28	28	23	28	33	24	30	28	33	31	23
	YEOVIL DISTRICT HOSPITAL NHS FOUNDATION TRUST	5	6	6	5	6	7	5	6	6	7	6	5
	OTHER	4	5	5	4	5	5	4	5	5	6	5	4
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Other short term bedded care (pathway 2)	Total	**6**	**6**	**6**	**6**	**6**	**10**	**6**	**9**	**6**	**10**	**9**	**6**
	DORSET COUNTY HOSPITAL NHS FOUNDATION TRUST	3	3	3	3	3	4	3	3	3	4	3	3
	DORSET HEALTHCARE UNIVERSITY NHS FOUNDATION TRUST	1	1	1	1	1	1	1	1	1	1	1	1
	SALISBURY NHS FOUNDATION TRUST	0	0	0	0	0	1	0	1	0	1	1	0
	UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST	2	2	2	2	2	3	2	3	2	3	3	2
	YEOVIL DISTRICT HOSPITAL NHS FOUNDATION TRUST	0	0	0	0	0	1	0	1	0	1	1	0
	OTHER	0	0	0	0	0	0	0	0	0	0	0	0
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Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Total	**17**	**15**	**25**	**22**	**26**	**39**	**22**	**32**	**18**	**26**	**12**	**6**
	DORSET COUNTY HOSPITAL NHS FOUNDATION TRUST	7	6	10	9	10	16	9	12	7	10	5	2
	DORSET HEALTHCARE UNIVERSITY NHS FOUNDATION TRUST	2	2	4	3	4	6	3	4	3	4	2	1
	SALISBURY NHS FOUNDATION TRUST	1	1	1	1	2	2	1	2	1	2	0	0
	UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST	5	5	8	7	8	12	7	10	5	8	4	2
	YEOVIL DISTRICT HOSPITAL NHS FOUNDATION TRUST	1	1	1	1	2	2	1	2	1	2	0	0

	OTHER	1	0	1	1	0	1	1	2	1	0	1	1
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Better Care Fund 2024-25 Update Template

4. Capacity & Demand

Selected Health and Wellbeing Board: Dorset

Community **Refreshed capacity surplus:**

Capacity - Demand (positive is Surplus)	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Social support (including VCS)	30	30	28	27	33	34	43	44	37	42	29	32
Urgent Community Response	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation at home	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation in a bedded setting	0	0	0	0	0	0	0	0	0	0	0	0
Other short-term social care	0	0	0	0	0	0	0	0	0	0	0	0

Average LoS/Contact Hours	
Full Year	Units
3.5	Contact Hours
2	Contact Hours
59	Contact Hours
18.09	Average LoS
0	Contact Hours

Capacity - Community

Please enter refreshed expected capacity:

Service Area	Metric	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Social support (including VCS)	Monthly capacity. Number of new clients.	328	326	306	300	362	370	477	483	407	461	321	354
Urgent Community Response	Monthly capacity. Number of new clients.	653	653	653	653	653	653	653	653	653	653	653	653
Reablement & Rehabilitation at home	Monthly capacity. Number of new clients.	123	123	123	123	123	131	131	131	131	131	131	131
Reablement & Rehabilitation in a bedded setting	Monthly capacity. Number of new clients.	10	15	13	10	12	9	13	6	13	13	10	11
Other short-term social care	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0

Demand - Community

Please enter refreshed expected no. of referrals:

Service Type	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Social support (including VCS)	298	296	278	273	329	336	434	439	370	419	292	322
Urgent Community Response	653	653	653	653	653	653	653	653	653	653	653	653
Reablement & Rehabilitation at home	123	123	123	123	123	131	131	131	131	131	131	131
Reablement & Rehabilitation in a bedded setting	10	15	13	10	12	9	13	6	13	13	10	11
Other short-term social care	0	0	0	0	0	0	0	0	0	0	0	0

Better Care Fund 2024-25 Update Template

5. Income

Selected Health and Wellbeing Board: Dorset

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Dorset	£4,529,287
DFG breakdown for two-tier areas only (where applicable)	
Total Minimum LA Contribution (exc iBCF)	**£4,529,287**

Local Authority Discharge Funding	Contribution
Dorset	£2,909,250

ICB Discharge Funding	Previously entered	Updated	Comments - Please use this box to clarify any specific uses or sources of funding
NHS Dorset ICB	£3,561,600	£2,170,000	
Total ICB Discharge Fund Contribution	£3,561,600	£2,170,000	

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

Local Authority Additional Contribution	Previously entered	Updated	Comments - Please use this box to clarify any specific uses or sources of funding
Dorset	£309,000	£309,000	
Dorset	£57,990,500	£57,990,500	
Total Additional Local Authority Contribution	**£58,299,500**	**£58,299,500**	

NHS Minimum Contribution	Contribution
NHS Dorset ICB	£35,044,629
Total NHS Minimum Contribution	**£35,044,629**

Additional ICB Contribution	Previously entered	Updated	Comments - Please use this box clarify any specific uses or sources of funding
NHS Dorset ICB	£34,387,142	£34,404,921	
NHS Dorset ICB	£4,000,000	£3,150,000	
NHS Dorset ICB	£1,359,986	£0	
Total Additional NHS Contribution	**£39,747,128**	**£37,554,921**	
Total NHS Contribution	**£74,791,757**	**£72,599,550**	

	2024-25
Total BCF Pooled Budget	**£152,958,153**

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

In relation to reduction in available investment from ICB Discharge funding allocation;
- Non-recurrent funding available last year not available this year - investments have had to be right sized to the funding available. Has been undertaken in dialogue/partnership with all partners
- Part of mitigating strategy is to use what we have more effectively – targeting LOS reduction and process simplification to reduce hand-offs and delays.

