# Notice of Health and Wellbeing Board

Date: Monday, 13 January 2025 at 2.00 pm

Venue: HMS Phoebe, BCP Civic Centre, Bournemouth BH2 6DY

**Membership:**

**Chair:**

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| Cllr D Brown | Portfolio Holder for Health and Wellbeing |

**Vice-Chair:**

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| Patricia Miller | NHS Dorset |
| Cllr R Burton | Portfolio Holder for Children and Young People |
| Cllr K Wilson | Portfolio Holder for Housing and Regulatory Services |
| Cllr S Moore | Portfolio Holder for Communities and Partnerships |
| Graham Farrant | Chief Executive (BCP Council) |
| Jillian Kay | Corporate Director for Wellbeing |
| Cathi Hadley | Corporate Director - Childrens Services, BCP Council |
| Sam Crowe | Director, Public Health (BCP Council) |
| Glynn Barton | Chief Operations Officer BCP Council |
| Betty Butlin | Director of Adult Social Care |
| Matthew Bryant | Dorset HealthCare University NHS Foundation Trust |
| Heather Dixey | Dorset Police |
| Dawn Dawson | Dorset Healthcare Foundation Trust |
| David Freeman | NHS Dorset |
| Louise Bate | Healthwatch |
| Karen Loftus | Community Action Network Bournemouth, Christchurch and Poole |
| Marc House | Dorset & Wiltshire Fire and Rescue Service |
| Siobhan Harrington | University Hospitals Dorset NHS Foundation Trust |

All Members of the Health and Wellbeing Board are summoned to attend this meeting to consider the items of business set out on the agenda below.

The press and public are welcome to view the live stream of this meeting at the following link: https://democracy.bcpcouncil.gov.uk/ieListDocuments.aspx?MId=5970

If you would like any further information on the items to be considered at the meeting please contact: Democratic Services or email democratic.services@bcpcouncil.gov.uk

Press enquiries should be directed to the Press Office: Tel: 01202 454668 or email press.office@bcpcouncil.gov.uk

This notice and all the papers mentioned within it are available at democracy.bcpcouncil.gov.uk

GRAHAM FARRANT
**CHIEF EXECUTIVE**

3 January 2025

DEBATE NOT HATE

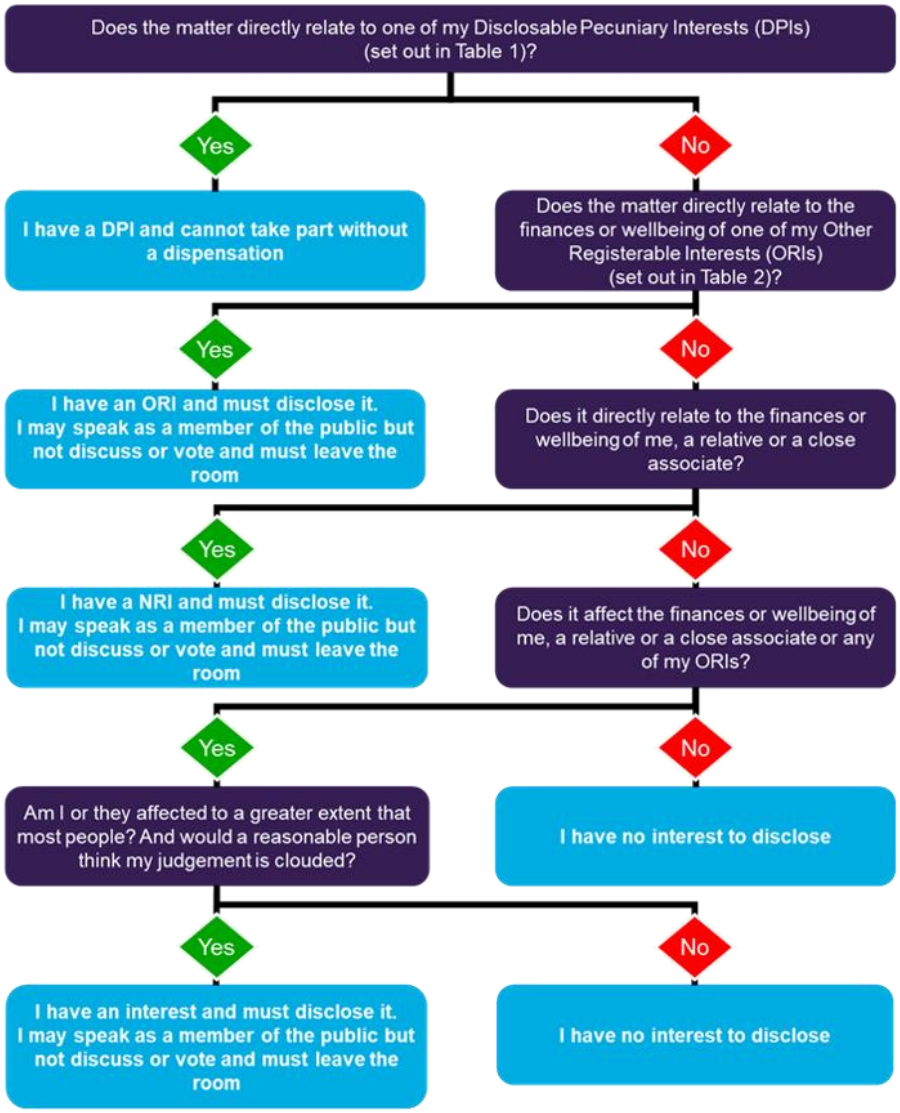
Available online and on the Mod.gov app

## Maintaining and promoting high standards of conduct

### Declaring interests at meetings

Familiarise yourself with the Councillor Code of Conduct which can be found in Part 6 of the Council's Constitution.

Before the meeting, read the agenda and reports to see if the matters to be discussed at the meeting concern your interests




### What are the principles of bias and pre-determination and how do they affect my participation in the meeting?

Bias and predetermination are common law concepts. If they affect you, your participation in the meeting may call into question the decision arrived at on the item.

| Bias Test | Predetermination Test |
|---|---|
| In all the circumstances, would it lead a fair minded and informed observer to conclude that there was a real possibility or a real danger that the decision maker was biased? | At the time of making the decision, did the decision maker have a closed mind? |

If a councillor appears to be biased or to have predetermined their decision, they must NOT participate in the meeting.

For more information or advice please contact the Monitoring Officer (janie.berry@bcpcouncil.gov.uk)

### Selflessness

Councillors should act solely in terms of the public interest

### Integrity

Councillors must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships

### Objectivity

Councillors must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias

### Accountability

Councillors are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this

### Openness

Councillors should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing

### Honesty & Integrity

Councillors should act with honesty and integrity and should not place themselves in situations where their honesty and integrity may be questioned

### Leadership

Councillors should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs

# AGENDA

Items to be considered while the meeting is open to the public

**1. Apologies**

To receive any apologies for absence from Councillors.

**2. Substitute Members**

To receive information on any changes in the membership of the Committee.

Note – When a member of a Committee is unable to attend a meeting of a Committee or Sub-Committee, the relevant Political Group Leader (or their nominated representative) may, by notice to the Monitoring Officer (or their nominated representative) prior to the meeting, appoint a substitute member from within the same Political Group. The contact details on the front of this agenda should be used for notifications.

**3. Declarations of Interests**

Councillors are requested to declare any interests on items included in this agenda. Please refer to the workflow on the preceding page for guidance.

Declarations received will be reported at the meeting.

**4. Public Issues**

To receive any public questions, statements or petitions submitted in accordance with the Constitution. Further information on the requirements for submitting these is available to view at the following link:-

https://democracy.bcpcouncil.gov.uk/documents/s2305/Public%20Items%20-%20Meeting%20Procedure%20Rules.pdf

The deadline for the submission of public questions is midday on Tuesday 7 January 2025 [three clear working days before the meeting].

The deadline for the submission of a statement is midday on Friday 10 January 2025 [the working day before the meeting].

The deadline for the submission of a petition is Friday 27 December 2024 {10 working days before the meeting].

## ITEMS OF BUSINESS

**5. Community Action Network**

To receive a presentation informing the Board of the work of Community Action Network (CAN).

**6. Bournemouth, Christchurch & Poole (BCP) Safeguarding Adults Boards Annual Report 2023-2024** 7 - 34

The BCP Safeguarding Adults Board (SAB) publishes an Annual Report each year and is required, as set out in the Care Act 2014, to present this to

the Council's Health & Wellbeing Board. Many Councils also request that the report is presented to Scrutiny as the report enables a discussion on the work of the Safeguarding Adults Board.

The attached report is for the year April 2023 to March 2024.The report was agreed at the September meeting of the BCP Safeguarding Adults Board (SAB).

The BCP SAB has successfully worked together with the Dorset SAB with joint meetings over the year.

This year we have published 2 separate Annual Reports, one for each of the Boards as they are separately constituted. Throughout 23-24 The BCP SAB has delivered against all priorities which are set out in the annual work plan; this Annual Report summarises what the Board has achieved.

**7. Joint Strategic Needs Assessment (JSNA) Update** 35 - 40

Each Health and Wellbeing Board must have a process for Joint Strategic Needs Assessment. The Local Government and Public Involvement in Health Act (2007) sets out the role and responsibility of the Health and Wellbeing Board for this work. The current JSNA process is co-ordinated by Public Health Dorset and involves annual strategic narrative updates alongside deep dives into specific topic and cohort areas. As the Public Health Dorset service will be disaggregated into two public health teams on the 1st April 2025, system discussions will be held to review how this responsibility is best discharged going forwards.

