

Better Care Fund



Better Care Fund (BCF) 2026-27 Numerical Template

1. Guidance

Overview

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

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

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

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

Functional use of the template

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

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

Data needs inputting in the cell

Pre-populated cells

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

2. Cover

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

Governance and sign-off

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

Data completeness and data quality:

- Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells in this table are green should the template be sent to the BCF team: england.bettercarefundteam@nhs.net (please also copy in your better care manager).

- The checker column, which can be found on each individual sheet, updates automatically as questions are completed. It will appear red and contain the word 'No' if the information has not been completed. Once completed the checker column will change to green and contain the word 'Yes'.

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

- Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'. Please ensure that all boxes on the checklist are green before submission. Please contact your regional BCF team if you have any issues.

3. Income

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

Additional Contributions

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

Unallocated funds

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

4. Expenditure

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

5. Metrics

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

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

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

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

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

Further details on the metrics, can be found below:

1. Non-elective admissions to hospital for people aged 65 and over per 100,000 population. (monthly)

- This is a count of non-elective inpatient spells at English hospitals with a length of stay of at least 1 day, for specific acute treatment functions and patients aged 65+
- This requires inputting of both the planned count of emergency admissions. The population figure is pre-populated using the latest available mid-year estimates.
- This will then auto populate the rate per 100,000 population for each month

Source statistics: <https://digital.nhs.uk/supplementary-information/2026/non-elective-inpatient-spells-at-english-hospitals-occurring-between-1-april-2020-and-30-november-2025-for-patients-aged-18-and-65>

2. Average number of days from Discharge Ready Date to discharge (all adult acute patients). (monthly)

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

3. Long-term admissions to residential and nursing care homes for people aged 65 and over per 100,000 population

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

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

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

6. National conditions

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

This sheet requires the local authorities, ICBs and HWBs to confirm 'Yes' or 'No' to the assurance statements. Should 'No' be selected, please note the actions in place towards meeting the requirement and outline the timeframe for resolution.

In summary, the national conditions are as below:

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

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2. Cover

Version 1.0

Please Note:

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

Governance and Sign off

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

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

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

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

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

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

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3. Income

Selected HWB:

Dorset

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

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

Are any additional local authority contributions being made in 2026-27? If yes, please detail below	Yes
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Local authority additional contribution	Contribution	Comments - Please use this box to clarify any specific uses or sources of funding
Dorset	£62,723,988	care packages, integrated community equipment store contract, TEC, Birth to settled adulthood, prevention and early intervention
Total additional local authority contribution	£62,723,988	

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4. Expenditure

Selected Health and Wellbeing Board:

Dorset

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

Required spend on adult social care from NHS minimum allocations

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

Checklist

Column complete:

Yes

Yes

Yes

Yes

Yes

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

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

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

4a. Expenditure Guidance

Guidance for completing expenditure sheet

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

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

Scheme Types

Number	Category of scheme	Description
1	Assistive technologies and equipment	Using technology in care processes to support self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Community based equipment, Digital participation services).
2	Housing related schemes	This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.
3	DFG related schemes	The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes. The grant can also be used to fund discretionary, capital spend to support people to remain independent in their own homes under a Regulatory Reform Order, if a published policy on doing so is in place.
4	Wider support to promote prevention and independence	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and wellbeing.

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

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

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5. Metrics for 2026-27

Selected Health and Wellbeing Board:

Dorset

5.1 Non-Elective admissions

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

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

5.2 Discharge delays

*Dec Actual onwards are not available at time of publication

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

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

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

5.3 Admissions to residential and nursing care homes

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

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

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6: National Condition Planning Requirements

Health and wellbeing board

Dorset



HM Government

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

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