Better Care Fund 2024-25 Update Template

To Add New Schemes

6. Expenditure

Selected Health and Wellbeing Board: Dorset

<< Link to summary sheet

Running Balances	2024-25 Income	2024-25 Expenditure	2024-25 Balance
DFG	£4,529,287	£4,529,287	£0
Minimum NHS Contribution	£35,044,629	£35,044,629	£0
iBCF	£12,450,566	£12,450,566	£0
Additional LA Contribution	£58,299,500	£58,299,500	£0
Additional NHS Contribution	£37,554,921	£37,554,921	£0
Local Authority Discharge Funding	£2,909,250	£2,909,250	£0
ICB Discharge Funding	£2,170,000	£2,170,000	£0
Total	**£152,958,153**	**£152,958,153**	**£0**

Required Spend

This is in relation to National Conditions 2 and 3 only. It does NOT make up the total Minimum ICB Contribution (on row 33 above).

	2024-25 Minimum Required Spend	2024-25 Planned Spend	2024-25 Under Spend
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£9,907,649	£21,130,466	£0
Adult Social Care services spend from the minimum ICB allocations	£13,914,160	£13,914,163	£0

									Planned Expenditure												
Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	**Previously entered Outputs for 2024-25**	Updated Outputs for 2024-25	Units	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	New/ Existing Scheme	Previously entered Expenditure for 2024-25	Updated Expenditure for 2024-25 (£)	% of Overall Spend (Average)	Do you wish to update?	Comments if updated e.g. reason for the changes made
1	Maintaining Independence	A combination of telecare, wellness and digital participation services	Other				0		Social Care		LA			Private Sector	iBCF	Existing	£2,329,214	£2,329,214	100%	Yes	This scheme supports promotion and maintaining of independence; Supports Prevention priorities
2	Strong and sustainable care markets	Funding of residential placements	Residential Placements	Care home		68	154	Number of beds	Social Care		LA			Private Sector	iBCF	Existing	£4,251,898	£4,251,898	7%	Yes	Updated activity figures based on actual outputs from 2023-24
3	Strong and sustainable care markets	Funding for domiciliary care	Home Care or Domiciliary Care	Domiciliary care packages		55	55	Hours of care (Unless short-term in which	Social Care		LA			Private Sector	iBCF	Existing	£1,241,282	£1,241,282	5%	Yes	no change
4	Strong and sustainable care markets	Enabling service improvement	Other				0		Social Care		LA			Local Authority	iBCF	Existing	£1,102,300	£1,102,300	6%	Yes	no change
5	High Impact Changes/ Implementation	Social work staffing capacity to maintain DTOC performance	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge			0		Social Care		LA			Local Authority	iBCF	Existing	£2,223,817	£2,223,817	1%	Yes	MDT approach enables joint planning for discharge; supports future admission avoidance and promotion and maintaining of independence, therefore also supporting Prevention priorities
6	Strong and sustainable care markets	Resource to manage and review care market	High Impact Change Model for Managing Transfer of Care	Monitoring and responding to system demand and capacity			0		Social Care		LA			Local Authority	iBCF	Existing	£209,629	£209,629	1%	Yes	no change
7	High Impact Changes/ Implementation	Manage the impact of the confirmed NHS reductions to the existing BCF	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge			0		Social Care		LA			Local Authority	iBCF	Existing	£1,092,426	£1,092,426	5%	Yes	no change
8	High Impact Changes/ Implementation	Provision of reablement services	Integrated Care Planning and Navigation	Assessment teams/joint assessment			0		Social Care		LA			Private Sector	Minimum NHS Contribution	Existing	£3,671,278	£3,671,278	18%	Yes	This scheme supports regaining, promotion and maintaining of independence; Supports admission avoidance and prevention priorities
9	Maintaining Independence	Dorset Accessible Homes Service administering DFG	DFG Related Schemes	Adaptations, including statutory DFG grants		1150	1000	Number of adaptations funded/people supported	Social Care		LA			Private Sector	DFG	Existing	£4,152,450	£4,529,287	100%	Yes	Updated funding based on actual funding allocation. Final year end activity output was 810 compared to the plan of 1150. New activity figure reflects 2023/24 outturn and increase in activity based on additional funding.
10	Maintaining Independence	Mental health & dementia support - nursing home	Residential Placements	Nursing home		42	69	Number of beds	Social Care		LA			Private Sector	Minimum NHS Contribution	Existing	£2,525,252	£2,525,252	16%	Yes	Updated activity figures based on actual outputs from 2023-24; this is long term care needs, increased forecast for 2024-25 is based on trends and anticipating greater demand due to increasing acuity.
11	Maintaining Independence	Dorset Accessible Homes Service provision of AT and equipment	Assistive Technologies and Equipment	Community based equipment		850	1140	Number of beneficiaries	Social Care		LA			Private Sector	Minimum NHS Contribution	Existing	£637,277	£637,277	100%	Yes	Updated activity figures based on actual outputs from 2023-24 . This scheme supports promotion and maintaining of independence; Supports Prevention priorities
12	High Impact Changes/ Implementation	Integrated crisis and rapid response service	Integrated Care Planning and Navigation	Assessment teams/joint assessment			0		Social Care		LA			Private Sector	Minimum NHS Contribution	Existing	£785,379	£785,379	4%	Yes	Rapid response services supports admission avoidance prioirites
13	Maintaining Independence	Occupational Therapy capacity to support minor aids and adaptations, maintain people living in their	High Impact Change Model for Managing Transfer of Care	Monitoring and responding to system demand and capacity			0		Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£1,443,189	£1,443,189	7%	Yes	This scheme supports promotion and maintaining of independence; Supports Prevention priorities
14	High Impact Changes/ Implementation	Various funding arrangements	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge			0		Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£1,419,860	£1,419,860	7%	Yes	This scheme supports regaining, promotion and maintaining of independence; Supports admission avoidance and prevention priorities
15	High Impact Changes/ Implementation	Various funding arrangements	High Impact Change Model for Managing Transfer of Care	Other	Various funding arrangements		0		Social Care		LA			NHS Acute Provider	Minimum NHS Contribution	Existing	£165,716	£165,716	1%	Yes	no change
16	High Impact Changes/ Implementation	Various funding arrangements	High Impact Change Model for Managing Transfer of Care	Other	Various funding arrangements		0		Social Care		LA			NHS Community Provider	Minimum NHS Contribution	Existing	£446,977	£446,977	2%	Yes	no change
17	Carers	Direct payment budget for carers	Carers Services	Respite Services		300	300	Beneficiaries	Social Care		LA			Private Sector	Minimum NHS Contribution	Existing	£116,099	£116,099	10%	Yes	This scheme supports Prevention priorities
18	Carers	Carers case workers	Carers Services	Carer advice and support related to Care Act duties		73	73	Beneficiaries	Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£268,891	£268,891	24%	Yes	This scheme supports Prevention priorities
19	Carers	Carer's support service to support those care for people with mental health	Carers Services	Carer advice and support related to Care Act duties		60	60	Beneficiaries	Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£117,667	£117,667	11%	Yes	This scheme supports Prevention priorities