This paper updates progress towards the development of a Children and Young People's Joint Strategic Needs Assessment, presenting the proposed contents and structure developed through scoping discussions.

**8. Better Care Fund 2024-2025 Quarter 2 Report** 41 - 80

This report provides an overview of the Quarter 2 Report of the Better Care Fund (BCF) for 2024-25.

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 2023-25 Policy Framework. The report needs to be jointly agreed and signed off by the Health and Wellbeing Board as one of the planning requirements.

**9. Health and Well Being Strategy Update** 81 - 90

To receive a presentation updating the Board on the results of a survey regarding the Strategy's refresh.

**10. Forward Plan** 91 - 94

To consider the Board's Forward Plan.

No other items of business can be considered unless the Chair decides the matter is urgent for reasons that must be specified and recorded in the Minutes.

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# Health and Wellbeing Board

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| Report subject | **Bournemouth, Christchurch & Poole (BCP) Safeguarding Adults Boards Annual Report 2023-2024** |
| Meeting date | 13th January 2025 |
| Status | Public Report |
| Executive summary | The BCP Safeguarding Adults Board (SAB) publishes an Annual Report each year and is required, as set out in the Care Act 2014, to present this to the Council's Health & Wellbeing Board. Many Councils also request that the report is presented to Scrutiny as the report enables a discussion on the work of the Safeguarding Adults Board.<br><br>The attached report is for the year April 2023 to March 2024.The report was agreed at the September meeting of the BCP Safeguarding Adults Board (SAB).<br><br>The BCP SAB has successfully worked together with the Dorset SAB with joint meetings over the year.<br><br>This year we have published 2 separate Annual Reports, one for each of the Boards as they are separately constituted. Throughout 23-24 The BCP SAB has delivered against all priorities which are set out in the annual work plan; this Annual Report summarises what the Board has achieved. |
| **Recommendations** | **It is RECOMMENDED that:**<br><br>**Members note the report which informs how the SAB has carried out its responsibilities to prevent abuse, harm and neglect of adults with care and support needs during 2023-2024.** |
| Reason for recommendations | 1. In setting out how the SAB has delivered against the strategic plan during the year, this Annual Report also acknowledges the contribution each of the board partners has made to implementing its strategy. The Strategic Plan for this current year is set out on Page 7. |

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| | 2 The safeguarding data for Bournemouth, Christchurch & Poole is shown on Page 6 of the Annual Report.<br><br>3 It is a statutory requirement that the Annual Report provides a summary of any Safeguarding Adults Reviews (SARs) which were published within the year. These are statutory reviews commissioned by the Board, where someone with care and support needs has died or suffered significant harm and where agencies could have worked better together. An outline of SAR 'Billy' is shown on Page 11. |

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| Portfolio Holder(s): | Cllr David Brown, Portfolio Holder for Health and Wellbeing |
| Corporate Director | Betty Butlin, Director of Adult Social Care |
| Report Authors | Siân Walker-McAllister<br>Independent Chair, Dorset and Bournemouth, Christchurch & Poole Safeguarding Adults Boards |
| Wards | All |
| Classification | For Recommendation |

**Background**

1. It is a statutory requirement for the Bournemouth, Christchurch & Poole Safeguarding Adults Board to publish an Annual Report each year. The presentation of the report to Health and Wellbeing Board enables a discussion on the work of the Safeguarding Adults Board. Board Membership is detailed on Page 12 of the Annual Report and comprises statutory members from Adult Social Care, Dorset Police and NHS Dorset as well as representatives from other public services and the voluntary and community sector. Of note is that BCP Council is represented by Cllr David Brown, Portfolio Holder for Health and Wellbeing as well as senior officers of the Council, including the Director of Adult Social Services.

1.1 Members are advised that BCP Council hosts the Business Team for the Dorset & BCP SABs. Income is received from BCP Council, Dorset Council, NHS Dorset and Dorset Police.

1.2 The BCP SAB works closely with the pan-Dorset Safeguarding Children Partnership and the Bournemouth, Christchurch & Poole Community Safety Partnership, especially in relation to statutory reviews e.g., SARs, Domestic Homicide Reviews (DHRs) and the learning deriving from them. This ensures efficient working of the statutory boards and where there is an overlapping agenda, for example, where other reviews have identified adult safeguarding, we have been able to ensure there is joined up work and importantly joined up learning across professional disciplines.

1.3 The Board has a duty to include details of any Safeguarding Adults Reviews, published during the year. Members will note SAR 'Billy' was published during this year. Work continues with other Safeguarding Adults Reviews across Dorset and BCP and any published in 2024-25 will be included in the next year's annual report.

**Options Appraisal**

2. Not Applicable

**Summary of financial implications**

3. The budget for the Board is shown on Page 5 of the Annual Report – it shows contributions made by each Council and the partners. For this financial year (2023/2024), the Board has worked as a single business unit.

**Summary of legal implications**

4 As set out in the Care Act 2014, it is a statutory requirement for the Safeguarding Adults Board to publish an Annual Report each year and to present that report to the Council's Health & Wellbeing Board. The Annual Report must also include details of any Safeguarding Adults Review (SAR) which has been commissioned by the Board, SAR Billy is included.

**Summary of human resources implications**

5 Not applicable

**Summary of sustainability impact**

6 Not applicable

**Summary of public health implications**

7 Not applicable

**Summary of equality implications**

8 None identified

**Summary of risk assessment**

9 None applicable

**Background papers**

None

**Appendices**

Bournemouth, Christchurch & Poole Safeguarding Adults Boards Annual Report 2023/2024

# Bournemouth, Christchurch & Poole Safeguarding Adults Board

# Annual Report 2023-2024




***The Safeguarding Adults Boards bring together all public, voluntary and community sector agencies across BCP and Dorset with the aim of working together to protect adults at risk from abuse, harm, or neglect. We achieve this through joined up strategic leadership and collective accountability.***

Welcome to the BCP Safeguarding Adults Board 2023/2024 Annual Report. The Board meets jointly with the Dorset Safeguarding Adults Board and shares all subgroups of the Board. This enables us to work efficiently with our partners across the NHS and Police, and also with the many other public, voluntary and community sector agencies. A separate Annual Report is provided as we have constitutionally retained separate Boards enabling us to have place based meetings where required.

The primary role of a safeguarding adults board is to ensure that all public sector agencies work together to ensure that adults with care and support needs in the area are protected from abuse, harm, and neglect; where because of their care and support needs they are unable to protect themselves. The Care Act 2014 sets out that Safeguarding Adults Boards (SABs), should agree a local safeguarding strategic Business Plan and set out in the Annual Report how it has delivered that plan. The Board must also commission a Safeguarding Adults Review, (s.44 of the Care Act 2014) when an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is a concern that partner agencies could have worked more effectively to protect the adult. SABs must also arrange a Safeguarding Adult Review if an adult in its area has not died, but the SAB knows or suspects that the adult has suffered serious abuse or neglect and must ensure that partners demonstrate how they work together so that lessons learned impact the future delivery of services to those with care and support needs.

In 2023 BCP SAB published SAR Billy, a summary of this review is included later in the report

During this year, the Board continued to hold alternate meetings in-person and by Teams and held several events:

- In May 2023 productive meetings were held in respect of the LGA Adult Social Care Peer Review. This was commissioned by Adult Social Care in BCP to ensure support in identifying any issues in preparation for forthcoming CQC assessment of adult social care. The Safeguarding Adults Board participated in the review and the outcome was helpful in providing assurance to the Board about the effectiveness of delivery of safeguarding by adult social care and also assurance about the effectiveness of safeguarding delivery by and about the partnership working to deliver effective services to protect those with care and support needs.
- I attended NHS England regional Mental Health Homicide Review Workshop as it is essential that in commissioning any reviews we work effectively with partners to ensure that the learning is delivered by the most appropriate organisation.
- This SAB has been proud to include representatives from Housing on our Board for a number of years. In July 2023 we hosted an event for a large number of registered housing providers attended by colleagues from the local authority, adult social care safeguarding, and learning & development teams. Attendees agreed to form a Housing & Safeguarding Reference group, enabling them to have a forum to share ideas & experiences. A second event was held in January 2024 for all pan-Dorset Registered Housing Providers with Professor Michael Preston-Shoot presenting on the theme of Adult Safeguarding & Homelessness. The event focussed on the need to identify and use evidence-based practice, ensuring that everyone works across agencies and thinks ‘team around the person’. Rachel Young (Pause Dorset) spoke about housing issues for women whose children are removed. Regular engagement with housing has been welcomed and this network is proactively sharing learning. The SAB has now agreed to facilitate an annual event.
- In July 2023, the first face-to-face Community Engagement Subgroup (CEG) meeting was held providing networking opportunities to improve understanding of the important roles which the voluntary and community sector hold in promoting awareness of safeguarding. Effective engagement with and between community groups enabled participants to showcase their work, forging strong working relationships and understanding each other’s remit.

In September 2023, I undertook 2 prison visits to HMP Portland & HMP The Verne, accompanied by the Dorset Council Adult Safeguarding Lead. HM Prison & Probation Services are represented on the Board and there is much to do to ensure that the Board has assurance that the Care Act 2014 responsibilities for prisoners with care and support needs are delivered. This is the responsibility of the local authority which commissions support from healthcare providers based in prisons. Given the numbers of those in prison with mental health needs and the high proportion of prisoners who are neurodivergent; we discussed the partnership work to ensure that preparation for release takes account of the services which will need to be available. This supports individuals and importantly is a matter for public protection. Whilst the Prisons are located in Dorset, some of the prisoners would undoubtedly come from the BCP area.

