
8. Better Care Fund 2025-26 Plan

3 - 36

This report provides an overview of the planning document of the Better Care Fund (BCF) for 2025-26.

The BCF is a key delivery vehicle in providing person centred integrated care with health, social care, housing, and other public services, which is fundamental to having a strong and sustainable health and care system.

The report is a part of the requirements set by the Better Care Fund 2025-26 Policy Framework. The report needs to be jointly agreed and signed off by the Health and Wellbeing Board as one of the planning requirements.

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HEALTH AND WELLBEING BOARD



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| Report subject | Better Care Fund 2025-26 Plan |
| Meeting date | 24 March 2025 |
| Status | Public Report |
| Executive summary | <p>This report provides an overview of the planning document of the Better Care Fund (BCF) for 2025-26.</p> <p>The BCF is a key delivery vehicle in providing person centred integrated care with health, social care, housing, and other public services, which is fundamental to having a strong and sustainable health and care system.</p> <p>The report is a part of the requirements set by the Better Care Fund 2025-26 Policy Framework. The report needs to be jointly agreed and signed off by the Health and Wellbeing Board as one of the planning requirements.</p> |
| Recommendations | <p>It is RECOMMENDED that:</p> <p>The Health and Wellbeing Board is invited to comment on the plan and narrative, with agreement that it can be finalised in time for the deadline by officers outside the Board:</p> <ul style="list-style-type: none"> • Better Care Fund 2025-26 Plan • Better Care Fund 2025-26 Narrative • Better Care Fund 2025-26 Capacity & Demand Plan |
| Reason for recommendations | NHS England (NHSE) require the Health and Wellbeing Board (HWB) to approve all BCF plans, this is one of the national conditions within the Policy Framework. This includes planning documents at the beginning of a funding period, and template returns reporting progress against the plans quarterly. |
| Portfolio Holder(s): | Cllr David Brown, Portfolio Holder for Health and Wellbeing |

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| Corporate Director | Jillian Kay, Corporate Director for Wellbeing |
| Report Authors | Scott Saffin, Commissioning Manager – Better Care Fund and Market Management Becky Whale, Deputy Director, UEC and Flow - NHS Dorset |
| Wards | Council-wide |
| Classification | For Decision |

Background

1. This report is a covering document for the content of the Better Care Fund 2025-26 Plan. The plan is made up of three documents that will be submitted to Better Care England on Monday 31 March 2025.
The documents were provided by NHS England and completed by officers in BCP Council and NHS Dorset. The documents are as follows:
 - Better Care Fund 2025-26 Planning Template
 - Better Care Fund 2025-26 Narrative
 - Capacity and Demand (C&D) Hospital Discharge & Community 2025-26 Planning Template
2. The BCF is a Programme spanning both the NHS and Local Government which seeks to join-up health and care services, to promote people's ability to manage their own health and wellbeing and live independently in their communities for as long as possible.
3. The BCF pooled resource is derived from existing funding within the health and social care system such as the Disabled Facilities Grant and additional contributions from Local Authority or NHS budgets. In addition, grants from Government have been paid directly to Local Authorities i.e. Local Authority Better Care Grant, which is used for meeting adult social care needs, reducing pressures on the NHS, and ensuring that the social care provider market is supported.
4. The ICB discharge funding has been consolidated into the NHS minimum contribution to the BCF, forming one allocation with a value of £40,466,631 in 2025 to 2026.
5. Local authority discharge funding has been consolidated into the Local Authority Better Care Grant, formerly known as the improved Better Care Fund, to form the minimum local government revenue contribution to the BCF, with a value of £16,578,901 in 2025 to 2026.

Better Care Fund 2025-26 Plan

6. The Policy Framework was published by the Department of Health and Social Care (DHSC) on 30 January 2025.
7. For 2025 to 2026, the Government have revised the objectives of the Better Care Fund:
 - Objective 1: Reform to support the shift from sickness to prevention
 - Objective 2: Reform to support people living independently and the shift from hospital to home
8. The funding allocation for 2025 to 2026 is detailed in the Expenditure sheet of the planning document. Local Authority Better Care Grant has not received an uplift from 2024 to 2025 allocation. Minimum NHS Contribution has had a 1.7% uplift from 2024 to 25, but DHSC has mandated that a 3.9% uplift should be allocated to adult social care services.
9. BCP Council and NHS Dorset are contributing at least the minimum amounts set by the DHSC. However, a £329,000 shortfall has been identified due to the annual inflationary uplift being less than the uplift required to meet cost pressures faced by providers. The minimum contribution from NHS Dorset does not meet these pressures.
10. To address this issue, Adult Social Care (ASC) Commissioning is currently reviewing several schemes and will present decommissioning recommendations to NHS Dorset for the £329,000 shortfall. These discussions are ongoing, and we will provide an update at the meeting.
11. For 2025 to 2026 there are 3 headline metrics to help local areas focus on impact and outcomes, aligning to the revised objectives of the Better Care Fund, and the Government's vision for neighbourhood health.
 - Emergency admissions to hospital for people aged over 65 per 100,000 population
 - Average length of discharge delay for all acute adult patients, derived from a combination of:
 - Proportion of adult patients discharged from acute hospital on their discharge ready date (DRD)
 - For those adult patients not discharged on their DRD, average number of days from DRD to discharge.
 - Long-term admissions to residential care homes and nursing homes for people aged 65 and over per 100,000 population
12. This plan shows the forecasted expenditure of all the schemes that are funded through the Better Care Fund.

Better Care Fund 2025-26 Narrative

13. Alongside the overall Better Care Fund 2025 to 2026 planning template, HWBs will need to submit a short narrative plan, providing details of:
 - The approach to meeting the objectives of the BCF, including priority outcomes and the changes they are planning to achieve those outcomes.
 - Key changes since previous 2023 to 2025 Better Care Fund plan.
 - How the Dorset Integrated Care System (ICS) will collaborate to achieve ambitions.
14. The narrative is a collaboration with input from key stakeholders from BCP Council, Dorset Council, and NHS Dorset, with greater detail into the rationale of the ambitions of the metrics that are set in the BCF 2025-26 Planning document.
15. The narrative outlines key priorities across the ICS for 2025-26, including aligning services with the Home First Agenda, reviewing hospital discharge pathways, and promoting alternative pathways for urgent and emergency care.
16. Further details on the implementation of the BCF objectives, including how partners will collaborate to support the shift from sickness to prevention, with the Future Care Programme and Integrated Neighbourhood Teams leading as examples. Additionally, it explains how the ICS will continue to help people remain independent for longer, reducing time spent in hospitals and long-term care, and utilising services such as reablement at home, integrated community equipment, care technology, and housing adaptations funded via the Disabled Facilities Grant.

Better Care Fund 2025-26 Capacity & Demand Plan

17. As part of the national conditions, HWBs will be required to submit a plan showing projected demand and planned capacity for intermediate care services (and other short-term care) to help people to remain independent or regain independence at home (including support aimed at avoiding unnecessary hospital admissions and support following discharge from hospital).
18. These plans cover all intermediate care services and other short-term care across the system, whether they are funded from the BCF or from other sources.

Summary of Financial Implications

19. BCP Council and NHS Dorset will monitor BCF budgets and activity according to the 2025-26 Plan.
20. The plan provides a breakdown of spending by scheme type, source of funding and expenditure (See Appendix 1). A high-level view of this is detailed in the table below:

| Source of Funding | Income |
|-----------------------------------|-------------|
| Disabled Facilities Grant | £4,365,654 |
| Minimum NHS Contribution | £40,466,631 |
| Local Authority Better Care Grant | £16,578,901 |
| Additional LA Contribution | £2,182,000 |
| Additional NHS Contribution | *TBC* |
| Total | *TBC* |

Summary of Legal Implications

21. New Section 75 agreements, (in accordance with the 2006 National Health Service Act), will be put in place as prescribed in the planning guidance for each of the pooled budget components within the fund.