20	Carers	Carer engagement	Carers Services	Carer advice and support related to Care Act duties		1120	94	Beneficiaries	Social Care		LA			Private Sector	Minimum NHS Contribution	Existing	£7,769	£7,769	1%	Yes	Updated activity figures based on actual outputs from 2023-24 . This scheme supports Prevention priorities
21	Carers	Respite care, short breaks for carers	Carers Services	Respite Services		350	350	Beneficiaries	Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£478,196	£478,196	43%	Yes	This scheme supports Prevention priorities
22	Carers	GP practice carers support accreditations scheme	Carers Services	Other	GP training	86	86	Beneficiaries	Social Care		LA			NHS	Minimum NHS Contribution	Existing	£8,393	£8,393	1%	Yes	This scheme supports Prevention priorities
23	Carers	Carers training programme	Carers Services	Other	Carers training/ activities	60	2200	Beneficiaries	Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£115,928	£115,928	10%	Yes	Updated activity figures based on actual outputs from 2023-24. This scheme supports Prevention priorities
24	Maintaining Independence	Dorset Integrated Community Equipment Service	Assistive Technologies and Equipment	Community based equipment		1439	3900	Number of beneficiaries	Social Care		LA			Private Sector	Additional LA Contribution	Existing	£1,144,700	£1,144,700	15%	Yes	Updated activity figures based on actual outputs from 2023-24. This scheme supports promotion and maintaining of independence; Supports Prevention priorities
25	Strong and sustainable care markets	Joint purchasing of care	Residential Placements	Care home		884	884	Number of beds	Social Care		LA			Private Sector	Additional LA Contribution	Existing	£55,058,800	£55,058,800	88%	Yes	no change
26	Moving on from Hospital Living	Pooled budget of LD cohort to live in community	Integrated Care Planning and Navigation	Assessment teams/joint assessment			0		Social Care		LA			Private Sector	Additional LA Contribution	Existing	£1,213,000	£1,213,000	27%	Yes	This scheme supports promotion and maintaining of independence; Supports Prevention priorities
27	Maintaining Independence	Dorset Integrated Community Equipment Service	Assistive Technologies and Equipment	Community based equipment		3620	4600	Number of beneficiaries	Community Health		NHS			Private Sector	Minimum NHS Contribution	Existing	£2,879,944	£2,879,944	67%	Yes	Updated activity figures based on actual outputs from 2023-24. This scheme supports promotion and maintaining of independence; Supports Prevention priorities
28	Moving on from Hospital Living	Pooled budget of LD cohort to live in community	Integrated Care Planning and Navigation	Assessment teams/joint assessment			0		Community Health		NHS			Private Sector	Minimum NHS Contribution	Existing	£3,767,826	£3,767,826	73%	Yes	This scheme supports promotion and maintaining of independence; Supports Prevention priorities
29	Strong and sustainable care markets	Continuing Health Care placements	Integrated Care Planning and Navigation	Care navigation and planning			0		Continuing Care		NHS			Private Sector	Additional NHS Contribution	Existing	£26,592,162	£26,592,162	100%	Yes	no change
30	Integrated health and social care locality teams	District nursing capacity to support locality working	Integrated Care Planning and Navigation	Assessment teams/joint assessment			0		Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£12,027,977	£12,027,977	100%	Yes	This scheme supports promotion and maintaining of independence; Supports Prevention priorities
31	Integrated health and social care locality teams	Combination of community services and intermediate care services	Integrated Care Planning and Navigation	Assessment teams/joint assessment			0		Community Health		NHS			NHS Community Provider	Additional NHS Contribution	Existing	£7,660,895	£7,660,895	50%	Yes	Joint working in the community enables greater opportunities for Right Care, Right, Time, Right Place - support Prevention priorities
32	Maintaining Independence	A combination of telecare, wellness and digital participation services	Assistive Technologies and Equipment	Assistive technologies including telecare		683	683	Number of beneficiaries	Social Care		LA			Private Sector	Additional LA Contribution	Existing	£574,000	£574,000	100%	Yes	This scheme supports promotion and maintaining of independence; Supports Prevention priorities
33	Maintaining Independence	Work with Citizen's Advice to support information, advice and guidance	Care Act Implementation Related Duties	Other	Citizen's Advice		0		Social Care		NHS			Charity / Voluntary Sector	Additional NHS Contribution	Existing	£82,269	£100,048	100%	Yes	Updated spend based on new contracted spend. Supports Prevention priorities.
34	Strong and sustainable care markets	Advocacy CHC appeals	Care Act Implementation Related Duties	Independent Mental Health Advocacy			0		Social Care		NHS			Charity / Voluntary Sector	Additional NHS Contribution	Existing	£51,816	£51,816	100%	Yes	no change
35	Maintaining Independence	Integrated crisis and rapid response service	Integrated Care Planning and Navigation	Assessment teams/joint assessment			0		Social Care		LA			Private Sector	Minimum NHS Contribution	Existing	£592,987	£592,987	100%	Yes	Rapid response services supports admission avoidance prioirites
36	Integrated health and social care locality teams	Funding distributed over aligned budgets - Governance process to confirm exact funding split underway	Other				0		Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£2,454,719	£2,454,719	50%	Yes	no change
37	Maintaining Independence	Integrated crisis and rapid response service	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as			0		Social Care		LA			Private Sector	Minimum NHS Contribution	New	£367,951	£367,951	2%	Yes	Rapid response services supports admission avoidance prioirites
38	Strong and Sustainable Market	Home care capacity investment	Home Care or Domiciliary Care	Domiciliary care packages		62	300	Hours of care (Unless short-term in which case it is packages)	Social Care		LA			Private Sector	Local Authority Discharge Funding	New	£1,400,000	£2,563,700	88%	Yes	Updated discharge fund and activity based on funding received. Services have strengths based approach to care and support in the home; supporting prevention priorities
39	High Impact Changes/ Implementation	RCR domiciliary care supporting people out of hospital	Community Based Schemes	Low level support for simple hospital discharges (Discharge to Assess pathway 0)			0		Social Care		LA			Private Sector	Local Authority Discharge Funding	Existing	£345,550	£345,550	12%	Yes	This scheme supports regaining, promotion and maintaining of independence; Supports admission avoidance and prevention priorities
40	Maintaining Independence	New schemes to be confirmed in line with priority developments	Other				0		Social Care		LA			Private Sector	Minimum NHS Contribution	New	£745,354	£745,354	100%	Yes	Support prevention priorities
41	Maintaining Independence	Home First Accelerator Programme	Community Based Schemes	Other	Sustainable Care Models		0		Social Care		LA			Private Sector	Additional NHS Contribution	New	£4,000,000	£3,150,000	52%	Yes	Updated contribution This scheme supports regaining, promotion and maintaining of independence; Supports admission avoidance and prevention priorities