In September 2023, I met with a group of GP's in Boscombe, accompanied by a BCP Safeguarding Manager to follow up from a safeguarding review learning event. This was attended by over 150 primary healthcare practitioners. GPs felt that their challenges in supporting some people with very complex needs were listened to by the Board and all strategic partners.

Our subgroups have seen some changes in chairing arrangements due to changes in personnel but by the end of this reporting year a degree of stability has been achieved. This year saw the establishment of an additional subgroup of the Board - the Mental Capacity Act & Deprivation of Liberty Safeguards (MCA/DoLS) Subgroup (referred to later in this report) – important for the Board's assurance. This will help address the fact that issues regarding mental capacity assessments and executive function are recurring themes in very many safeguarding interventions and reviews

I established a quarterly meeting for the Board's subgroup chairs in September 2023 to ensure that partnership working Improved. We are now seeing how the outcomes and learning from safeguarding adult reviews are also reflected in the audit plans for the Quality Assurance subgroup. There is also an improved understanding of the importance of engagements with colleagues in the voluntary and community sector across all groups.

Productive working continues between the Board and NHS Dorset and during the year I met regularly with the NHS Dorset Safeguarding Leads including discussion about the pilot CQC Inspection of the Integrated Care System, progress on SARs across the NHS system and revised Pressure Ulcer Guidance.



February 2024 saw improved capacity within the Board's business team with recruitment of a Project Officer enabling focus on key tasks including delivery of more effective communications and a new website which will be act as a reference point for safeguarding practitioners as well as providing accessible information for the public. During the year we updated policies and procedures which included our Constitution, Communication Strategy, and Document Retention Policy. Regular review ensures good governance and clarity of understanding across the partnership.

At the close of the year, we facilitated a Board development event in March 2024, which gave us the opportunity to review and update our 3-year strategy and all partners made a commitment to engage in 'horizon scanning' during the year ahead.

I would like to thank all those who have contributed to safeguarding adults, with dedication, hard work and strong leadership from across our partnership. In particular I would like to thank our Boards' Business Team, who have each contributed significantly to the delivery of our work.

Siân Walker-McAllister, Independent Chair

## Safeguarding Adults

Safeguarding adults is about protecting the rights of people with care and support needs to live in safety, free from abuse, harm and neglect.

If you are concerned about a person who is over the age of 18 years, who has care and support needs, and you feel they are being abused or at risk of abuse from another person, you should seek help for them.

**To report a safeguarding concern in the BCP Council area contact:**

**01202 123654**

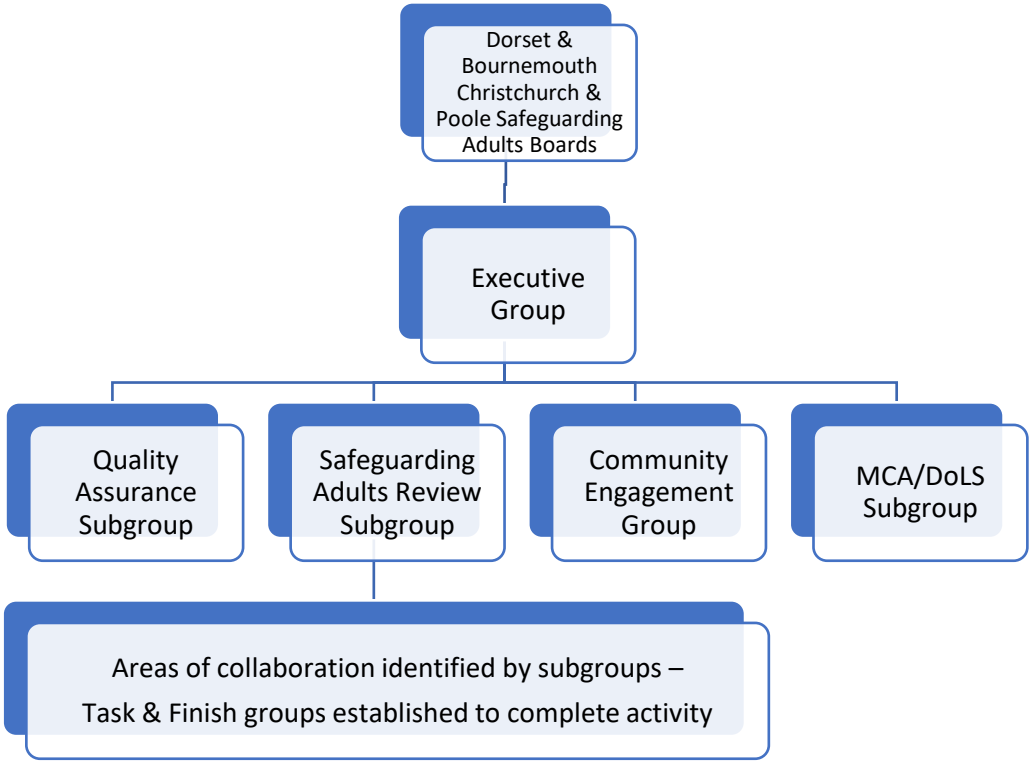
**During evenings and weekends, telephone 0300 1239895**



**In an emergency dial 999. If the person is not in danger now, dial 101.**

**If you are not sure what to do, or need some advice, there are people who can help. You can talk to your GP or nurse, a social worker, a police officer or your key worker. They will help you to respond to the concerns.**

## Structure of the Dorset & BCP Safeguarding Adults Boards




## Dorset & BCP Safeguarding Adults Boards Budget 2023-2024

The Dorset & BCP SABs maintain a working budget to enable them to undertake their work and the priorities identified in the business plan. Each year, contributions are received from statutory partners to support this work. During 2022-2023 the two Boards merged the Business Units and subsequently the budgets.

During much of 2023-2024, the Business team was carrying a vacancy for a Project Officer and a part time Administrator resulting in an underspend on staffing. During this year the SABs held 5 in-person events, so cost for venue hire had increased since the previous year.

The Dorset and BCP SABs are grateful for the financial support of our partners which enables us to carry out our work.

| | |
|---|---|
| BCP Council | £70,000 |
| Dorset Council | £70,000 |
| NHS Dorset | £38,745 |
| Dorset Police | £19,404 |
| **Total** | **£198,149** |

# BCP Council - Safeguarding Activity & Performance Information 2023/24

**Concerns received S42.1**

**6,497*** Concerns received

**Progressed to a Sec 42.2 Enquiry**

**1,344** (this is what needs to happen to make sure someone is safe)

*4 Other safeguarding enquiries/activities which BCP Council undertook to make sure that a person remained safe.

**Breakdown of CONCLUDED Sec 42.2 Enquiries**

**Source of Risk breakdown**

**27% Service Provider.**

**65% Known to individual.**

**8% Unknown to individual.**

**Top 4 Types of Abuse**

**29% Neglect & Acts of Omission**

**17% Financial or Material**

**15% Physical**

**17% Psychological**

**Top 4 Locations of Abuse**

**59% Own home**

**14% Care home (Residential)**

**9% Other**

**8% In the Community**

**Outcome of the Sec 42.2 Enquiries**
(when risk identified)
Risk Removed = **38%**

Risk Reduced = **55%**

Risk Remains = **7%**

**Gender & Age**

Women (59%) are nearly twice as likely to be the subject of a S42.2 Enquiry in BCP than men (40%) over all age groups.
48% are for people aged over 65.

*Volumes of concerns and enquiries as published in the Safeguarding Adults Collection by NHS Digital [NHS England Digital - Safeguarding Adults, England, 2023-24]

## Strategic Plan for 2023-2026

The Dorset and BCP Boards strategic aim is to ensure adults are safeguarded by empowering and supporting them to make informed choices and decisions (Making Safeguarding Personal).

| **Preventative work in safeguarding** | **Seeking assurance on safeguarding practices** | **Assurance on delivery of 'Making Safeguarding Personal' (MSP).** |
|---|---|---|
| **Prevention Aim:**<br>Continued development with partners of preventative work in safeguarding. | **Accountability Aim:**<br>Continuing to seek assurance on safeguarding practice across system partners. | **Partnership working Aim:**<br>Assurance on delivery of 'MSP' using a whole family approach. |
| We will:<br>• Review learning from SARs from DBCPSAB & other Boards and revisit thematic learning from reviews to inform preventative work with adults with care and support needs.<br>• Ensure we always take account of the experiences of people who use services or receive safeguarding interventions.<br>• Seek assurance on an annual basis from partners that learning is embedded in the work of all frontline staff in all services in line with our Training & Development strategy.<br>• Ensure that the Boards' subgroups are able to provide evidence of system learning and working to deliver preventative work.<br>• Ensure there is good multi-agency working with a contextual safeguarding approach to preventative work with people who are homeless.<br>• Improve use of data from all partners to enable us to identify trends which influence preventative work across all agencies. | We will:<br>• Continuously develop how we receive assurance as governance frameworks evolve across every statutory partner.<br>• Ensure data is understood/ used to identify themes for every partner to progress in their safeguarding work; that information and learning is shared across the system.<br>• Work in partnership across the safeguarding children and community safety partnerships to ensure that complexities of 'Transitional Safeguarding' are understood well.<br>• Seek assurance on delivery of safe and person-centred practice in private mental health hospitals and for all placements of people outside our area.<br>• Seek assurance that 'Think Family' practice across all agencies is embedded.<br>• Continue to seek assurance on health & social care practice and provider care quality.<br>• Seek assurance that the system is working to safeguard people via the new national policing initiative, 'Right Person, Right Care' | We will:<br>• Seek assurance from all partners that Making Safeguarding Personal (MSP) is embedded throughout all agencies' safeguarding work. Seeking evidence that people have opportunity to express their outcomes at every stage in their safeguarding journey.<br>• Involve people in the work we do – review how we communicate more widely with people and listen to and act upon the voices of those who have experienced safeguarding interventions.<br>• Deliver our communication/ engagement strategy to the widest audience with the support of the voluntary and community sector through our Community Engagement Subgroup.<br>• Ensure that the Quality Assurance subgroup continues to audit application of MSP and provides data which evidences that application of MSP is embedded. |