Summary of human resources implications

22. The services funded under the BCF are delivered by a wide range of partners some of whom are employed by BCP Council and many who are commissioned by BCP to deliver these services. There are no further human resources implications to note.

Summary of sustainability impact

23. Services are only sustainable if funding is available.

Summary of public health implications

24. The BCF is a key delivery vehicle in providing person centred integrated care with health, social care, housing, and other public services, which is fundamental to having a strong and sustainable health and care system.

Summary of equality implications

25. An Equality Impact Assessment was undertaken when the Better Care Fund schemes were implemented. Additional EIAs will be undertaken if there are any proposed future changes to policy of service delivery and or decommissioning of service(s) because of funding reductions.

Background papers

[Better Care Fund Policy Framework 2025 to 2026](#)

Appendices

Appendix 1: Bournemouth, Christchurch, and Poole BCF 2025-26 Planning Template

Appendix 2: [Better Care Fund 2025-26 Narrative](#)

Appendix 3: Better Care Fund 2025-26 Capacity & Demand Planning Template

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Better Care Fund 2025-26 HWB submission

Narrative plan template

| | |
|------------|---|
| | HWB area |
| HWB | Bournemouth, Christchurch, and Poole |
| ICB | NHS Dorset |
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| | |

Introduction and guidance –

This is a template for local areas to use to submit narrative plans for the Better Care Fund (BCF). All local areas are expected to submit narrative BCF plans. Although the template is optional, we ask that BCF planning leads ensure that narrative plans cover all headings and topics from this narrative template. Formatted text boxes have been included but these can be removed and a standard text used.

These plans should complement the agreed spending plans and goals for BCF national metrics in your area's Excel BCF Planning Template and intermediate care capacity and demand planning.

Although each Health and Wellbeing Board (HWB) will need to agree a separate Excel planning template and capacity and demand plan, a narrative plan covering more than one HWB can be submitted, where this reflects local arrangements for integrated working. Each HWB covered by the plan will need to agree the narrative as well as their Excel planning template and capacity and demand plan.

Further guidance on completing HWB submission templates can be found on the [Better Care Exchange](#).

Section 1: Overview of BCF Plan

This should include:

- Priorities for 2025-26
- Key changes since previous BCF plan
- A brief description of approach to development of plan and of joint system governance to support delivery of the plan and where required engage with BCF oversight and support process
- Specifically, alignment with plans for improving flow in urgent and emergency care services
- A brief description of the priorities for developing for intermediate care (and other short-term care).
- Where this plan is developed across more than one HWB please also confirm how this plan has been developed in collaboration across HWB areas and aligned ICBs and the governance processes completed to ensure sign off in line with national condition 1.

BCP Council and NHS Dorset have collaboratively developed the Better Care Fund plan for 2025/26. This plan has been shaped through extensive consultation with key stakeholders, heads of service and voluntary organisations, ensuring a comprehensive and collaborative approach to addressing the needs of people in Bournemouth, Christchurch, and Poole.

The plan's development and joint system governance involve approval from the chief executive of BCP Council, NHS Dorset, the Dorset Joint Commissioning Board, and the Bournemouth, Christchurch, and Poole Health and Wellbeing Board. Regular updates on allocation and spending will be provided, with quarterly returns approved through the Health and Wellbeing Board.

Key Priorities for 2025/26

For the 2025/26 priorities, the focus will be on aligning services with the Home First Agenda by reviewing hospital discharge pathways, such as Reablement at Home and Discharge to Assess. This aims to ensure a seamless transition for patients while reducing reliance on legacy social care services like Residential Care. A coordinated approach to intermediate care will be implemented, utilising the Transfer of Care hubs and a multi-disciplinary team to facilitate smooth transitions from hospital to intermediate care.

Efforts will continue to address significant pressures within acute and community hospitals, including mental health services. The deployment of Trusted Assessors in 2024 has boosted care providers' confidence in accepting discharges, and this service will be promoted further in 2025/26 to increase awareness among more care providers in the area. Additionally, there will be an increased utilisation of alternative pathways for urgent and emergency care, such as expanding the use of virtual wards to provide hospital-quality care closer to home.

Reablement services will be evaluated to identify opportunities for earlier interventions before admissions and to support clients in returning home promptly and receiving care at home. Finally, a Prevention Strategy will be developed by BCP Council, due to be completed during 2025/26, to

promote prevention and early intervention which falls under the BCP council adult social care transformation programme

FutureCare Programme

The vision for integrated urgent care in Bournemouth, Christchurch, and Poole is to create a seamless, person-centred system that minimises entry points, reduces fragmentation, and ensures that every individual receives the right care, in the right place, at the right time. By breaking down silos between health and social care, fostering genuine collaboration across all stakeholders, and leveraging data-driven insights, we will deliver a unified, efficient, and responsive urgent care model that meets the diverse needs of our communities, while maintaining the highest standards of safety and quality.

To achieve the vision for integrated urgent care, the Dorset System has embarked on the FutureCare change programme, which includes the following workstreams:

- **Reducing Unnecessary Emergency Department Visits and Admissions:** Aiming to minimise emergency department visits and admissions to acute hospital beds.
- **Reducing Hospital Delays and Length of Stay:** Improving visibility of onward pathway capacity, patient next steps, and discharge decision-making processes.
- **Increasing Proportion of Home-Based Recovery Services:** Ensuring more hospital discharges are supported by home-based recovery services.
- **Minimising Short-Term Care Bed Usage:** Ensuring the length of stay in short-term care beds is minimised through robust processes and eliminating delays to onward care.
- **Improving Intermediate Care Capacity and Effectiveness:** Optimising home and bed-based capacity to reduce long-term social care needs and promote independence.

The FutureCare programme has detailed benefits realisation plans in place for delivery within 2025/26.

Since the previous Better Care Fund (BCF) plan, significant changes have been implemented to enhance efficiency and effectiveness. Governance processes have been simplified, streamlining operations and improving data collection and monitoring. Dedicated managers in BCP Council and NHS Dorset now oversee the Better Care Fund schemes. The introduction of the FutureCare Programme marks a comprehensive change initiative aimed at improving urgent and emergency care. Additionally, a diagnostic review into the urgent and emergency care pathway was conducted in 2024 to identify areas for improvement, establishing the baseline for the FutureCare Programme.

Collaboration across Health and Wellbeing Board areas and aligned Integrated Care Boards (ICBs) has been crucial in developing this plan. BCP Council, Dorset Council, and NHS Dorset have worked together to ensure the plan meets national conditions and addresses the community's needs effectively.

Section 2: National Condition 2: Implementing the objectives of the BCF

Please set out how your plan will implement the objectives of the BCF: to support the shift from sickness and prevention; and to support people living independently and the shift from hospital to home. This should include:

- A joint system approach for meeting BCF objectives which reflects local learning and national best practice and delivers value for money
- Goals for performance against the three national metrics which align with NHS operational plans and local authority social care plans, including intermediate care demand and capacity plans
- Demonstrating a “home first” approach that seeks to help people remain independent for longer and reduce time spent in hospital and in long-term residential or nursing home care
- Following the consolidation of the Discharge Fund, explain why any changes to shift planned expenditure away from discharge and step-down care to admissions avoidance or other services are expected to enhance UEC flow and improve outcomes.