42	Maintaining Independence	Recovery Focussed (RCR) enhanced home care	Community Based Schemes	Low level support for simple hospital discharges (Discharge to Assess pathway 0)			0		Social Care		LA			Private Sector	Additional NHS Contribution	New	£1,359,986	£0	0%	Yes	Updated contribution This scheme supports regaining, promotion and maintaining of independence; Supports admission avoidance and prevention priorities
43	Maintaining Independence	Thriving Communities VSCE programme	Community Based Schemes	Other	VCSE		0		Social Care		LA			Private Sector	Additional LA Contribution	New	£309,000	£309,000	100%	Yes	no change
44	Maintaining Independence	Recovery Focussed (RCR) enhanced home care	Community Based Schemes	Low level support for simple hospital discharges (Discharge to Assess pathway 0)			0		Social Care		LA			Private Sector	ICB Discharge Funding	Existing	£2,434,000	£1,750,000	100%	Yes	Updated contribution - please see narrative on tab 5 reference reduction. This scheme supports regaining, promotion and maintaining of independence; Supports admission avoidance and prevention priorities
45	Strong and sustainable care markets	Trusted Assessors	High Impact Change Model for Managing Transfer of Care	Trusted Assessment			0		Social Care		LA			Private Sector	ICB Discharge Funding	New	£400,000	£420,000	100%	Yes	Updated contribution

Further guidance for completing Expenditure sheet

Schemes tagged with the following will count towards the planned **Adult Social Care services spend** from the NHS min:
- **Area of spend** selected as 'Social Care'
- **Source of funding** selected as 'Minimum NHS Contribution'

Schemes tagged with the below will count towards the planned **Out of Hospital spend** from the NHS min:
- **Area of spend** selected with anything except 'Acute'
- **Commissioner** selected as 'ICB' (if 'Joint' is selected, only the NHS % will contribute)
- **Source of funding** selected as 'Minimum NHS Contribution'