## What we achieved in 2023-2024

| In our strategy we said… | This is what we did |
|---|---|
| **Continued development with partners of preventative work in safeguarding** | • Continued working with Partners and received updates from Dorset Police on 'Right Care Right Person' approach for working with vulnerable people<br>• Ongoing work with the Community Engagement Group (CEG) to facilitate shared learning and awareness of safeguarding<br>• Good partnership working with NHS Dorset and production of a revised local Pressure Ulcer Guidance, this was added to the Safeguarding Adults Procedures<br>• Delivered and published Three '7 Minute Learning' reviews on 'Multi-Agency Risk Management (MARM) processes', 'Safeguarding and Hospital Discharge' and 'Learning from BCP SAR Aziza'<br>• Delivered with partners, 4 x bite-sized videos, published on the Boards' websites, providing an overview of the MARM process<br>• Revised and updated the Safeguarding Adult Review (SAR) Referral form ensuring clarity and understanding about SAR referrals by agencies, enabling better-informed decisions as to whether the criteria is met for commissioning a SAR<br>• A Transitional Safeguarding Position Statement was published, written to ensure that agencies understand the needs of young people who are moving from Children's services and need support from Adult Social Care and other services<br>• Established the Housing & Safeguarding Reference group and arranged delivery of learning about 'Adult Safeguarding and Homelessness' |
| **Continuing to seek assurance on safeguarding practice across system partners** | • Delivered a Safeguarding Adult Review on Billy, continuing to seek assurance through implementation of action plans<br>• Produced and published the Dorset & BCP SAB Communication Strategy<br>• The QA and CEG subgroup Terms of Reference were updated<br>• Subgroup Chairs and Deputies met quarterly to share practice and work together more effectively. |
| **Assurance on delivery of 'Making Safeguarding Personal'** | • Making Safeguarding Personal (MSP) was a key feature of the Boards' Development session in March 2024, with workshops on this theme and discussions around why it is important for all partners to embed this into practice<br>• The focus on application of MSP is always included within terms of reference for safeguarding adult reviews and thus is reflected in recommendations<br>• QA subgroup will be undertaking an audit and review of MSP again in the next year to ensure it is embedded into practice. |

**Reports from the Chairs of the Subgroups for 2023-2024**

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| **Community Engagement Group (CEG) Subgroup** | CEG has continued to welcome an increased membership and more consistent attendance at meetings and events, contributing to the strategic plan. It is Chaired and Vice-Chaired by two Voluntary & Community Sector (VCS) representatives from BCP and Dorset Council areas, bringing together a wide range of skills and knowledge of the wider sector in Dorset.<br><br>The CEG is working towards achieving the priorities outlined in the Safeguarding Adult Boards' 2021/24 Strategic Plan and continues to have a focus on informed and preventative work with safeguarding. This involves talking to various groups about how to ensure that people with care and support needs are kept safe. CEG has received presentations from Prama Care, People First Dorset and the Safeguarding Board business managers, looking at various themes such as hoarding, self-neglect and 7-minute learning reviews to help organisations and volunteers understand how they can support someone where there may be a safeguarding concern.<br><br>CEG refreshes and reviews good safeguarding practices within the VCS and shares these findings and learning across the sector.<br><br>CEG has worked with the subgroups and the board to ensure that the VCS is recognised as often being the first point of contact for Dorset residents and that the sector often initiates reporting a concern when supporting adults in the community. |
| **Safeguarding Adult Review (SAR) Subgroup** | The Safeguarding Adult Review (SAR) subgroup met on 7 occasions throughout 2023/2024. Until December 2023, the chair was Sarah Webb from BCP Council. From January 2024 a new chair, Kirsten Bland from NHS Dorset was appointed.<br><br>During 2023/2024 the SAR subgroup facilitated the publication of a safeguarding adult review - SAR Billy.<br>The subgroup has considered 8 referrals for a SAR over the last year and four of these met the criteria for commissioning a SAR. |
| **Quality Assurance (QA) Subgroup** | The Quality Assurance (QA) Subgroup met on four occasions throughout 2023/2024. Initially the subgroup was co-chaired by Jonathan Price (Dorset Council) and Liz Plastow (NHS Dorset). In May 2023 Simon Hester was appointed to co-chair after Liz Plastow left NHS Dorset. Tanya Dawson-Sheehan (Dorset Council) has chaired the subgroup, with Simon Hester as Deputy Chair since November 2023.<br><br>The subgroup has welcomed updates and demonstrations of the 'Dorset Insight and Intelligence Service' (DiiS) Safeguarding Dashboard, commissioned by NHS Dorset but not intended for use only within the NHS. Discussions as to how partner agencies can be involved and use this new database are ongoing.<br><br>During the year the group has discussed the case recording systems of partner organisations as detailed recording enables more accurate records. In Section 42 Enquiries more than one abuse type can be recorded which also enables more detailed analysis. Analysis of volumes of concerns received provided assurance to the SABs regarding the terminology used in both LA areas.<br><br>Throughout the year the subgroup has undertaken a progressive audit concentrating on Self-Neglect. The most frequent abuse type in both LA areas (and nationwide) is Neglect and Acts of Omission. In November findings from the qualitative audit on Self-Neglect were presented from a variety of subgroup member organisations and others including the Fire & Rescue Service and voluntary and community sector. This provided rich information on what is going well and what improvements could be made; and identified common themes on 'wish lists' which will be examined further. |

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| | The subgroup identified that the volume of advocacy referrals was lower than expected and will continue to examine the underlying reasons in the next reporting year.<br><br>The QA Workplan was reviewed and updated with all tasks identified in the SAB strategic plan enabling the subgroup to track and plan our work and where required collaborate with other subgroups.<br><br>Audit work undertaken by the QA Subgroup in previous years identified the need for greater understanding of the MARM process and promotion of the fact that any agency can convene a MARM meeting. Further progress on training materials for staff was made during this reporting year. |
| **MCA/DoLS Subgroup** | During this reporting year a new subgroup of the Boards was created in response to ongoing strategic discussions about the Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS) and the proposed forthcoming change of law to deliver Liberty Protection Safeguards (LPS) which will be introduced by the Mental Capacity (Amendment) Act 2019.<br><br>In April 2023 the Department of Health and Social Care announced that implementation of LPS would be delayed “beyond the life of this Parliament”. Board partner organisations had been planning for some time in order to prepare practitioners for the changes in legislation and how these would impact on practice.<br><br>In December 2023 the Board discussed a review of the governance of MCA / DoLS and unanimously agreed a proposal to convene a Mental Capacity Act Subgroup of the Board to provide consistent governance framework for all partners. Draft Terms of Reference were available at this meeting with some amendments approved at the March 2024 meeting. Betty Butlin from BCP Council Adult Social care was appointed the Subgroup Chair and the first meeting will take place in Q1 of the next reporting year. |

**Safeguarding Adult Review (SAR) published in 2023-2024**

**SAR Billy** (Published March 2024)
https://www.bcpsafeguardingadultsboard.com/uploads/7/4/8/9/74891967/bcpsar_billy_051023.pdf

**Background**
Billy, a White British man, died in 2021 from natural causes aged 47. Billy was described by his family as a 'likeable wee rogue' and was adored by his family, especially his nieces and nephews. When Billy moved away from Scotland, his close family remained there. Towards the end of his life, Billy talked about returning to Scotland but his plans were interrupted by poor health and the Covid-19 pandemic. He remained in close contact with his mother and sisters.
Billy was known to be 'strong willed' and did not want people to look after him. He had diabetes and could be 'lax' at taking his medication. He had broken his leg some years earlier and this combined with substance misuse and poor diabetes control lead to the amputation of his leg. Mobility issues, alongside substance misuse contributed to his self-neglect. His family were not aware how bad his health and well-being had become.

A commissioned package of care was provided for 30 minutes of daily support, and it was noted that Billy had a long history of non-engagement with health and social care staff; he often would deny carers entry to his home.

The day before Billy passed away in hospital, the Care Agency referred an adult safeguarding concern to the local authority regarding his self-neglect, poor health, unstable diabetes and poor mental health.

**Key Learning Points:**
- The use of the Multi-Agency Risk Management (MARM) Meetings should be used more widely to avoid discrepancies of understanding and to share knowledge amongst professional organisations.
- Partners should be aware of placing too much emphasis on one area of care rather than looking at a person holistically. This can be referred to as 'Diagnostic overshadowing.' A focus on his poorly managed diabetes may have resulted on a reduced awareness of other health concerns.
- Organisations need to be aware of a person's executive functioning, when Billy said he 'didn't want help' could an alternative approach be used and did Billy really understand the consequence of not following advice around medication and poor engagement with professionals.
- Improved communication across agencies would ensure that health practitioners, care agency workers and adult social care workers would have been aware of Billys holistic needs.