The Dorset Integrated Care System (ICS) is committed to implementing the objectives of the Better Care Fund for 2025/26, focusing on shifting from sickness to prevention and supporting people to live independently, transitioning from hospital to home.

Joint Integrated System Approach

BCP Council Adult Social Care, and NHS Dorset have collaboratively developed the BCF plan. This plan incorporates local learning and national best practices to ensure value for money.

The Transfer of Care hubs that are being developed are a key focus for the transformation of the urgent and emergency pathway work that is a priority for BCP Council, NHS, and other local health & social care partners. The Transfer of Care hub development work is a focal point for coordinating discharges for individuals with new or increased needs, demonstrates this approach. The hub will manage all complex discharges into intermediate care, reducing handoffs and duplication of efforts, ensuring timely discharges, and preparing for complex cases earlier to minimise delays.

The High Impact Change Model (HICM) principles are being applied to enhance the effectiveness of these initiatives. For example, early discharge planning with integrated discharge teams working within Health & Social Care ensures that planning begins as soon as possible, co-ordinating the best pathway for the person to facilitate timely transitions. Proactive capacity and demand planning utilises data-driven insights to anticipate and manage demand for intermediate care services. Trusted assessors streamline the assessment process, building confidence among care providers and reducing delays. Flexible working patterns ensure care is available when needed, further minimising discharge delays and improving care transitions. These examples from the HICM illustrate how the plan aims to create a seamless, person-centred system that supports timely and appropriate care.

Goals for Performance Against National Metrics

The plan aligns with NHS operational plans and local authority social care plans, setting goals for performance against the three national metrics:

Emergency Admissions: The mission in the FutureCare programme is that every person in Dorset is cared for at home, not in hospital, when that is the best choice for them. We are committed to giving all patients the best outcome and optimum independence – whatever that means for them – through the right specialist support, services that meet demand, faster decision making and the ability to quickly step care up or down. By working together, with a more integrated system and radical collaboration between NHS and social care staff, the voluntary and community sector, patients and families, we can, and we will achieve this.

Discharge Delays: The Dorset Integrated Care System is in the process of developing a Dorset Transfer of Care hub approach which will be a focal point for coordinating discharge for people with new or increased needs who require post-discharge health and/or social care and support (in other words, those on discharge pathways one, two and three). All complex discharges into intermediate care will therefore be managed by hubs based in the acute hospital and the community. The benefits of the Hub will be to direct the person more appropriately to the care they require with less handoffs and duplications of effort. It will ensure that the person is discharged promptly once deemed medically fit and ready to leave hospital. There will also be earlier discussions and preparations for the more people with complex needs to be discharged so that there is less delay and time waiting for discharge when ready.

The Integrated Community Equipment Service (ICES) will continue working with prescribers to have the necessary equipment available to support hospital admission avoidance and enable supported discharge, with “on the day” delivery options available.

Residential Admissions: Several initiatives will be in place during 2025/26 to further reduce over reliance on people entering residential care. These include using the Disabled Facilities Grant, to build and install adaptations into people’s homes so they can live independently.

BCP Council has embarked on an ambitious Adult Social Care Transformation programme – the Fulfilled Lives programme. The programme has four areas of focus, highlighted below:

Four projects that form the programme



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|---|---------------------------|---|
| 1 | How we work | To implement the 3 conversations approach, building on Innovation Sites, embedding relational strengths-based ways of working, greater focus on prevention and how we support residents in the initial stages of contacting ASC. |
| 2 | Better short-term support | Improve community access to reablement services, ensuring that all appropriate individuals can achieve their desired goals and have the best possible chance at independence – reducing the need for long term services. |
| 3 | Self-Directed Support | We will ensure more people are in control of their own support by developing more community-based options for people via Direct Payments or Individual Service Funds, reducing the need for more traditional services at a higher cost. |
| 4 | Support at Home | Develop and implement a new Support at Home provision, enabling people to stay as independent as possible in their own home and reducing the need for residential placements. |

There is an emphasis on new ways of working that embed strengths-based practice and a shift to commissioning services that support a more proactive approach to prevention, increasing the range

of options available to people to design more bespoke forms of care and support—such as Individual Service Funds—and stimulating the market through the creation of Community Micro-Enterprises. In addition, we expect to see a shift towards increased use of short-term support that reduce or delay people's need for long-term services.

As part of the wider transformation agenda, an Adult Social Care Prevention Strategy is being developed to prevent, reduce, or delay long-term conditions requiring acute services. This strategy will outline current processes, including carers services and care technology, and plans to shift resources upstream. Currently, six commissioned services focus on prevention, showing positive outcomes. However, four are funded by the non-recurring Ageing Well Programme. Without long-term funding, these schemes may be decommissioned, increasing reliance on costly adult social care. A prevention strategy is crucial to sustain this approach.

Home First Approach

The plan emphasises a Home First approach, aiming to help people remain independent for longer and reduce time spent in hospitals and long-term residential or nursing home care. Key initiatives include:

- **Reablement Services:** Reablement and ongoing assessments via the D2A model ensure the clients journey focuses on goals and outcomes around better independence levels and will invest in the core offer for these services being available and accessible. The focus of reablement services will be to identify opportunities for earlier interventions before admissions as well as supporting clients to return home in a timely manner and receive care at home.

One of the main provider of reablement is now occupational therapy (OT) led, and this will create better outcomes for users of the service as there is no delay to receiving the professional therapy input towards realistic goals.

- **Integrated Community Equipment Service (ICES):** BCP Council is the lead Commissioner for the Pan-Dorset Equip for Living Service Partnership that also includes NHS Dorset and Dorset Council. The equipment service plays a pivotal role in facilitating discharge; hospital admission avoidance; end of life care at home; supporting independent living for Adults and Children and supporting prevention at scale. The service is provided by NRS Healthcare, a leading provider of Integrated Community Equipment Services.

BCP Council will continue to provide system leadership in the future developments of the service and the Pan-Dorset Partnership. In close partnership with NRS Healthcare, future developments include working in partnership to improve the consistency in the use of service capacity to improve hospital discharge and flow whilst supporting enhanced reablement and preventative services.

ICES is a key service in enabling people to stay independent and in their own homes with a long-term approach to avoid hospital admission and increase preventative measures, thereby enabling people to remain in their own homes.

- **Care Technology:** BCP council adult social care new care technology offer has a key role to play in promoting independence and allowing people to live independently at home for as long as possible. As part of a full-service transformation, we are now delivering a single care technology offer across Bournemouth, Christchurch and Poole at the forefront of Adult Social Care Services. The new operating model for the care technology service was implemented in December 2024 and supports a wider range of people in personalised ways to meet their outcomes. The next phase of the transformation will look at expanding the offer to reach more

people and to work innovatively with providers to pilot technology that delays reduces or prevents the need for long term care and support.

Disabled Facilities Grant

BCP Council Housing will continue to maximise the usage of the Disabled Facilities Grant (DFG) in 2025-26. In 2024-25, 175 homes were adapted to meet people's needs, enabling them to maintain their independence for longer. The Department of Housing provided an in-year uplift to further enhance these efforts. This funding is particularly beneficial in the Bournemouth, Christchurch, and Poole area, where many homes require adaptations such as improved mobility access and the installation of ramps and rails to facilitate easier movement both inside and outside the home.

