HM Government

NHS England

Better Care Fund 2025-26 Q3 Reporting Template

2. Cover

Version 2.0

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 Q3 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	We continue to work on updating our S75 but we are complying with grant and funding conditions, including the minimum contributions	Yes
4) Complying with oversight and support processes	Yes		Yes

Better Care Fund 2025-26 Q3 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 Q3:	On track to meet goal
You may use this box to provide a very brief explanation of overall progress if you wish.	Local data: Oct - 1,612 Nov - 1,609 Dec (estimated) - 1,568 On track to meet target dispite the increase in demand in highly pressured system. The future care programme has a workstream focused on alternatives to admission. The key metrics are 1) the number of SDEC starts per week, Number of patients referred to community services from ED front door and the number of H@H admissions per week. To achieve this the A2A is: 1) Improving the number of patients pulled from ED front door into SDEC's 2) Improving the flow from SDECs and ED to H@H 3) Established a front door to community MDT with community services to review and refer patients from ED to community services.

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 Q3:	Not on track to meet goal
You may use this box to provide a very brief explanation of overall progress if you wish.	Local data: Oct - 85.4% Nov - 85.5% Dec (estimated) - 86.9% •Increased complexity of health and social needs of those being admitted noted by teams which is meaning quite complex discharge planning scenario's and increase in number of people unable to be supported through the D2A services currently commissioned leading to high proportion of people having 'assessment in hospital' •Some of improvements in terms of increased numbers of starts, reduced length of wait for some of P1/P2 services not seen in the averages as the increased NCTR LOS overall not coming down - so we achieve some improvements in flow but not enough to offset the longer LOS for others. Improvements in P1 and P2 flow being addressed by ohaving TOC lead and flow leads in place. oTHose flow leads are managing the people waiting for the service (apporpriateness and prioritisation plus matching to best available resources) and ensuring flow out of the P1 and P2 services. oFor P1 (east) this has required significant investment in pulling together a single caseload view of P1 so we can start managing the ongoing assessment and exit in more timely way - achieving better flow to release care back earlier. oP2 caseload trackers also enabling the same as above. P2 MDT's in place to support improved flow out of these services to release the care back to enable access for hospital discharge. oP2 COHO transfer process also being reviewed by TOC lead oDaily discharge targets set for each acute - monitored daily so we can more visibly see and respond to demand/discharge data . •Increased assessment in hospital for those falling outside of core D2A services impacting discharge rates o being address via caseload management sessions set up in TOC - ensure we are following all actions and not allowing drift in processes. oSetting series of standards that support identification of potential drift/unnecessary delay oEnsuring that where we have blockers that we take back to multi-agency caseload management sessions to resolve then use of new escalation processes in place where needed oLong term commissioning conversations to ensure we address gaps in existing D2A offer

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 Q3 (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

Assessment of whether goal has been met in Q3:	On track to meet goal
You may use this box to provide a very brief explanation of overall progress if you wish.	We are continuing to monitor this metric as Q3 performance, we remain on track to meet our target.

Better Care Fund 2025-26 Q3 Reporting Template

5. Income & Expenditure

Selected Health and Wellbeing Board: Dorset

	2025-26		
Source of Funding	Planned Income	Updated Total Plan Income for 25-26	DFG Q3 Year-to-Date Actual Expenditure
DFG	£5,152,517	£5,152,517	£3,864,388
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	**£156,096,612**	**£156,096,612**	

	Original	Updated	% variance
Planned Expenditure	**£156,096,612**	£156,096,612	**0%**

		% of Planned Income
Q3 Year-to-Date Actual Expenditure	£113,540,234	**73%**

If planned 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.	No changes have been made to planned expenditure