**Other Safeguarding Adult Reviews which commenced in 2023/2024**
We also commenced 3 other SARs in 2023/ 2024 and anticipate these will be published in 2024-2025. They will be referenced in next year's Annual Report.

The Dorset and BCP Safeguarding Adults Boards are made up of senior representatives from the following agencies:

## Our Statutory Partners

BCP Council

Dorset Council

Dorset Police

NHS Dorset

Local Authority representatives from Dorset and BCP Councils include senior officers from Adult Social Care and Housing as well as Cabinet Members for Adult Social Care.

## Our Board Member Organisations

NHS Dorset HealthCare University NHS Foundation Trust

NHS Dorset County Hospital NHS Foundation Trust

NHS University Hospitals Dorset NHS Foundation Trust

Dorset & Wiltshire Fire and Rescue

Volunteer Centre Dorset

NHS England

NHS South Western Ambulance Service NHS Foundation Trust

Department for Work & Pensions

CAN Community Action Network

healthwatch Dorset

Probation Service

HM Prison Service – Public Sector Prisons

- HMP Guys Marsh
- HMP Portland
- HMP The Verne

**BCP Council Adult Social Care, Housing, Commissioning and Operational Services**

**Achievements during 2023-2024**

We have focused on preventative interventions and:

- Re-launched the 'Self-Neglect & Hoarding' Panel with internal and external stakeholders and created a peer support network for all stakeholders to seek advice/support on working with people who self-neglect or hoard.
- Our 'Assertive Engagement' Team regularly links with the Multi-Agency Safeguarding Hub (MASH) to identify adults with care and support needs, who may need support to keep safe, i.e. those being exploited or at risk of harm or abuse who may fall outside of existing 'Preparing for Adulthood' pathways, which has led to some very positive outcomes for young people and their families.
- Have remodelled our approach to how we make decisions about Safeguarding Concerns, allowing people to receive more proportionate and timely responses, to keep safe and prevent delays.
- The Homeless Intervention Team (HIT) reach out to other teams within Adult Social Care and other stakeholders to promote awareness of the range of Homeless services, raising awareness about their role, and providing peer support to other practitioners in preventing homelessness.
- have initiated and launched an internal 'Serious Incident' process, which promotes a learning culture across Adult Social Care. This has enabled us to proactively manage the dissemination of learning e.g. Safeguarding Adult Reviews (SARs) etc.
- The Pan-Dorset Advocacy contract successfully went live with the new provider taking over the contract in June 2023



**What have the challenges been?**

- Operationally, whilst there has been commitment to our aspirations of working preventatively, there are challenges in achieving this whilst balancing day to day demand for services.
- Accessing bespoke services for people who self-neglect or hoard remains challenging, i.e. diagnostic and psychological therapies and specialist domiciliary services.
- Preparation for new CQC Regulation has been an additional challenge on top of business-as-usual activities.

**Future organisational plans to continue work on SAB Strategic Plan priorities**

- Providing more evidence of quality improvement within our safeguarding practice and in commissioning services, in addition to data. This includes evidence of routine audits, evidence of continued learning from SARs, Serious Incidents and care quality monitoring.
- Identifying repeat referrals for people who appear to be self-neglecting and who are not engaged with services; we aim to use this data to identify whether changes to practice and process are needed, e.g. how decisions are made at our front door or within other services, training needs etc.
- Continuing with proactive engagement and monitoring the impact of the various phases of the pan-Dorset 'Right Care Right Person' project and have supported production of a 'Memorandum of Understanding' We have been actively engaged with this and have supported production of a 'Memorandum of Understanding'.

**Dorset Police**

**Achievements during 2023-2024**

- The Safeguarding Hubs within each of the two Local Policing Areas (LPA's) are now well embedded, allowing strong partnerships to be developed with the Local Authority teams.
- We have seen examples of excellent cross-agency working in both local authority areas in response to potential adults at risk concerns, including modern slavery and vulnerable adults.

**What have the challenges been?**

- Demand for specialist resources remains strong against a limited capacity.
- The Safeguarding Hubs have seen a high turnover of resources, often as a result of internal staff promotions and other issues, which can mean having to re-train new staff and losing experience.
- The understanding of data could be improved. There are difficulties in extracting data which could assist in the identification of trends and issues which may allow earlier interventions.

**Future organisational plans to continue work on SAB Strategic Plan priorities**

- Dorset Police will continue to deliver 'Vulnerability' training every year for our frontline staff. This will include a focus on being trauma informed.
- Dorset Police is in the process of developing a new 'Vulnerability Strategy' and governance arrangements. It will use the findings of a recent review by the 'Vulnerability Knowledge Practice Programme' (VKPP).

Dorset Police now has a Multi-Agency Risk Management (MARM) co-ordinator role within the Safeguarding Hub and has developed a governance structure to support the partnership approach and adhere to the principles and guidelines. This includes robust triage management, an associated process map to streamline the practice and meaningful supervisory oversight. This is to ensure a whole system approach to understand and manage risk.

**NHS Dorset**

**Achievements during 2023-2024**

*Continued development with partners of preventative work in safeguarding.*
During 2023/24, NHS Dorset worked with NHS provider partners across Dorset and BCP to provide local guidance for the management of pressure ulcers through the policies and procedures published by the SAB.

*Continuing to seek assurance on safeguarding practice across system partners.*
NHS Dorset helped lead the quality assurance sub-group of the SAB during 2023/24. A highlight of this work during the year was a focus on improving safeguarding practice in self-neglect across system partners. NHS Dorset arranged for the development of a self-neglect dashboard by the 'Dorset Insights and Intelligence Service' (DiiS) to aid this work. The dashboard identifies risk factors for self-neglect in the populations of BCP and Dorset to inform the Boards' strategy.

*Assurance on delivery of 'Making Safeguarding Personal.'*
Safeguarding clinical leads from NHS Dorset undertook safeguarding insight visits during the year to acute and mental health settings and GP practices to meet frontline healthcare practitioners. These visits provided an opportunity to triangulate the assurances provided by commissioned NHS providers about their approach to MSP.

**What have the challenges been?**

There remain opportunities to improve the volume and quality of partnership data about safeguarding practice available to the NHS Dorset safeguarding leads. A new safeguarding insights and intelligence group was set up and facilitated by colleagues in the DiiS during the year. This has provided a forum for partners to discuss ways to improve the interconnection and flow of partnership data.

**Future organisational plans to continue work on SAB Strategic Plan priorities**
Whilst commissioning large-scale NHS healthcare services from NHS providers across BCP and Dorset, NHS Dorset also directly employs a small workforce of frontline staff who work with adults with needs for care and support and their families. The NHS Dorset safeguarding clinical leads will continue to provide training and supervision to these frontline staff. During 2024/25 the leads will focus on improving knowledge about strategies for working alongside people who self-neglect and embedding the principles of trauma-informed care into practice in the context of MSP.

**Dorset HealthCare University NHS Foundation Trust (DHC)**

**Achievements during 2023-2024**

'Safeguarding adults' remain a priority in service delivery and patient safety across all service areas - mental health, learning disability and community physical health services. DHC has:

- Introduced 'DASH RIC' (Domestic Abuse Stalking and Harassment, Risk -Indicator Checklist') and 'Coercive and Controlling Behaviour' training as a response to learning from Domestic Homicide Reviews.
- Established 'Sexual Safety' Task and Finish Group to improve sexual safety on inpatient mental health wards as a response to NHSE national quality improvement plan.
- Undertaken audits and developed plans to improve practice across all inpatient settings around 'Making Safeguarding Personal' including the use of the Mental Capacity Act 2005.

**What have the challenges been?**

- Supporting staff to complete safeguarding training remains a priority but can be challenging when where there are vacancies or workload pressures.
- Measuring the impact of learning from Safeguarding Adult Reviews on frontline practice. The embedding of the Patient Safety Incident Response Framework (PSIRF) will support this going forward.

**Future organisational plans to continue work on SAB Strategic Plan priorities**

Some of DHC objectives over the next year include a focus on:
- Homelessness (ensure preventative multi-agency working using a contextual approach to support people).

- Domestic Abuse (improve understanding of DA and coercive and controlling behaviours).
- Focus on Preventative safeguarding work - ensuring the principles of 'Making Safeguarding Personal' are applied in practice and continue to embed 'Think Family' into practice. This Includes knowledge and practice using the Mental Capacity Act 2005.

DHC will also focus on

- improving partnership working under Multi Agency Public Protection Arrangements; transitional safeguarding and improving data collection and analysis of safeguarding activity within DHC.
- continuing to provide quality assurance to the SAB that safeguarding priorities are in line with best practice and evidencing positive outcomes for families, whilst monitoring objectives to ensure they are delivered in line with the SAB strategic plans through the Trust's bimonthly Safeguarding Group and the Trust's Quality Governance Group.

**Dorset County Hospital NHS Foundation Trust (DCH)**

**Achievements during 2023-2024**

- Throughout 2023-2024 DCH has proactively contributed to all SAB meetings and subgroups as well as to Safeguarding Adults Reviews. DCH has actioned learning and reviewed its implementation through internal audit.
- DCH, has a clear governance framework in place to support the delivery of the safeguarding agenda and a framework providing assurance to our commissioners and to the SAB, that safeguarding is a priority throughout the healthcare system.
- Safeguarding sits within the portfolio of Director of Nursing & Quality and forms part of the Quality Strategy. There are established links from the frontline to the Trust Board of Directors with clear reporting mechanisms in place via structured internal governance committees.
- There is bespoke training for staff, supplementary to the mandatory safeguarding training, with a focus on the principle of 'Making Safeguarding Personal' (MSP), in combination with the application of the Mental Capacity Act to safeguard patients. Inclusion of the `think family` approach is adopted throughout training and advice. The Safeguarding Team offers advice and encouragement to DCH staff to have conversations with the patients/ service users, giving them the opportunity to voice their wishes, needs and outcomes, therefore reflecting the safeguarding personal agenda.