Impact of Discharge Fund Consolidation

BCP Council and NHS Dorset are contributing at least the minimum amounts set by the DHSC. However, a £329,000 shortfall has been identified due to the annual inflationary uplift given by NHS Dorset being less than anticipated for the BCP Council's Medium Term Financial Plan. BCP Councils assumptions, were based on market intelligence of current cost pressures faced by Providers. The minimum contribution from NHS Dorset does not meet these pressures.

Following the consolidation of the Discharge Fund, the schemes that are funded through the ASC and ICB Discharge Fund were reviewed. ***Requires outcome***

Services funded previously through the Discharge Fund such as Apex Rapid Response will continue to allow us to remain committed to continuing our efforts in the Discharge to Assess (D2A) pathways from hospital discharge. By enabling patients to leave the hospital as soon as they are medically stable, we reduce the risk of hospital-acquired infections and free up beds for others in need. Our approach ensures that patients receive ongoing care and assessments in more suitable environments, enhancing their recovery and accurately identifying their long-term needs. With coordinated support from health and social care teams, we improve patient flow and provide cost-effective care, ultimately promoting better health outcomes and independence for our patients.

Conclusion

The BCF plan for 2025/26, developed by BCP Council and NHS Dorset, reflects a joint system approach, aligning with national best practices and local learning. It sets clear goals for performance against national metrics, demonstrates a Home First approach, and working towards enhanced UEC flow and improved outcomes. This comprehensive plan aims to support the shift from sickness to prevention and help people live independently, reducing reliance on hospital and long-term care.

Please describe how figures for intermediate care (and other short-term care) capacity and demand for 2025-26 have been derived, including:

- how 2024-25 capacity and demand actuals have been taken into account in setting 2025-26 figures (if there was a capacity shortfall in 2024-25 what mitigations are in place to address that shortfall in 2025-26)
- how capacity plans take into account therapy capacity for rehabilitation and reablement interventions

We are working thorough our capacity and demand plans for 2025/26. This aspect of the plan will be updated and included in the 31 March submission.

Section 3: Local priorities and duties

Local public bodies will also need to ensure that in developing and delivering their plans they comply with their wider legal duties. These include duties:

- to have due regard to promoting equality and reducing inequalities, in accordance with the Equality Act 2010 public sector equality duty.
- to engage or consult with people affected by the proposals. For ICBs, trusts and foundation trusts this includes their involvement duties under the NHS Act 2006.
- for ICBs, to have regard to the need to reduce inequalities in access to NHS services and the outcomes achieved by NHS services.
- for ICBs, to have regard to the duty to support and involve unpaid carers in line with the Health and Care Act 2022

Please provide a short narrative commentary on how you have fulfilled these duties

BCP Council and NHS Dorset are committed to promoting equality and reducing inequalities in accordance with the Equality Act 2010. The Pan-Dorset Health Inequalities Group, a multi-agency group, oversees efforts to address health inequalities. This group supports raising awareness, creating learning and development opportunities, and encouraging innovative service delivery to reduce health disparities. Workshops addressing themes such as health inequality and health literacy are conducted in collaboration with Our Dorset.

In developing the BCF plans, extensive consultation has been conducted with various groups, forums, providers, user groups, and voluntary organisations. This ensures that the voices of those affected by the proposals are heard and considered. For Integrated Care Boards, trusts, and foundation trusts, this includes fulfilling their involvement duties under the NHS Act 2006.

One way we will be doing that throughout 2025-26, is with the BCP Adult Social Care Co-Production Development Group, which aims to enhance equality, diversity, and inclusion in co-production. This involves recognising who is included and identifying those who are missing, welcoming under-represented groups, and addressing power imbalances. The group plans to co-design and deliver a Co-Production Board/Advisory/Reference Panel, which will provide information, advice, and guidance before, during, and after projects commence. Additionally, they will develop a Co-Production Toolkit/Guidance Tool to support and encourage co-production across BCP Adult Social Care.

BCP Council and NHS Dorset prioritise reducing inequalities in access to NHS services and improving outcomes. Services benefiting from the BCF, such as those supporting timely hospital discharge, maintaining independence, and assisting carers, are accessible to all protected characteristic groups. The focus is on older people with increased frailty and those with long-term conditions, including chronic respiratory disease, cancer, and hypertension, as identified in the CORE20PLUS5 clinical priority areas.

Data and intelligence for the region can be accessed via the Dorset Information & Intelligence Service (DiiS) to understand populations from a health and wellbeing and health inequalities perspective. [This information enables place-based gap analysis to inform commissioning priorities.](#)

Colleagues from BCP Council and NHS Dorset have collaborated closely developing the Better Care Fund 2025-26 plan and narrative, offering their perspectives on governance, priorities, and outcomes of their respective service. This collective input has been crucial in developing a plan that addresses the needs effectively, aligns with the national objectives, and supports the shift from sickness to prevention.

Any changes to BCF schemes are subject to an Equality Impact Assessment to ensure that they do not disproportionately affect any protected characteristic groups.

The BCP Carer Support Service is BCP Council's in house carers service offering information, advice and guidance for carers supporting people who lives in Bournemouth, Christchurch or Poole. The service regularly hosts activities and events for carers and the people they care for and offers short breaks through the beach hut and holiday lodge schemes. Additionally, BCP Council commissions several services that aim to support carers such as:

- Bridgit, an online carers assessment and self-help tool
- The LD Carers Representation Service, that provides a network of support for carers of someone with a learning disability and enables effective co-production
- The Care Free Choir
- Befriending and Mentoring

BCP Council, in partnership with Dorset Council, commissions the Dorset Carers Card, Counselling services, and Carers Advocacy. The Pan Dorset Carers Steering Group, facilitated by Dorset Healthcare, co-produced the Pan Dorset Carers Strategy which brings both BCP and Dorset Council's carers strategies together to enhance a unified approach. Further to this, the Dorset Carers Partnership Group is co-chaired between BCP and Dorset Council and helps develop and promote awareness events, resources, and practitioner guidance. These services, along with care technology, support carers in continuing their roles and maintaining their wellbeing, reducing the need for formal long-term care. Throughout 2025-26, BCP Council aims to continue to deliver on its strategic aims outlined in the BCP and Pan Dorset Carers Strategy by working in partnership with the key stakeholders, improving information and advice and identifying ways to enhance our carers offer.

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HM Government



Better Care Fund 2025-26 Planning Template

2. Cover

Version 1.5

Please Note:

- The BCF planning 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: | Bournemouth, Christchurch and Poole |
| Confirmation that the plan has been signed off by Health and Wellbeing Board ahead of submission - Plans should be signed off ahead of submission. | Yes |
| If no indicate the reasons for the delay. | |
| If no please indicate when the HWB is expected to sign off the plan: | |

Complete:

Yes

Yes

Yes

Yes

| | |
|--|--|
| Submitted by: | Scott Saffin |
| Role and organisation: | Better Care Fund Manager - BCP Council |
| E-mail: | scott.saffin@bcpcouncil.gov.uk |
| Contact number: | 01202 126204 |
| Documents Submitted (please select from drop down) | |
| In addition to this template the HWB are submitting the following: | |
| | Narrative |
| | C&D Local Template |