2023-25 Revised Scheme types

Number	Scheme type/ services	Sub type	Description
1	Assistive Technologies and Equipment	1. Assistive technologies including telecare 2. Digital participation services 3. Community based equipment 4. Other	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Community based equipment, Digital participation services).
2	Care Act Implementation Related Duties	1. Independent Mental Health Advocacy 2. Safeguarding 3. Other	Funding planned towards the implementation of Care Act related duties. The specific scheme sub types reflect specific duties that are funded via the NHS minimum contribution to the BCF.
3	Carers Services	1. Respite Services 2. Carer advice and support related to Care Act duties 3. Other	Supporting people to sustain their role as carers and reduce the likelihood of crisis. This might include respite care/carers breaks, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence.
4	Community Based Schemes	1. Integrated neighbourhood services 2. Multidisciplinary teams that are supporting independence, such as anticipatory care 3. Low level social support for simple hospital discharges (Discharge to Assess pathway 0) 4. Other	Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood/PCN level (eg: Integrated Neighbourhood Teams) Reablement services should be recorded under the specific scheme type 'Reablement in a person's own home'
5	DFG Related Schemes	1. Adaptations, including statutory DFG grants 2. Discretionary use of DFG 3. Handyperson services 4. Other	The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes. The grant can also be used to fund discretionary, capital spend to support people to remain independent in their own homes under a Regulatory Reform Order, if a published policy on doing so is in place. Schemes using this flexibility can be recorded under 'discretionary use of DFG' or 'handyperson services' as appropriate
6	Enablers for Integration	1. Data Integration 2. System IT Interoperability 3. Programme management 4. Research and evaluation 5. Workforce development 6. New governance arrangements 7. Voluntary Sector Business Development 8. Joint commissioning infrastructure 9. Integrated models of provision 10. Other	Schemes that build and develop the enabling foundations of health, social care and housing integration, encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes. Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning. Schemes could be focused on Data Integration, System IT Interoperability, Programme management, Research and evaluation, Supporting the Care Market, Workforce development, Community asset mapping, New governance arrangements, Voluntary Sector Development, Employment services, Joint commissioning infrastructure amongst others.
7	High Impact Change Model for Managing Transfer of Care	1. Early Discharge Planning 2. Monitoring and responding to system demand and capacity 3. Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge 4. Home First/Discharge to Assess - process support/core costs 5. Flexible working patterns (including 7 day working) 6. Trusted Assessment 7. Engagement and Choice 8. Improved discharge to Care Homes 9. Housing and related services 10. Red Bag scheme 11. Other	The eight changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system. The Hospital to Home Transfer Protocol or the 'Red Bag' scheme, while not in the HICM, is included in this section.
8	Home Care or Domiciliary Care	1. Domiciliary care packages 2. Domiciliary care to support hospital discharge (Discharge to Assess pathway 1) 3. Short term domiciliary care (without reablement input) 4. Domiciliary care workforce development 5. Other	A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.
9	Housing Related Schemes		This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.
10	Integrated Care Planning and Navigation	1. Care navigation and planning 2. Assessment teams/joint assessment 3. Support for implementation of anticipatory care 4. Other	Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches such as Anticipatory Care, which aims to provide holistic, co-ordinated care for complex individuals. Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams. Note: For Multi-Disciplinary Discharge Teams related specifically to discharge, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.

11	Bed based intermediate Care Services (Reablement, rehabilitation in a bedded setting, wider short-term services supporting recovery)	1. Bed-based intermediate care with rehabilitation (to support discharge) 2. Bed-based intermediate care with reablement (to support discharge) 3. Bed-based intermediate care with rehabilitation (to support admission avoidance) 4. Bed-based intermediate care with reablement (to support admissions avoidance) 5. Bed-based intermediate care with rehabilitation accepting step up and step down users 6. Bed-based intermediate care with reablement accepting step up and step down users 7. Other	Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups.
12	Home-based intermediate care services	1. Reablement at home (to support discharge) 2. Reablement at home (to prevent admission to hospital or residential care) 3. Reablement at home (accepting step up and step down users) 4. Rehabilitation at home (to support discharge) 5. Rehabilitation at home (to prevent admission to hospital or residential care) 6. Rehabilitation at home (accepting step up and step down users) 7. Joint reablement and rehabilitation service (to support discharge) 8. Joint reablement and rehabilitation service (to prevent admission to hospital or residential care) 9. Joint reablement and rehabilitation service (accepting step up and step down users) 10. Other	Provides support in your own home to improve your confidence and ability to live as independently as possible
13	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.
14	Personalised Budgeting and Commissioning		Various person centred approaches to commissioning and budgeting, including direct payments.
15	Personalised Care at Home	1. Mental health /wellbeing 2. Physical health/wellbeing 3. Other	Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this scheme type.
16	Prevention / Early Intervention	1. Social Prescribing 2. Risk Stratification 3. Choice Policy 4. Other	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.
17	Residential Placements	1. Supported housing 2. Learning disability 3. Extra care 4. Care home 5. Nursing home 6. Short-term residential/nursing care for someone likely to require a longer-term care home replacement 7. Short term residential care (without rehabilitation or reablement input) 8. Other	Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.
18	Workforce recruitment and retention	1. Improve retention of existing workforce 2. Local recruitment initiatives 3. Increase hours worked by existing workforce 4. Additional or redeployed capacity from current care workers 5. Other	These scheme types were introduced in planning for the 22-23 AS Discharge Fund. Use these scheme decriptors where funding is used to for incentives or activity to recruit and retain staff or to incentivise staff to increase the number of hours they work.
19	Other		Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.

Scheme type	Units
Assistive Technologies and Equipment	Number of beneficiaries
Home Care or Domiciliary Care	Hours of care (Unless short-term in which case it is packages)
Bed based intermediate Care Services	Number of placements
Home-based intermediate care services	Packages
Residential Placements	Number of beds
DFG Related Schemes	Number of adaptations funded/people supported
Workforce Recruitment and Retention	WTE's gained
Carers Services	Beneficiaries

Better Care Fund 2024-25 Update Template

7. Narrative updates

Selected Health and Wellbeing Board: Dorset

Please set out answers to the questions below. No other narrative plans are required for 2024-25 BCF updates. Answers should be brief (no more than 250 words) and should address the questions and Key lines of enquiry clearly.

2024-25 capacity and demand plan

Please describe how you've taken analysis of 2023-24 capacity and demand actuals into account in setting your current assumptions.

We have reviewed demand from 23-24, and compared that to the capacity available when we have set current 24-25 assumptions. For Pathway 1 we have made improvements in utilisation of capacity, which shows in our data by way of reduced length of stays in services, so we have factored this in also when making our assessment of 24-25 capacity. Our forecasts include a performance target to reduce the length of time from referral to commencement of care / support over the next 12 months starting from a baseline position of April 2024 performance.