**What have the challenges been?**

DCH and the whole of the NHS has seen numerous challenges: staff shortages and retention, industrial action, waiting list backlog impacting on patients, financial issues, health care inequalities, social care budgetary limitations, lack of housing for patients and staff & evolving healthcare needs of an ageing population.

**Future organisational plans to continue work on SAB Strategic Plan priorities**

Following a staffing review DCH has recruited to 3 new roles in the safeguarding team to offer opportunity for qualitative project, alongside operational demands. DCH has collaborated with partners to work with Children & Young people (CYP) transitioning through to adult services and has recruited a Complex Care Coordinator for CYP 0-25 who will work in conjunction with the safeguarding team to provide visible, credible professional clinical leadership, supporting the clinical management of CYP up to the age of 25yrs, with complex needs including social, emotional, and mental health needs.

**University Hospitals Dorset NHS Foundation Trust (UHD)**

**Achievements during 2023 – 2024**

- Strengthened the learning difficulties portfolio to include neurodiversity.
- Continue to support the wider system safeguarding agenda, working collaboratively with safeguarding partners in health, social care, and police.
- Continued to embed the 'Think Family' approach across UHD.
- Engaged in partnership working on the policing 'Right Person Right Care' model.
- Involved families in direct 'lived experience' training stories to improve care.
- Strengthening 'Making Safeguarding Personal' in training and updating our Cause for Concern form, post local audit.
- Achieved the Key Performance indicator for safeguarding adult level 1 and 2 training at 90%, and launched level 3 Adult training, ensuring staff are well informed on safeguarding practices.
- Recruitment of a perinatal mental health practitioner.

**What have the challenges been?**

- The Trust has been challenged with managing the Mental Capacity Act (MCA) / Deprivation of Liberties Safeguards (DoLS) interface for patients who are medically fit but detained in the hospital for their own safety. These processes are externally managed making the application of the correct framework difficult. Partnership working to resolve this issue has begun.
- The rise in patients presenting with challenging behaviours has continued, resulting in high-cost agency nurse spend to support safe care delivery. A partnership project with Dorset Health Care NHS Foundation Trust, has begun to look at models of care.
- The management of long length of stay 'no criteria to reside' patients awaiting specialist health or social care placement.

**Future organisational plans to continue work on SAB Strategic Plan priorities**

The key focus of the safeguarding teams at UHD will continue to be ensuring that all our staff continue to safeguard people. We will achieve this through on-going training, education and feedback to teams aligned with partnership working to meet the systems strategic plan and objectives. Key programmes of work this year include:

- Models of care for mental health patients in the acute physical health setting.
- Furthering understanding around neurodiversity in care.
- Refining of referral pathways from UHD to ensure the person's voice is heard and they receive the best fit signposting and offers of support.
- Trust Board assurance on safeguarding practices will continue through internal governance.

**Dorset & Wiltshire Fire and Rescue Service (DWFRS)**

**Achievements during 2023-2024**

We are an active member of the National Fire Chiefs Council (NFCC) Safeguarding Workstream and work for this year has included: the launch of four new guidance documents:

- safeguarding children and adult's competency framework
- managing allegations
- positive disclosure guidance
- guidance on DBS checks for specific FRS roles following the inclusion of fire and rescue authority employees in the Rehabilitation of Offenders Act (Exceptions) Order 1975.

We are represented on the NFCC workstream on hoarding and mental health awareness. We ensure that all training for staff is aligned to the principles of 'Making Safeguarding Personal'. We continually exceed our training targets across all levels of training and referrals continue to increase each quarter which supports that the training and campaigns are effective in embedding safeguarding into the organisation. Following an increase in incidents associated with mental health, we have updated our recording systems so we can collate accurate data on incidents related to mental health and suicide to identify possible gaps in training. This is especially relevant with the introduction of Right Care, Right Person.

**What have the challenges been?**

Like many organisations, uncertainty around finances continues, bringing challenges and a need to find significant annual savings. That said, the organisation takes its safeguarding responsibilities seriously and has invested in the expansion of the safeguarding team to meet demands and ever-increasing referrals. Challenges when making referrals can be finding support for individuals who are self-neglecting, hoarding and/ or have substance misuse issues. Given that we are seeing an increase in incidents related to mental health, we find that timely resources are lacking which can mean fire crews being delayed at incidents where they are not the right people to be dealing with the situation. Our staff are very positive about safeguarding but receiving feedback following a referral would be beneficial so they can evidence what a difference the referral may have made to an individual.

**Future organisational plans to continue work on SAB Strategic Plan priorities.**

Prevention is always at the forefront of our work. We are reviewing and increasing training and resources, with a particular focus on mental health, safer recruitment, preventative work for people who use emollients and application of 'Making Safeguarding Personal'. To support staff working at incidents with an individual in crisis, the Joint Emergency Services Interoperability Principles (JESIP) guidance has been finalised and will be implemented soon along with negotiator awareness training being delivered to our technical rescue teams. We are also looking at the possibility of accessing other emergency service mental health support desks to support crews with a timely response when FRS is the only emergency service in attendance. This will be beneficial to staff and the individual.

**HMP The Verne (Prison)**

**Achievements during 2023-2024**

- Despite not being funded for resettlement of prisoners we have been able to successfully house the vast majority of prisoners in the past year on release.
- Recognising that release is one of the most vulnerable times for a prisoner, we are employing a multi-disciplinary approach to preparing prisoners for release. Weekly re-settlement meetings are held to discuss prisoners entering their release window. We are signposting prisoners to support services ahead of release and co-ordinating with Community Offender Managers to minimise the risk of failure.
- Following introduction of the Neurodiversity Support Manager Role we now have a good understanding of the needs and vulnerabilities of the prison population. Approximately 34% are Neurodivergent. This has enabled us to put reasonable adjustments and support in place for them in education, skills and work. The overall aim being to reduce the risk of reoffending and focus on the needs of a population who have high rates of self-harm and suicidal ideation within the wider service.
- Significant steps have been taken to up-skill staff in terms of their knowledge of Neurodiversity and make HMP The Verne 'Neurodiversity friendly' for prisoners and staff.
- The Neurodiversity Support Manager has presented to the Dorset Domestic Abuse Forum to raise awareness of her work, which is as relevant to victims as it is to perpetrators.
- The Custodial Manager for Social Care has developed a positive relationship with the Local Authority. This has led to earlier identification of the support needs of prisoners and timely Care Act referrals and assessments.
- The prison's social care unit opened this year to provide 24/7 support to prisoners with social care needs.
- 'Oxleas' our Healthcare provider has employed a Senior Occupational Therapist who will help in identification of support needs and the service we are able to deliver to prisoners on-site.

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**What have the challenges been?**

- Ageing population with increasingly complex needs.
- We are not currently funded to provide 24/7 *nursing* care or palliative support. Due to population pressures, we are receiving prisoners much sooner after sentencing. We are also receiving more younger prisoners, some of whom are vulnerable and susceptible to areas of risk such as grooming, county lines and have a history of substance misuse.
- Population of IPP (Imprisonment for Public Protection) prisoners is increasing and, nationally the rates of suicide among IPP prisoners are the highest. Whilst our data shows that the Verne does not reflect the national picture, we have put in place 'progression panels' and a support forum to support this vulnerable population.
- Employment opportunities for Prisoners Convicted of Sexual Offences (PCOSO) remain a challenge. Many prisoners are housed post-release in temporary accommodation such as 'Approved Premises' and require a period of stability before they are permitted to seek work. We know that employment is a key factor in reducing re-offending on release.
- High levels of self-harm among the prison population remains an ongoing area of safeguarding risk. For many prisoners this is an entrenched coping mechanism. However, the risk of accidental death during self-harm incidents remains high.

**Future organisational plans to continue work on SAB Strategic Plan priorities**

- Continue to embed staff with knowledge relating to areas of safeguarding risk i.e. grooming, self-harm, county lines.
- Ongoing training for staff regarding the Mental Capacity Act 2005 and Care Act 2014.

- Review of current Safeguarding policy to ensure that it is in line with both national and local policy and covers areas of emerging risk due to population pressure and changes in demography of the prison population.
- Continue to build links with the local community.

**HMP Portland (Prison)**

**Achievements during 2023-2024**

HMP Portland continues to run a weekly 'Release Planning Meeting' that identifies all prisoners within 12 weeks of release and checks that either accommodation is in place, or appropriate measures have been taken, such as DTR (Duty to Refer) and CRS (Commissioned Rehabilitative Services) to ensure accommodation can be provided as soon as practicable on release. Those prisoners assessed as vulnerable, are prioritised and where gaps are identified, actions are taken from the meeting to provide the necessary support. This involves multi-agency working with the Prison Offender Manager and the Community Offender Manager acting as liaison between prison and community services.

HMP Portland has successfully implemented the ECSL scheme (End of Custody Supervised Licence). ECSL is an administrative and operational scheme that enables the release of eligible prisoners for a period (the Specified ECSL Licence Period) in advance of their Conditional Release Date. Those prisoners released on ECSL will be subject to the full range of licence conditions (including good behaviour) following release.