Yes

Yes

Yes

Yes

Yes

Yes

| | 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 | Cllr | David | Brown | David.Brown@bcpcouncil.gov.uk | |
| | Health and Wellbeing Board Chair | | | | | |
| Named Accountable person | Local Authority Chief Executive | Mr | Graham | Farrant | graham.farrant@bcpcouncil.gov.uk | |
| | ICB Chief Executive 1 | Ms | Patricia | Miller | patricia.miller@nhs.uk | NHS Dorset |
| | ICB Chief Executive 2 (where required) | | | | | |
| | ICB Chief Executive 3 (where required) | | | | | |
| Finance sign off | LA Section 151 Officer | Mr | Adam | Richens | adam.richens@bcpcouncil.gov.uk | |
| | ICB Finance Director 1 | Mr | Rob | Morgan | rob.morgan@nhs.uk | NHS Dorset |
| | ICB Finance Director 2 (where required) | | | | | |
| | ICB Finance Director 3 (where required) | | | | | |
| Area assurance contacts | Local Authority Director of Adult Social Services | Ms | Zena | Dighton | zena.dighton@bcpcouncil.gov.uk | |
| | DFG Lead | Ms | Kelly | Deane | kelly.deane@bcpcouncil.gov.uk | |
| | ICB Place Director 1 | Ms | Becky | Whale | becky.whale@nhs.uk | NHS Dorset |
| | ICB Place Director 2 (where required) | | | | | |
| | ICB Place Director 3 (where required) | | | | | |

Please add any additional key contacts who have been responsible for completing the plan

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Assurance Statements

| National Condition | Assurance Statement | Yes/No | If no please use this section to explain your response |
|--|---|--------|--|
| National Condition One: Plans to be jointly agreed | The HWB is fully assured, ahead of signing off that the BCF plan, that local goals for headline metrics and supporting documentation have been robustly created, with input from all system partners, that the ambitions indicated are based upon realistic assumptions and that plans have been signed off by local authority and ICB chief executives as the named accountable people. | Yes | |
| National Condition Two: Implementing the objectives of the BCF | The HWB is fully assured that the BCF plan sets out a joint system approach to support improved outcomes against the two BCF policy objectives, with locally agreed goals against the three headline metrics, which align with NHS operational plans and local authority adult social care plans, including intermediate care capacity and demand plans and, following the consolidation of the Discharge Fund, that any changes to shift planned expenditure away from discharge and step down care to admissions avoidance or other services are expected to enhance UEC flow and improve outcomes. | Yes | |
| National Condition Three: Complying with grant and funding conditions, including maintaining the NHS minimum contribution to adult social care (ASC) | The HWB is fully assured that the planned use of BCF funding is in line with grant and funding conditions and that funding will be placed into one or more pooled funds under section 75 of the NHS Act 2006 once the plan is approved | Yes | |
| | The ICB has committed to maintaining the NHS minimum contribution to adult social care in line with the BCF planning requirements. | Yes | |
| National Condition Four: Complying with oversight and support processes | The HWB is fully assured that there are appropriate mechanisms in place to monitor performance against the local goals for the 3 headline metrics and delivery of the BCF plan and that there is a robust governance to address any variances in a timely and appropriate manner | Yes | |

23

Yes

Yes

Yes

Yes

Yes

Better Care Fund 2025-26 Planning Template

3. Summary

Selected Health and Wellbeing Board: Bournemouth, Christchurch and Poole

Income & Expenditure

[Income >>](#)

| Funding Sources | Income | Expenditure | Difference |
|-----------------------------------|-------------|-------------|-------------|
| DFG | £4,365,654 | £4,365,600 | £54 |
| NHS Minimum Contribution | £40,466,631 | £14,758,031 | £25,708,600 |
| Local Authority Better Care Grant | £16,578,901 | £16,578,901 | £0 |
| Additional LA Contribution | £2,182,000 | £2,182,000 | £0 |
| Additional ICB Contribution | £0 | £0 | £0 |
| Total | £63,593,186 | £37,884,532 | £25,708,654 |

[Expenditure >>](#)

Adult Social Care services spend from the NHS minimum contribution

| | 2025-26 |
|------------------------|-------------|
| Minimum required spend | £14,759,838 |
| Planned spend | £12,440,858 |

Planned spend is less than the minimum required spend

[Metrics >>](#)

24

Emergency admissions

| | 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 | 1,849 | 1,983 | 1,720 | 1,837 | 1,699 | 1,715 | 1,883 | 1,849 | 1,883 | 1,821 | 1,732 | 1,816 |

Delayed Discharge

| | 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 | 0.88 | 0.85 | 1.14 | 1.17 | 0.88 | 0.92 | 1.08 | 0.99 | 0.93 | 0.97 | 1.01 | 1.01 |

Residential Admissions

| | | 2024-25 Estimated | 2025-26 Plan Q1 | 2025-26 Plan Q2 | 2025-26 Plan Q3 | 2025-26 Plan Q4 |
|--|------|----------------------|--------------------|--------------------|--------------------|--------------------|
| 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 | 499.3 | 124.8 | 121.4 | 121.4 | 119.2 |

Better Care Fund 2025-26 Planning Template

4. Income

Selected Health and Wellbeing Board:

Bournemouth, Christchurch and Poole

| Local Authority Contribution | |
|--|--------------------|
| Disabled Facilities Grant (DFG) | Gross Contribution |
| Bournemouth, Christchurch and Poole | £4,365,654 |
| DFG breakdown for two-tier areas only (where applicable) | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Total Minimum LA Contribution (exc Local Authority BCF Grant) | £4,365,654 |

| Local Authority Better Care Grant | Contribution |
|--|--------------------|
| Bournemouth, Christchurch and Poole | £16,578,901 |
| | |
| Total Local Authority Better Care Grant | £16,578,901 |

| | |
|--|-----|
| Are any additional LA Contributions being made in 2025-26? If yes, please detail below | Yes |
|--|-----|

| | | |
|--|---------------------|--|
| Local Authority Additional Contribution | Contribution | Comments - Please use this box to clarify any specific uses or sources of funding |
| Bournemouth, Christchurch and Poole | £2,182,000 | Moving on From Hospital Living Campus |
| | | |
| | | |
| Total Additional Local Authority Contribution | £2,182,000 | |

Complete:

Yes

Yes

| NHS Minimum Contribution | Contribution |
|--------------------------------|--------------|
| NHS Dorset ICB | £40,466,631 |
| | |
| | |
| | |
| | |
| | |
| Total NHS Minimum Contribution | £40,466,631 |

| | |
|---|-----------------|
| Are any additional NHS Contributions being made in 2025-26? If yes, please detail below | <Please Select> |
|---|-----------------|

No

| Additional NHS Contribution | Contribution | Comments - Please use this box clarify any specific uses or sources of funding |
|-----------------------------------|--------------|--|
| 26 | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total Additional NHS Contribution | £0 | |
| Total NHS Contribution | £40,466,631 | |

Yes

| | |
|-------------------------|-------------|
| | 2025-26 |
| Total BCF Pooled Budget | £63,593,186 |

Better Care Fund 2025-26 Planning Template

5. Expenditure

Selected Health and Wellbeing Board:

Bournemouth, Christchurch and Poole

<< Link to summary sheet

| 2025-26 | | | |
|-----------------------------------|--------------------|--------------------|--------------------|
| Running Balances | Income | Expenditure | Balance |
| DFG | £4,365,654 | £4,365,600 | £54 |
| NHS Minimum Contribution | £40,466,631 | £14,758,031 | £25,708,600 |
| Local Authority Better Care Grant | £16,578,901 | £16,578,901 | £0 |
| Additional LA contribution | £2,182,000 | £2,182,000 | £0 |
| Additional NHS contribution | £0 | £0 | £0 |
| Total | £63,593,186 | £37,884,532 | £25,708,654 |

Required Spend

This is in relation to National Conditions 3 only. It does NOT make up the total NHS Minimum Contribution (on row 10 above).

| 2025-26 | | |
|---|------------------------|---------------|
| | Minimum Required Spend | Planned Spend |
| Adult Social Care services spend from the NHS minimum allocations | £14,759,838 | £12,440,858 |
| | | £2,318,980 |