Please note that whilst tab 4.2 is showing a shortfall in P1 capacity and a potential surplus in P2, as decribed below we have opportunities to flex between P1 and 2 in order to achieve good outcomes for people and utilise our resources to greatest effect. Therefore this is likely to be more balance in demand and capacity in P1 and P2 than the figures currently indicate.

Have there been any changes to commissioned intermediate care to address any gaps and issues identified in your C&D plan? What mitigations are in place to address any gaps in capacity?

We have continued to ensure that our pre-commissioned services are utilised for as many indivduals as possible. We have been closely reviewing utlisation of pre-commissioned resources throughout the course of the year, particulary for Pathway 1, and we have reduced the volume of hours from 1st June 2024 to more accuratley reflect utilisation, and therefore demand. We plan to re-tender the Pathway 1 Reablement led services during Q3 and hope to strengthen our partnership working with providers via these new arrangements. Building in greater flexibility to meet seasonal and demand pressures is one key consideration of the P1 review. There has been a reduced allocation of ICB contributions to funding of Pathway 1 funding for 24/25, due to overall ICB budget challenges, so during Q2 we will continue to explore other funding options as a local ICS to secure sufficient P1 capacity as it has been a vital feature of our success to date.

We are yet to alter other existing commissioned pathways based on gap and issue analysis, but we have identified the need to enhance Pathway 2 in order to meet more complex needs, that at present, often lead to delays in people leaving hopistal and ensuring timely interventions and recovery outcomes outside of hospital. At the time of writing, we are beginning work to analyse in detail the nature of the types of health, care and support needs that we can not currently meet within our core pathways. Once concluded we will be clearer on longer term requirements in P2 pathways.

What impacts do you anticipate as a result of these changes for:

i. Preventing admissions to hospital or long term residential care?

Once our review work above is completed and executed to provide enhanced P1 and P2 offers, this will increase the opportunities to avoid, reduce and delay the need for long term residential care. Within 2023/24 our performance against this metric has improved.
We can see from our data that we already deploy a good proportion P1 capacity as a 'step up' offer to enable people to stay at home and prevent an admission. We also utilise P2, but there is more we can do to extend the use in this scenario. In addition, we have run a successful pilot with a P1 Provider around admission avoidance directly from DCH Emergency Department and Short Stay Assessment Unit, which has been successful - over the 6 week trail period we prevented 35 admissions. We have extended the offer, and its now been running for 6 months; whilst we are proud of the achievements we now need to incoprate such avoidance schemes within our wider ICS programmes, such as Urgent Community Response so that prevention work can begin earlier to avoid the need for someone to present at ED before intervention and support is available. We also need to explore links to Urgent Community Care priorities too.

ii. Improving hospital discharges (preventing delays and ensuring people get the most appropriate support)?

Once analysis completed we will be able to make improvements to Pathway 2 services so that more complex health, care and support needs can be met outside of an acute setting, at an earlier point in recovery. This will reduce the number of people who are currently waiting in hopsital to have their ongoing and longer term health, care and support needs assessed, reducing lengths of stay, preventing delays and enabling recovery to begin sooner outside of hospital. Longer term, this will also improve experiences for people being discharged on P3, as numbers will reduce as more people are supported via P2, we will be able to focus more resources into assessments in hospital for this reduced P3 cohort, improving outcomes and reducing delays.

Please explain how assumptions for intermediate care demand and required capacity have been developed between local authority, trusts and ICB and reflected in BCF and NHS capacity and demand plans.

We have improved sharing and oversight of data and performance reporting across our ICS over the past financial year. The Dorset Single Point of Access (SPA)& ICB led System Control Centre are key hubs for co-ordinating our demand and capacity position on a daily basis, through a Sit Rep approach. This includes emergency community demand, in-patient capacity and community capacity within pre-commissioned pathways. We then use this consolidated view to inform our demand and capacity forecasts, using this to inform changes that may be required in capacity to manage demand. We are continuing to work on outcome/experience data and our current work with PPL includes a series of case reviews to understand improvement priorities.

Have expected demand for admissions avoidance and discharge support in NHS UEC demand, capacity and flow plans, and expected demand for long term social care (domiciliary and residential) in Market Sustainability and Improvement Plans, been taken into account in you BCF plan?	**Yes**

Please explain how shared data across NHS UEC Demand capacity and flow has been used to understand demand and capacity for different types of intermediate care.

Demand, capacity and flow data for step-down intermediate care is collected daily through the Dorset Single Point of Access in partnership with the Dorset System Co-ordination Centre and Dorset Intelligence and Insight Service (DIIS)
This has established data feeds from all health and care partners, including acute hospitals, community health services and local authorities, that captures:

- All referrals for step-down intermediate care from acute and community hospitals.
- All discharged into intermediate care across P1-P3
- Capacity available each day in both P1 and P2 care across all partners (P3 is spot only)
- Length of time it takes to discharge a person from hospital into intermediate care.
- Length of time a person spends in an intermediate care service.
- Where someone is discharged to following their intermediate care intervention

Approach to using Additional Discharge Funding to improve

Briefly describe how you are using Additional Discharge Funding to reduce discharge delays and improve outcomes for people.