ECSL will only apply to a specified number of establishments where local population trends indicate that maintaining safe and decent conditions and future new prisoners from courts will require the implementation of this scheme. We have worked closely with external probation departments to ensure that those being released under ECSL have been done so in a safe manner. Anyone who was considered to pose a risk to themselves or others, who had Approved Premises accommodation at their CRD (conditional release date) but not on their ECSL date, were kept in custody until their CRD or until the bed could be brought forward.
CAS3 (Community Accommodation Service level 3) has been introduced so that all prisoners will have up to 84 nights in basic accommodation provided but unfortunately this is not available for those men who are released without any supervision from Probation.

Those staff involved in domestic visits and family days have completed online safeguarding training.

**What have the challenges been?**

A shortage of staff in the Pre-Release Team and in the Offender Management Unit and a significant challenge continues to be the volume of prisoners who have been recalled to prison who, when released at end of sentence with no Probation supervision, have very limited access to support.

HMP Portland is committed to working on this area of need to support by expanding the Pre-Release on supervision and escalate to a manager in the community when support is not being provided leading up to release. Continual changes to early release schemes have put pressure on probation, prison offender managers and pre-release teams due to tight timeframes in which individuals must be released. HMP Portland has developed a working group and strategies to support the safe release, with the pre-release team commencing work earlier than the 12 week point to ensure that all individuals are captured.

**Future organisational plans to continue work on SAB Strategic Plan priorities**

- Homelessness: lack of suitable accommodation on release has been shown to have a direct impact on mental health, likelihood of reoffending, risk of self-harm, drug and alcohol misuse etc.

- There are many measures in place within the prison to support vulnerable adults such as the CSIP (Challenge, Support and Intervention Plan), SIM (Safety Intervention Meeting), ACCT (Assessment, Care in Custody and Teamwork) document. However, where support is not there in the community, other agencies are hampered when someone has no fixed abode.
- Continue information sharing with external partners on individual risk to ensure safeguarding measures are in place both in custody and upon release.
- The introduction of resettlement fayres which involve numerous external agencies and employers. These fayres can be accessed by those working towards release.

**Dorset Probation Service**

**Achievements during 2023-2024**

- We have ensured that all practitioner staff in Dorset have undertaken training and understand the Multi-Agency Risk Management (MARM) process and that it is considered for all appropriate cases.
- All staff are required to complete mandatory training on adult safeguarding. We have also raised awareness amongst middle managers in the organisation to ensure that they are aware when consideration of a Safeguarding Adult Review (SAR) referral should be made. Learning from a SAR was utilised as part of a MAPPA (Multi Agency Public Protection Arrangements) development conference which received positive feedback from attendees.

**What have the challenges been?**

Ensuring continuity of care within a criminal justice system can be a challenge particularly as some people are placed in prisons outside of the Dorset area and may be assessed in other areas of the country. Prison capacity concerns has meant we've seen people released with less time to prepare for release which has been a challenge when there are needs such as social care to coordinate.

**Future organisational plans to continue work on SAB Strategic Plan priorities**

- We are going to promote stronger awareness of the needs and challenges related to adult safeguarding in the Criminal Justice System and improve collaboration from all partners. This will include contributing to an extraordinary board meeting of the Adult Safeguarding Board focused on Criminal Justice topics and learning.
- We aim to present learning on developing more efficient working within the MAPPA process, overcome challenges relating to managing a higher proportion of people with social care needs both in prison and the community and raising awareness of the roles such as that of the Health and Justice Coordinator in Probation.

**South Western Ambulance Service NHS Foundation Trust (SWASFT)**

**Achievements during 2023-2024**

- Effective Governance - Safeguarding Team Governance processes have been enhanced to include a Safeguarding Committee meeting bi-monthly to monitor safeguarding activity and provide assurance on safeguarding practice. The Safeguarding Committee reports to the Quality Committee providing assurance and raising issues for escalation. The Quality Committee reports into the Trust Board.
- Safeguarding reports are provided to commissioners via NHS Dorset Integrated Care Board (ICB) and The Head of Safeguarding from Dorset is a member of the Safeguarding Committee.
- Effective Learning - In late 2023 a review of SWASFT safeguarding training was completed by independent reviewers. The review identified the need to strengthen safeguarding training and to undertake a Training Needs Analysis to review training provided to each staff group. This action has been

completed and a revised training offer is in place for 2024/25 which includes an additional 4.5 hour face-to-face safeguarding training on the development days, bespoke face to face training for the Emergency Operations Centres and enhanced two-day level 3 safeguarding training for identified senior staff groups. The delivery of formal training will also be supported by ad-hoc learning opportunities, digital learning resources, bespoke targeted training sessions and the provision of safeguarding supervision by the Safeguarding Specialists.

- Effective Prevention and Protection - The safeguarding team has undertaken a full review of all safeguarding referral forms, revised to ensure they align to the Care Act, and which provide local authority colleagues with the information they require to facilitate triage of Safeguarding Concerns raised. These also support SWASFT staff in raising high quality referrals and increase availability of data to support assurance reporting, audit and team learning and development.

**What have the challenges been?**

SWASFT safeguarding team had limited resource and capacity during 2023/24. This, coupled with a manual referral system handling approx. 51,000 referrals in the year across the whole SW region made it challenging for the team to progress with service improvement and to be a visible partner in the wider system. This has improved following the recruitment of a permanent Head of Safeguarding, a Deputy and an additional 5 Safeguarding specialists

**Future organisational plans to continue work on SAB Strategic Plan priorities**

SWASFT safeguarding improvement plan was developed following an independent review of safeguarding during 2023/24. Our plan is framed around 5 key deliverables which closely align to the SABs strategic plan. These are robust governance, assurance & reporting; Safeguarding team capacity, a new safeguarding referral system, data capture, audit and learning from incidents; and safeguarding education & supervision.



**A Safeguarding Story**

In the previous pages Board members have shared how they have worked towards achieving the Boards' objectives. It is important to answer the 'so what?' question - the context of how this might help safeguard an individual.

At its meetings, the Board always showcases a person's story, evidencing some of the work undertaken by agencies, in BCP to safeguard people. Here is a safeguarding story showcasing some of the work involving staff from the 'Assertive Engagement Team', which sits in the BCP Safeguarding Adult's Hub.

This young person was groomed into a high-risk 'County Line' drug trafficking group as a child; on reaching the age of 18 their service was due to be closed to Children's Services because they did not consent to intervention. Whilst not meeting the 'traditional or usual' S42 adult safeguarding criteria (as they were previously high achieving with no physical or mental health needs), it was felt that care and support needs were in evidence, being caused by harm and by exploitation. The young person's physical and mental health were being negatively impacted, their family relationships were falling apart and their ability to progress with previous hobbies, education or employment goals had come to a halt. This young person was at serious risk of harm which had not changed purely because they had turned 18; they could easily have been lost to follow-up by Adult Social Care and labelled or treated as an offender and not a victim.

An Adult Social Care (ASC) worker started work with the young adult to bridge a 'transitional safeguarding' gap and held Multi-Agency Risk Management (MARM) meetings and reviews with family and all agencies involved. She worked alongside the family to ensure they were informed about exploitation, felt safer, supported and knew how different agencies could respond if their adult child attempted to flee the gang. She used specialist advice from the National Working Group for Exploitation and worked alongside the Police offering joint-visits, intervention around home security, personal safety and wider considerations such as intelligence sharing and perpetrator disruption as to protect other potential victims.

The worker met with the family regularly, listening to them, advocating for them, and making herself 'known' as their single point of contact. This worked well. The Youth Worker, Social Worker and Manager from the Children's Social Care Complex Safeguarding Team remained involved, indirectly, giving advice and input on a young adult they knew well and offering/ completing joint visits when urgently needed. Good support was received from the Police and Youth Worker who became re-involved with diversionary activities when the young person fled the gang. The ASC Worker met with the 'National Working Group for Exploitation Police and Justice Lead' and the 'Transitional Safeguarding Lead' and 'Families Lead' to gain advice from them and regularly review the case. There were many challenges including risk management, the young person's evolving mental health needs, as well as securing another local authority to accept homelessness relief duty so the family could relocate as well as sourcing gang-related mentoring sessions with a youth worker in the new area.

Making Safeguarding Personal (MSP) was evidenced throughout and feedback was received from one of the parents – *"I would like to take this opportunity to thank you for your support and perseverance in helping me through the most difficult time I was going through with my child. I really appreciate you. You were my voice, my advocate, my assistant, my guider, and my professional leader. You came into my life at the right time when I needed you. It's all God's timing, I was almost giving up on my child, but your persistence and patience paid off. We are now settled all thanks to you and your amazing team. I used to hear that social services help, but I never thought that I would be the one to say the same thing. I am truly moved by your passion, drive and today I feel I have accomplished and won my child back from the gangster. It was a journey and half; it hasn't been an easy road. But you never gave up on my child. I hope you will continue to do the same thing to other families who are facing similar challenges. As I promise you, as soon as I settle in my chosen area, I am going to help other families with similar issues, obviously in a different way. I wish you all the best and wishing that most families would appreciate you for your hard working and caring nature. I feel this comes naturally and may you flourish in your work. Also not forgetting your manager, truly speaking I am speechless. All the immense help and support. Your colleague was like an angel sent when I did not have money to hire a car. I really appreciate her help. Your team is amazing and keep doing a great job."*



Thank you for reading our Bournemouth, Christchurch & Poole Safeguarding Adults Boards Annual Report 2023-24

If you would like to get in touch please do so using the following email or telephone contact details:

dsab@dorsetcouncil.gov.uk bcpsafeguardingadultsboard@bcpcouncil.gov.uk Tel: 01202 794300