Checklist

Column complete:

| | No | Yes | No | Yes | Yes | Yes | No | |
|-----------|--|---|---|------------------|----------------------------|--------------------------|-----------------------------|---|
| Scheme ID | Activity | Description of Scheme | Primary Objective | Area of Spend | Provider | Source of Funding | Expenditure for 2025-26 (£) | Comments (optional) |
| 1 | Long-term residential/nursing home care | Moving on From Hospital Living | 1. Proactive care to those with complex needs | Social Care | Private Sector | NHS Minimum Contribution | | 24/25 £7,428,193 |
| 2 | | *Community based schemes Needs updating* | | Community Health | NHS Community Provider | NHS Minimum Contribution | | 24/25 £10,480,335 |
| 3 | Assistive technologies and equipment | Integrated Community Equipment Service | 2. Home adaptations and tech | Community Health | Private Sector | NHS Minimum Contribution | | 24/25 £2,906,542 |
| 4 | Wider local support to promote prevention and independence | Advocacy, information, and front door. | 1. Proactive care to those with complex needs | Social Care | Charity / Voluntary Sector | NHS Minimum Contribution | £ 241,338 | |
| 5 | Wider local support to promote prevention and independence | Voluntary Organisation Schemes | 1. Proactive care to those with complex needs | Social Care | Charity / Voluntary Sector | NHS Minimum Contribution | £ 199,841 | |
| 6 | Long-term residential/nursing home care | High Cost Placements | 1. Proactive care to those with complex needs | Social Care | Private Sector | NHS Minimum Contribution | £ 618,686 | |
| 7 | Long-term residential/nursing home care | Dementia Placements | 1. Proactive care to those with complex needs | Social Care | Private Sector | NHS Minimum Contribution | £ 2,622,374 | |
| 8 | Long-term home-based social care services | Home Care | 6. Reducing the need for long term residential care | Social Care | Private Sector | NHS Minimum Contribution | £ 1,656,604 | |
| 9 | Evaluation and enabling integration | Support to Self Funders *combine Scheme 9 + 18* | 1. Proactive care to those with complex needs | Social Care | Local Authority | NHS Minimum Contribution | £ 165,989 | Wrapped 2 previous Self funder schemes together |
| 10 | Long-term residential/nursing home care | Dementia Placements | 1. Proactive care to those with complex needs | Social Care | Private Sector | NHS Minimum Contribution | £ 838,192 | |
| 11 | Long-term residential/nursing home care | Residential, Dementia, and Mental Health Placements | 5. Timely discharge from hospital | Social Care | Private Sector | NHS Minimum Contribution | £ 2,166,277 | |
| 12 | Long-term residential/nursing home care | Residential, and Dementia Placements | 5. Timely discharge from hospital | Social Care | Private Sector | NHS Minimum Contribution | £ 62,245 | |

| | | | | | | | | |
|----|---|---|---|------------------|------------------------|-----------------------------------|-------------|---------------------------------|
| 13 | Discharge support and infrastructure | Hospital Discharge and CHC Teams | 5. Timely discharge from hospital | Continuing Care | Local Authority | NHS Minimum Contribution | £ 2,273,764 | |
| 14 | Home-based intermediate care (short-term home-based rehabilitation, reablement and | Apex Rapid Response | 5. Timely discharge from hospital | Social Care | Private Sector | NHS Minimum Contribution | £ 132,136 | |
| 15 | Home-based intermediate care (short-term home-based rehabilitation, reablement and | Reablement at Home (Step Up and Step Down Users) - Tricuro | 5. Timely discharge from hospital | Social Care | Private Sector | NHS Minimum Contribution | £ 1,639,953 | |
| 16 | Bed-based intermediate care (short-term bed-based rehabilitation, reablement and recovery services) | Bed Based Intermediate Care - Coastal Lodge *Combine schemes 16 & 17* | 5. Timely discharge from hospital | Social Care | Private Sector | NHS Minimum Contribution | £ 634,999 | Wrapped 2 Coastal Lodge schemes |
| 17 | Support to carers, including unpaid carers | Support to Carers - Officers | 3. Supporting unpaid carers | Social Care | Local Authority | NHS Minimum Contribution | £ 168,172 | |
| 18 | Support to carers, including unpaid carers | Support to Carers - Activities, Respite. *Combine schemes 20 + 21* | 3. Supporting unpaid carers | Social Care | Local Authority | NHS Minimum Contribution | £ 1,294,052 | Wrapped 2 Carer schemes |
| 19 | Other | Community Therapy | 4. Preventing unnecessary hospital admissions | Community Health | NHS Community Provider | NHS Minimum Contribution | | 24/25 £1,256,334 |
| 20 | Other | District Nursing | 4. Preventing unnecessary hospital admissions | Community Health | NHS Community Provider | Additional NHS Contribution | | 24/25 £5,292,192 |
| 21 | End of life care | Palliative Care - District Nurse | 1. Proactive care to those with complex needs | Community Health | NHS Community Provider | Additional NHS Contribution | | 24/25 £43,165 |
| 22 | End of life care | Generalist Palliative Care | 1. Proactive care to those with complex needs | Community Health | NHS Community Provider | Additional NHS Contribution | | 24/25 £1,483,828 |
| 23 | Home-based intermediate care (short-term home-based rehabilitation, reablement and | General Intermediate Care | 6. Reducing the need for long term residential care | Community Health | NHS Community Provider | Additional NHS Contribution | | 24/25 £6,230,515 |
| 24 | Evaluation and enabling integration | BCP Council Better Care Fund Manager | 6. Reducing the need for long term residential care | Other | Local Authority | NHS Minimum Contribution | £ 43,409 | |
| 25 | Disabled Facilities Grant related schemes | Integrated Community Equipment Service | 2. Home adaptations and tech | Community Health | Private Sector | DFG | £ 1,971,000 | |
| 26 | Disabled Facilities Grant related schemes | Housing Adaptations - Disabled Facilities Grant | 2. Home adaptations and tech | Social Care | Private Sector | DFG | £ 2,394,600 | |
| 27 | Long-term residential/nursing home care | Moving on From Hospital Living | 1. Proactive care to those with complex needs | Social Care | Private Sector | Additional LA Contribution | £ 2,182,000 | |
| 28 | Assistive technologies and equipment | Lifeline | 2. Home adaptations and tech | Social Care | Local Authority | Local Authority Better Care Grant | £ 35,000 | |
| 29 | Long-term residential/nursing home care | Residential Placements | 1. Proactive care to those with complex needs | Social Care | Private Sector | Local Authority Better Care Grant | £ 4,143,748 | |
| 30 | Long-term home-based social care services | Home Care | 6. Reducing the need for long term residential care | Social Care | Private Sector | Local Authority Better Care Grant | £ 6,049,000 | |
| 31 | Evaluation and enabling integration | Targeted Community Social Workers | 1. Proactive care to those with complex needs | Social Care | Local Authority | Local Authority Better Care Grant | £ 189,000 | |
| 32 | Evaluation and enabling integration | Occupational Therapists | 1. Proactive care to those with complex needs | Social Care | Local Authority | Local Authority Better Care Grant | £ 68,000 | |
| 33 | Discharge support and infrastructure | DOLS Best Interest Assessors *Combine schemes 36 & 55* | 5. Timely discharge from hospital | Social Care | Local Authority | Local Authority Better Care Grant | £ 375,000 | Wrapped 2 DoLS schemes |
| 34 | Discharge support and infrastructure | Brokerage Services | 5. Timely discharge from hospital | Social Care | Local Authority | Local Authority Better Care Grant | £ 58,000 | |
| 35 | Discharge support and infrastructure | Hospital Discharge and CHC Teams | 5. Timely discharge from hospital | Continuing Care | Local Authority | Local Authority Better Care Grant | £ 288,000 | |
| 36 | Bed-based intermediate care (short-term bed-based rehabilitation, reablement and recovery services) | D2A Beds | 5. Timely discharge from hospital | Social Care | Private Sector | Local Authority Better Care Grant | £ 550,000 | |
| 37 | Home-based intermediate care (short-term home-based rehabilitation, reablement and | Tricuro Reablement at Home | 6. Reducing the need for long term residential care | Social Care | Private Sector | Local Authority Better Care Grant | £ 210,000 | |
| 38 | Bed-based intermediate care (short-term bed-based rehabilitation, reablement and recovery services) | Step Down Beds - Figbury | 5. Timely discharge from hospital | Social Care | Private Sector | Local Authority Better Care Grant | £ 21,000 | |
| 39 | Long-term residential/nursing home care | High Cost Placements | 1. Proactive care to those with complex needs | Social Care | Private Sector | Local Authority Better Care Grant | £ 1,195,000 | |
| 40 | Discharge support and infrastructure | Rapid Financial Assessments | 5. Timely discharge from hospital | Social Care | NHS | Local Authority Better Care Grant | £ 72,000 | |
| 41 | Evaluation and enabling integration | Social Workers | 1. Proactive care to those with complex needs | Social Care | Local Authority | Local Authority Better Care Grant | £ 235,000 | |
| 42 | Discharge support and infrastructure | 7 Days a Week - Brokerage Services | 5. Timely discharge from hospital | Social Care | Local Authority | Local Authority Better Care Grant | £ 57,000 | |
| 43 | Home-based intermediate care (short-term home-based rehabilitation, reablement and | Apex Rapid Response | 5. Timely discharge from hospital | Social Care | Private Sector | NHS Minimum Contribution | | 24/25 £1,006,940 |
| 44 | Bed-based intermediate care (short-term bed-based rehabilitation, reablement and recovery services) | Coastal Lodge | 5. Timely discharge from hospital | Social Care | Private Sector | NHS Minimum Contribution | | 24/25 £1,988,379 |
| 45 | Short-term home-based social care (excluding rehabilitation, reablement or recovery services) | Intermediate Care Schemes | 5. Timely discharge from hospital | Social Care | Private Sector | NHS Minimum Contribution | | 24/25 £505,454 |
| 46 | Discharge support and infrastructure | Support to Self Funders | 5. Timely discharge from hospital | Social Care | Local Authority | Local Authority Better Care Grant | £ 251,000 | |
| 47 | Bed-based intermediate care (short-term bed-based rehabilitation, reablement and recovery services) | Figbury Lodge - Residential and Intermediate Beds | 5. Timely discharge from hospital | Social Care | Private Sector | Local Authority Better Care Grant | £ 2,782,153 | |