We invested our Disharge Funding to continue key aspects of our Home First Accelerator Programme (as outlined in our Case Study submission in Q3 2023/24 return). In summary this reduces discharge delays and improves outcomes as follows:
- Recovery and Community Resilience (RCR) Contracts; Reablement focussed P1 care and support delivered by Trusted Providers to enable indivduals home swiftly, focussing on promotion of recovery and regaining indepedence. Providers complete a Trusted Review of ongoing care and support needs at the end of the recovery period to enable swifter move on or ending of provision. We are cutting lengths of stay in RCR services for those being helped through and taking 100s of hours out of care delivery each week, compared to assessed needs at point of entry –30% of people have no long-term care needs after RCR.
- Trusted Assessment; run by the Dorset Care Association, where their assessors can act quickly in hospital to get people back home, with the right support on hand, as soon as they are fit. 60 people a month are being returned to their usual place of residence by the Trusted Assessment programme, with workers being up on wards within 40mins to get an assessment done and start the process of helping people to get back home.
- Investment into Homecare capacity; We have stabilised our homecare capacity. Over the past couple of years we have targeted our uplifts at providers who could work with us on our Dorset Care Framework. We have optimised homecare rounds, by working with providers across Dorset to reorganise their rounds between them to be more efficient. This built more capacity and reduced our collective carbon footprint. Over the past couple of years we have dramaically reduced waiting times for long term care. Now, some parts of our county can source long term homecare immediately, and most within just a couple of days.

Please describe any changes to your Additional discharge fund plans, as a result from o Local learning from 23-24 o the national evaluation of the 2022-23 Additional Discharge Funding (Rapid evaluation of the 2022 to 2023 discharge funds - GOV.UK (www.gov.uk)
No changes to report, however the amount of available investment from the ICB Dicharge Funding allocation has reduced for the above workstreams for 2024/25

Ensuring that BCF funding achieves impact

What is the approach locally to ensuring that BCF plans across all funding sources are used to maximise impact and value for money, with reference to BCF objectives and metrics?
Regular reviews back to the objectives and metrics ensure we remain on track. We have clear strategic and operational governance across the ICS to ensure we remain in line with objectives and metrics. This governance was outlined in the our Narrative Plan for 2023-2025 as submitted last year.

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7. Metrics for 2024-25

Selected Health and Wellbeing Board: Dorset

8.1 Avoidable admissions

*Q4 Actual not available at time of publication

		2023-24 Q1 Actual	2023-24 Q2 Actual	2023-24 Q3 Plan	2023-24 Q4 Plan	Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.	Please describe your plan for achieving the ambition you have set, and how BCF funded services support this.
Indirectly standardised rate (ISR) of admissions per 100,000 population (See Guidance)	Indicator value	148.6	150.7	133.8	118.3	24/25 target is 2% reduction in level of avoidable admissions. Activity level in Qrt3 23/24 were 917 (50 more avoidable admission than the same period last year), although Qrt4 national figures are not yet available based on the annual average expected to be higher than plan levels. Rationally for 24/25 will be to address the increasing trend and look to reduce overall levels of avoidable admissions.	Focused system workstream in 2024/25 centred on reducing preventable admissions with key objective to drive up utilisation and impact of key services e.g. step-up frailty virtual wards, as well as build better connectivity between the different service offers available e.g. through the implementation of a care co-ordination hub with stronger links into frailty services. How we use intermediate care services is a key part of this plan, recognising the need to shift our collective focus from step-down to step-up care. This will be achieved through looking at where we can intervene earlier in the community, building links with integrated teams, and at the hospital front door to provide a strong inreach offers that enables more rapid turnaround at this stage of a person's journey and prevent admission to a hospital ward where this can be avoided.
	Number of Admissions	852	864	-	-		
	Population	381,292	381,292	-	-		
		2024-25 Q1 Plan	2024-25 Q2 Plan	2024-25 Q3 Plan	2024-25 Q4 Plan		
	Indicator value	145.6	151.1	156.7	151.2		

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

8.2 Falls

		2023-24 Plan	2023-24 estimated	2024-25 Plan	Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.	Please describe your plan for achieving the ambition you have set, and how BCF funded services support this.
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Indicator value	1,401.2	1,972.8	1,933.3	23/24 are estimating a 12% increase in activity. 24/25 plan is a 2% reduction on estimated 23/24 outturn performance which is inline with the overall ambition for avoidable admissions.	Continue to build on current community offers to prevent admission due to falls, including frailty SDEC services. Will be a key pathway as part of care co-ordination hub development linking into UCR and other admission prevention offers. More broadly, work to develop integrated neighbourhood teams will look at prevention/educaction opportunities as well as ensuring connectivity and access to the appropriate community support offers.
	Count	1,702	2392	2344		
	Population	112,275	113053	113053		

Public Health Outcomes Framework - Data - OHID (phe.org.uk)

8.3 Discharge to usual place of residence

*Q4 Actual not available at time of publication

		2023-24 Q1 Actual	2023-24 Q2 Actual	2023-24 Q3 Actual	2023-24 Q4 Plan	Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.	Please describe your plan for achieving the ambition you have set, and how BCF funded services support this.
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	Quarter (%)	91.0%	91.3%	92.0%	92.0%	24/25 ambition to achieve 92% discharge rate to their normal place of residence.	Continue work on stregnthening impact of P1 offer through blending of different health and care offers that enable more people to return home. This is tied to local transfer of care hub development. Key piece of work in 2024/25 to look at how the core intermeidate care offer can be extended to support people with higher dependency/need to recover at home. Where a person does require a step-down bed on leaving hospital, focused work across health and care teams to support people back to home as part of hybrid P1/P2 offer so focus for recovery remains at home.
	Numerator	7,522	7,681	7,066	7,273		
	Denominator	8,263	8,414	7,680	7,905		
		2024-25 Q1 Plan	2024-25 Q2 Plan	2024-25 Q3 Plan	2024-25 Q4 Plan		
	Quarter (%)	92.0%	92.0%	92.0%	92.0%		
	Numerator	7,408	7,155	7,353	7,260		
	Denominator	8,052	7,777	7,992	7,892		

8.4 Residential Admissions

		2022-23 Actual	2023-24 Plan	2023-24 estimated	2024-25 Plan	Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.	Please describe your plan for achieving the ambition you have set, and how BCF funded services support this.
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	467.9	445.3	513.9	397.1	ONS MYE for 2022 65+ population is 115,068 for DC area, anticipated outturn for 2023-24 based on this population is estimated as 501.44. The population for 2024-25 is incorrect and relates to the old DCC area. For 2024-25, we are revising the way that we calculate this metric in line with CLD guidance from DHSC however, based on initial testing, we do not anticipate that this change will have a significant impact on the outturn for this metric.	Improved capacity in homecare to support long term need at home, has enabled us to reduce reliance on residential placements as an alternative over the past year, both for hospital discharge but also to support advancing needs in the community. As explained in 7. Narrative update and in our 2023-25 Narrative Plan, the Home First Accelerator Programme, funded via BCF streams, continues which is improving the reablement offer, and optimising how home care capacity is deployed, ensuring we make effecetive and efficient use of resources available.
	Numerator	529	500	577	545		
	Denominator	113,053	112,275	112,275	137,251		

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

Please note, actuals for Cumberland and Westmorland and Furness are using the Cumbria combined figure for the Residential Admissions metrics since a split was not available; Please use comments box to advise.

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8. Confirmation of Planning Requirements

Selected Health and Wellbeing Board: Dorset

	Code	2023-25 Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR) to be confirmed for 2024-25 plan updates	Confirmed through	Please confirm whether your BCF plan meets the Planning Requirement?	Please note any supporting documents referred to and relevant page numbers to assist the assurers	Where the Planning requirement is not met, please note the actions in place towards meeting the requirement	Where the Planning requirement is not met, please note the anticipated timeframe for meeting it
NC1: Jointly agreed plan	**PR1**	**A jointly developed and agreed plan that all parties sign up to**	Has a plan; jointly developed and agreed between all partners from ICB(s) in accordance with ICB governance rules, and the LA; been submitted? *Paragraph 11* Has the HWB approved the plan/delegated (in line with the Health and Wellbeing Board's formal governance arrangements) approval? **Paragraph 11 as stated in BCF Planning Requirements 2023-25* Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan? *Paragraph 11* Have all elements of the Planning template been completed? *Paragraph 11*	Cover sheet Cover sheet Cover sheet Cover sheet	Yes			
	Not covered in plan update - please do not use	**A clear narrative for the integration of health, social care and housing**	Not covered in plan update					
	PR3	**A strategic, joined up plan for Disabled Facilities Grant (DFG) spending**	Is there confirmation that use of DFG has been agreed with housing authorities? In two tier areas, has: - Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory DFG? or - The funding been passed in its entirety to district councils?	Cover sheet Planning Requirements	Yes			
NC2: Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	**PR4 & PR6**	**A demonstration of how the services the area commissions will support the BCF policy objectives to:** **- Support people to remain independent for longer, and where possible support them to remain in their own home** **- Deliver the right care in the right place at the right time?**	Has the plan (including narratives, expenditure plan and intermediate care capacity and demand template set out actions to ensure that services are available to support people to remain safe and well at home by avoiding admission to hospital or long-term residential care and to be discharged from hospital to an appropriate service? Has the area described how shared data has been used to understand demand and capacity for different types of intermediate care? Have gaps and issues in current provision been identified? Does the plan describe any changes to commissioned intermediate care to address these gaps and issues? Does the plan set out how demand and capacity assumptions have been agreed between local authority, trusts and ICB and reflected these changes in UEC demand, capacity and flow estimates in NHS activity operational plans and BCF capacity and demand plans? Does the HWB show that analysis of demand and capacity secured during 2023-24 has been considered when calculating their capacity and demand assumptions?		Yes			
Additional discharge funding	**PR5**	**A strategic, joined up plan for use of the Additional Discharge Fund**	Have all partners agreed on how all of the additional discharge funding will be allocated to achieve the greatest impact in terms of reducing delayed discharges? Does this plan contribute to addressing local performance issues and gaps identified in the areas capacity and demand plan? Does the plan take into account learning from the impact of previous years of ADF funding and the national evaluation of 2022/23 funding?		Yes			

NC3: Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	**PR6**	**A demonstration of how the services the area commissions will support provision of the right care in the right place at the right time**	PR 4 and PR6 are dealt with together (see above)					
NC4: Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	**PR7**	**A demonstration of how the area will maintain the level of spending on social care services and NHS commissioned out of hospital services from the NHS minimum contribution to the fund in line with the uplift to the overall contribution**	Does the total spend from the NHS minimum contribution on social care match or exceed the minimum required contribution? Does the total spend from the NHS minimum contribution on NHS commissioned out of hospital services match or exceed the minimum required contribution?		Yes			

Agreed expenditure plan for all elements of the BCF	**PR8**	**Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?**	Do expenditure plans for each element of the BCF pool match the funding inputs? Where there have been significant changes to planned expenditure, does the plan continue to support the BCF objectives? Has the area included estimated amounts of activity that will be delivered/funded through BCF funded schemes? (where applicable) Has the area indicated the percentage of overall spend, where appropriate, that constitutes BCF spend? Is there confirmation that the use of grant funding is in line with the relevant grant conditions? Has the Integrated Care Board confirmed distribution of its allocation of Additional Discharge Fund to individual HWBs in its area? Has funding for the following from the NHS contribution been identified for the area: - Implementation of Care Act duties? - Funding dedicated to carer-specific support? - Reablement? Paragraph 12		Yes			
Metrics	**PR9**	**Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?**	Is there a clear narrative for each metric setting out: - supporting rationales that describes how these ambitions are stretching in the context of current performance? - plans for achieving these ambitions, and - how BCF funded services will support this?		Yes			