Better Care Fund 2025-26 Planning Template

6. Metrics for 2025-26

Selected Health and Wellbeing Board: Bournemouth, Christchurch and Poole

8.1 Emergency admissions

| | | | | | | | | | | | | | | | Rationale for how local goal for 2025-26 was set. Include how learning and performance to date in 2024-25 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. | Complete: |
|---|--------------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|--|---|-----------|
| | | Apr 24 Actual | May 24 Actual | Jun 24 Actual | Jul 24 Actual | Aug 24 Actual | Sep 24 Actual | Oct 24 Actual | Nov 24 Actual | Dec 24 Actual | Jan 25 Actual | Feb 25 Actual | Mar 25 Actual | | | |
| Emergency admissions to hospital for people aged 65+ per 100,000 population | Rate | 1,884 | 2,020 | 1,753 | 1,873 | 1,731 | 1,748 | 1,918 | 1,884 | n/a | n/a | n/a | n/a | Using Data from 2023 - 2025 we have calculated an average rate of admissions and factored a reduction. The calculations include seasonal variation and the FutureCare expected benefit assumptions from alternatives to admission workstreams. | Yes | |
| | Number of Admissions 65+ | 1660 | 1,780 | 1,545 | 1,650 | 1,525 | 1,540 | 1,690 | 1,660 | n/a | n/a | n/a | n/a | | | |
| | Population of 65+* | 88,115 | 88,115 | 88,115 | 88,115 | 88,115 | 88,115 | 88,115 | 88,115 | n/a | n/a | n/a | n/a | | | |
| | 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 | | | | |
| | Rate | 1,849 | 1,983 | 1,720 | 1,837 | 1,699 | 1,715 | 1,883 | 1,849 | 1,883 | 1,821 | 1,732 | 1,816 | Yes | | |
| | Number of Admissions 65+ | 1629 | 1747 | 1516 | 1619 | 1497 | 1511 | 1659 | 1629 | 1659 | 1605 | 1526 | 1600 | | | |
| | Population of 65+ | 88,115 | 88,115 | 88,115 | 88,115 | 88,115 | 88,115 | 88,115 | 88,115 | 88,115 | 88,115 | 88,115 | 88,115 | | | |

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>

| Supporting Indicators | | Have you used this supporting indicator to inform your goal? | |
|---|------|--|-----|
| Unplanned hospital admissions for chronic ambulatory care sensitive conditions. Per 100,000 population. | Rate | Yes | Yes |
| Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000. | Rate | Yes | Yes |

8.2 Discharge Delays

| *Dec Actual onwards are not available at time of publication | | | | | | | | | | | | | | |
|---|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|--|-----|
| | Apr 24 Actual | May 24 Actual | Jun 24 Actual | Jul 24 Actual | Aug 24 Actual | Sep 24 Actual | Oct 24 Actual | Nov 24 Actual | Dec 24 Actual | Jan 25 Actual | Feb 25 Actual | Mar 25 Actual | Rationale for how local goal for 2025-26 was set. Include how learning and performance to date in 2024-25 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. | |
| 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) | n/a | n/a | n/a | n/a | n/a | 1.16 | 0.99 | 1.06 | n/a | n/a | n/a | n/a | Calculations are based on national DRD data. National data differs to local data with the local data showing a slightly lower average number of days between DRD date and discharge. We have chosen to use national data as this forms the basis of BCF reporting. The year end position links to the expected benefits from the FutureCare programme. Please note FutureCare benefits have been calculated using local data for DRD and local reporting will show a greater benefit. | |
| Proportion of adult patients discharged from acute hospitals on their discharge ready date | n/a | n/a | n/a | n/a | n/a | 86.7% | 85.6% | 87.3% | n/a | n/a | n/a | n/a | | |
| For those adult patients not discharged on DRD, average number of days from DRD to discharge | n/a | n/a | n/a | n/a | n/a | 8.7 | 6.9 | 8.3 | n/a | n/a | n/a | n/a | | |
| | 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 | | |
| 30 Average length of discharge delay for all acute adult patients | 0.88 | 0.85 | 1.14 | 1.17 | 0.88 | 0.92 | 1.08 | 0.99 | 0.93 | 0.97 | 1.01 | 1.01 | | |
| | 87.4% | 87.8% | 87.3% | 85.4% | 87.5% | 88.5% | 86.5% | 87.6% | 88.4% | 86.2% | 87.4% | 87.4% | | Yes |
| | 7.00 | 7.00 | 9.00 | 8.00 | 7.00 | 8.00 | 8.00 | 8.00 | 8.00 | 7.00 | 8.00 | 8.00 | | Yes |

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

| | | |
|---|--------------------|--|
| Supporting Indicators | | Have you used this supporting indicator to inform your goal? |
| Patients not discharged on their DRD, and discharged within 1 day, 2-3 days, 4-6 days, 7-13 days, 14-20 days and 21 days or more. | Number of patients | Yes |
| Local data on average length of delay by discharge pathway. | Number of days | Yes |

| |
|-----|
| Yes |
| Yes |

8.3 Residential Admissions

| | | 2023-24 Actual | 2024-25 Plan | 2024-25 Estimated | 2025-26 Plan Q1 | 2025-26 Plan Q2 | 2025-26 Plan Q3 | 2025-26 Plan Q4 | <div>Rationale for how the local goal for 2025-26 was set. Include how learning and performance to date in 2024-25 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.</div> <div>The projected figures for 2025-26 incorporate lessons learned from the previous year, especially the shift from SALT to Client Level Data, which resulted in higher-than-expected figures.</div> <div>The adult social care sector and the demand for residential care have faced significant challenges. Many people who were self-funding their care have exhausted their savings, and broader economic pressures have exacerbated the situation. We anticipate these challenges will persist throughout 2025/26. However, we remain committed to investing in initiatives that promote independence, enabling people to stay in their homes longer.</div> <div>Some of these initiatives include BCP Council's Transformation Programme, which aims to modernise and enhance service delivery, focusing on the holistic needs of individuals, reducing the reliance on residential care. The Disabled Facilities Grant provides more home adaptations to support independent living, giving the opportunity for people to stay in their own home for longer. Home Care Packages offer support within people's homes. Financial Assessments by the Local Authority help self-funding people ensure their care remains sustainable.</div> |
|--|----------------------|-------------------|-----------------|----------------------|--------------------|--------------------|--------------------|--------------------|--|
| 31 | Rate | 370.0 | 422.2 | 499.3 | 124.8 | 121.4 | 121.4 | 119.2 | |
| | Number of admissions | 326 | 372 | 440 | 110 | 107 | 107 | 105 | |
| | Population of 65+* | 88,115 | 88,115 | 88,115 | 88,115 | 88,115 | 88,115 | 88,115 | |
| Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population | | | | | | | | | |

Long-term admissions to residential care homes and nursing homes for people aged 65+ per 100,000 population are based on a calendar year using the latest available mid-year estimates.

| Supporting Indicators | | Have you used this supporting indicator to inform your goal? |
|---|------------|--|
| Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence | Percentage | Yes |
| The proportion of people who received reablement during the year, where no further request was made for ongoing support | Rate | Yes |

Yes

Yes

Yes

Yes



HM Government



England

Better Care Fund 2025-26 Update Template

7: National Condition Planning Requirements

Health and wellbeing board

Bournemouth, Christchurch and Poole

| National Condition | Planning expectation that BCF plan should: | Where should this be completed | HWB submission meets expectation | Where the Planning requirement is not met, please note the actions in place towards meeting the requirement | Timeframe for resolution |
|---|--|--|----------------------------------|---|--------------------------|
| 1. Plans to be jointly agreed | Reflect local priorities and service developments that have been developed in partnership across health and care, including local NHS trusts, social care providers, voluntary and community service partners and local housing authorities | Planning Template - Cover sheet Narrative Plan - Overview of Plan | Yes | | |
| | Be signed off in accordance with organisational governance processes across the relevant ICB and local authorities | Planning Template - Cover sheet | Yes | | |
| | Must be signed by the HWB chair, alongside the local authority and ICB chief executives – this accountability must not be delegated | Planning Template - Cover sheet | Yes | | |
| 2. Implementing the objectives of the BCF | Set out a joint system approach for meeting the objectives of the BCF which reflects local learning and national best practice and delivers value for money | Narrative Plan - Section 2 | Yes | | |
| | Set goals for performance against the 3-headline metrics which align with NHS operational plans and local authority adult social care plans, including intermediate care capacity and demand plans | Planning Template - Metrics | Yes | | |
| | Demonstrate a 'home first' approach and a shift away from avoidable use of long-term residential and nursing home care | Narrative Plan - Section 2 | Yes | | |
| | Following the consolidation of the previously ring-fenced Discharge Fund, specifically explain why any changes to the use of the funds compared to 2024-25 are expected to enhance urgent and emergency care flow (combined impact of admission avoidance and reducing length of stay and improving discharge) | Narrative Plan - Section 2 | Yes | | |
| 3. Complying with grant and funding conditions, including maintaining the NHS minimum contribution to adult social care (ASC) | Set out expenditure against key categories of service provision and the sources of this expenditure from different components of the BCF | Planning Template - Expenditure | Yes | | |
| | Set out how expenditure is in line with funding requirements, including the NHS minimum contribution to adult social care | | | | |
| 4. Complying with oversight and support processes | Confirm that HWBs will engage with the BCF oversight and support process if necessary, including senior officers attending meetings convened by BCF national partners. | Planning Template - Cover | Yes | | |
| | Demonstrate effective joint system governance is in place to: submit required quarterly reporting, review performance against plan objectives and performance, and change focus and resourcing if necessary to bring delivery back on track | Narrative Plan - Executive Summary | Yes | | |



HM Government



Better Care Fund 2025-26 Capacity & Demand Template

2. Cover

Version 1.1

| | |
|---|--|
| Health and Wellbeing Board: | Bournemouth, Christchurch and Poole |
| Completed by: | Scott Saffin |
| E-mail: | scott.saffin@bcpcouncil.gov.uk |
| Contact number: | 01202 126204 |
| Has this report been signed off by (or on behalf of) the HWB at the time of submission? | Yes |

Once complete please send this template to the Better Care Fund Team england.bettercarefundteam@nhs.net saving the file as 'C&D - Name HWB' for example 'C&D - County Durham HWB'. Please also copy in your Better Care Manager.

[<< Link to the Guidance sheet](#)

| Demand - Step-down | | Please enter refreshed expected no. of referrals: | | | | | | | | | | | |
|---|---|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Pathway | Trust Referral Source | Apr-25 | May-25 | Jun-25 | Jul-25 | Aug-25 | Sep-25 | Oct-25 | Nov-25 | Dec-25 | Jan-26 | Feb-26 | Mar-26 |
| Total Expected Step-down: | Total Step-down | | | | | | | | | | | | |
| Reablement & Rehabilitation at home (pathway 1) | Total | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | DORSET HEALTHCARE UNIVERSITY NHS FOUNDATION TRUST | | | | | | | | | | | | |
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| Short term domiciliary care (pathway 1) | Total | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | DORSET HEALTHCARE UNIVERSITY NHS FOUNDATION TRUST | | | | | | | | | | | | |
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| Reablement & Rehabilitation in a bedded setting (pathway 2) | Total | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | DORSET HEALTHCARE UNIVERSITY NHS FOUNDATION TRUST | | | | | | | | | | | | |
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| Other short term bedded care (pathway 2) | Total | 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 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | DORSET HEALTHCARE UNIVERSITY NHS FOUNDATION TRUST | | | | | | | | | | | | |
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Better Care Fund 2025-26 Capacity & Demand Template

3.2. C&D Step-up

Selected Health and Wellbeing Board:

Bournemouth, Christchurch and Poole

[illegible]

| Average LoS/Contact Hours | |
|---------------------------|---------------|
| Full Year | Units |
| 3.5 | Contact Hours |
| 60 | Contact Hours |
| 42 | Average LoS |
| 0 | Contact Hours |

[illegible][illegible]