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# BCP Council Health and Wellbeing Board

| | |
|---|---|
| Report subject | **Joint Strategic Needs Assessment (JSNA) Update** |
| Meeting date | 13 January 2025 |
| Status | Public Report |
| Executive summary | Each Health and Wellbeing Board must have a process for Joint Strategic Needs Assessment. The Local Government and Public Involvement in Health Act (2007) sets out the role and responsibility of the Health and Wellbeing Board for this work. The current JSNA process is co-ordinated by Public Health Dorset and involves annual strategic narrative updates alongside deep dives into specific topic and cohort areas. As the Public Health Dorset service will be disaggregated into two public health teams on the 1st April 2025, system discussions will be held to review how this responsibility is best discharged going forwards.<br><br>This paper updates progress towards the development of a Children and Young People's Joint Strategic Needs Assessment, presenting the proposed contents and structure developed through scoping discussions. |
| **Recommendations** | **It is RECOMMENDED that:**<br><br>**(a) The progress on the Children and Young People's JSNA is noted.** |
| Reason for recommendations | To update the Board on progress. |

| | |
|---|---|
| Portfolio Holder(s): | Councillor David Brown, Portfolio Holder Health and Wellbeing |
| Corporate Director | Sam Crowe, Director of Public Health, Public Health Dorset |
| Report Authors | Natasha Morris, Team Leader Intelligence, Public Health Dorset |
| Wards | All Wards |
| Classification | For Update |

**Background**

1. Statutory Guidance (2007) set out the need for each Health and Wellbeing Board to prepare Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies.
2. The responsibility falls on the health and wellbeing board to assess the health and wellbeing needs of their population and publish a Joint Strategic Needs Assessment (JSNA), delivered through the Local Authority and local NHS Commissioning organisation (Integrated Care Board). The JSNA provides an evidence base for health and wellbeing needs and should be updated regularly.
3. Joint Strategic Needs Assessments:
    - Are assessments of the current and future health and social care needs of the local community,
    - Should be unique to the local area,
    - Take consideration of the wider factors that impact on their communities' health and wellbeing,
    - Should be suited to local circumstances – there is no template / format or mandatory data sets to be included,
    - Consider a range of quantitative and qualitative evidence.

4. Our local JSNA process has included an annual strategic narrative for the Council area [presented to the Board on 5th February 2024], and deeper dives into topics each year. The evidence base includes work conducted across ICS research and intelligence functions, Healthwatch Dorset, and national datasets. Reports and a data repository are published on the Joint Strategic Needs Assessment website, currently hosted by Public Health Dorset.
5. The current Joint Strategic Needs Assessment process is co-ordinated by Public Health Dorset on behalf of both BCP and Dorset Council's Health and Wellbeing Boards, to meet their statutory duty regarding Joint Strategic Needs Assessment. Earlier this year BCP Council took the decision to end the shared Public Health service agreement by 31st March 2025. As the Public Health Dorset team will be disaggregating into two teams from the 1st April 2025, system discussions will be held as to how this responsibility is best discharged going forward, for each Council's Health and Wellbeing Board.

6. Previous JSNA topics covered include a range of physical health, mental health and wider determinants. The latest deep dive in development is the Children and Young People's Joint Strategic Needs Assessment

**Children and young people's Joint Strategic Needs Assessment**

7. Following requests from the board and partner organisations for the JSNA to consider the health and wellbeing needs of Children and Young People (CYP), a topic deep dive has been developed.
8. Scoping sessions were held with several partner organisations and key stakeholders to determine key questions and information needs around the topic. This included a workshop session at the Public Health Children and Young People's Public Health Services Annual Conversation and development work with the BCP SEND Data and Intelligence Group.
9. From all scoping conversations held, key questions to be answered by the CYP JSNA were established. These are
    a. What are the key trends in health and wellbeing?
    b. Where are the areas of need?
    c. What are the views of local children, young people and their families?
    d. What are the positive health trends / local assets to support CYP?
10. Stakeholders were also asked about the key issues they would like to see included. The contents of the JSNA CYP Assessment is included in Appendix A.
11. The topics are grouped into four headings. The sections related to Thriving Communities, Healthy Lives and Health and Care align to the Integrated Care Partnership Strategy priorities. Each section includes data and insights answering the four questions referenced above. A fourth section is included, focused on horizon scanning to identify key health and wellbeing trends of concern and data questions that could be supported by the Local Authority or ICB research and intelligence functions.
12. Each section includes quantitative and qualitative evidence sourced and collated from a range of national and local partners. This includes Healthwatch Dorset, BCP's Consultation and Engagement portal, BCP Research Team reports, NHS Dorset 100 Conversations project, Public Health Dorset Intelligence reports and data from the Dorset Insight and Intelligence Service. It also references BCP Council strategies and relevant system strategies.
13. The draft JSNA document is currently being finalised following feedback and review from BCP children's services, BCP Children's Services Improvement Board and the SEND Data and Intelligence Group members, including parent and carer representatives. Some further detail regarding SEND children is being included, and once finalised the CYP JSNA will be published via the Public Health Dorset website by the end of January 2025.

**Summary of financial implications**

14. Development of the JSNA has no direct financial implications other than staff time. Member organisations of the Health and Wellbeing Board may use the information from the JSNA to inform commissioning.

**Summary of legal implications**

15. The requirement for the Health and Wellbeing Board to have a process of Joint Strategic Needs Assessment is set out in Local Government and Public Involvement in Health Act 2007.

**Summary of human resources implications**

16. Development of the JSNA has been co-ordinated through Public Health Dorset, a shared service between BCP and Dorset councils. BCP council has given notice to end the shared service arrangement by 1 April 2025. The Health and Wellbeing board will therefore need to give consideration to their future JSNA process and how the responsibility is best discharged going forwards.

**Summary of sustainability impact**

17. Joint Strategic Needs Assessment includes consideration of the wider determinants impact on health and wellbeing in the local area.

**Summary of public health implications**

18. A comprehensive Joint Strategic Needs Assessment process identifies key health and wellbeing issues, to which Public Health services can contribute.

**Summary of equality implications**

19. A JSNA should consider the impact of health inequalities and cohorts of the population who may experience poor health and wellbeing outcomes.

**Summary of risk assessment**

20. Having considered the risks associated with this decision using Dorset County Council's risk management methodology, the level of risk has been identified as:

    Current Risk: LOW

    Residual Risk: LOW

**Background papers**

Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies

Updated guidance for Health and Wellbeing Boards – November 2022

**Appendices**

Appendix A – Proposed Children and Young People's JSNA Contents and Structure, and summary.

## Appendix A – Proposed CYP JSNA Contents and Structure and summary.

This Joint Strategic Needs Assessment identifies some of the current and future health and wellbeing needs experienced by our children and young people. It has been developed through analysis of local and national data, collation of qualitative information and through discussions with stakeholders. The broadest age definition has been chosen to encompass young people, and support services who work with this age group, including transition to adult services.

**Thriving Communities**

- Children's Views
- Population
- Geography
- Income and Cost of Living
- Housing
- Education
- Environment

**Healthy Lives**

- Children's Views
- Physical Activity
- Healthy Weight
- Nutrition
- Emotional Health and Wellbeing
- Smoking, Vaping and Alcohol Use
- Health Conditions

**Health and Care**

- Maternity
- Health Visiting
- School Nursing
- Early Help
- Social Care
- SEND
- CAMHS
- Immunisations
- Sexual Health
- Service Considerations
  - Transport
  - Transition points
  - Neurodivergence

**On the Horizon**

- Smoke Free Generation
- Digital Wellbeing and AI
- Responding to growing mental health challenges
- Physical fitness and obesity prevention
- Future Data Questions

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# HEALTH AND WELLBEING BOARD

| | |
|---|---|
| Report subject | **Better Care Fund 2024-2025 Quarter 2 Report:** |
| Meeting date | 13th January 2025 |
| Status | Public Report |
| Executive summary | This report provides an overview of the Quarter 2 Report of the Better Care Fund (BCF) for 2024-25.<br>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.<br>The report is a part of the requirements set by the Better Care Fund 2023-25 Policy Framework. The report needs to be jointly agreed and signed off by the Health and Wellbeing Board as one of the planning requirements. |
| **Recommendations** | **It is RECOMMENDED that:**<br>**The Health and Wellbeing Board retrospectively approve:**<br>• **Better Care Fund Quarter 2 Report** |
| 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. |

| | |
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| Portfolio Holder(s): | Cllr David Brown, Portfolio Holder for Health and Wellbeing |

| | |
|---|---|
| Corporate Director | Zena Dighton, Interim Director of Adult Social Care Commissioning |
| Report Authors | Scott Saffin, Commissioning Manager – Better Care Fund and Market Management<br>Becky Whale, Deputy Chief Officer, 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 Quarter 2 Report. The report is made up of a single document template. The template was provided by NHS England and completed by officers in BCP Council and NHS Dorset. The document is as follows.

    - Confirmation that National Conditions are being implemented.
    - Reporting of local performance against the BCF Metrics year to date.
    - Capacity and Demand (C&D) Guidance & Assumptions
    - Spend and Activity data
    - Updates on narratives relating to C&D, and the metrics

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. Improved Better Care Fund, which is used for meeting adult social care needs, reducing pressures on the NHS, and ensuring that the social care provider market is supported. The Discharge Fund is also now wrapped up as part of the BCF and is subject to quarterly reporting against spend and activity.

4. An update report on all schemes and metrics of the Better Care Fund for Quarter 3 will be provided at the next Health & Wellbeing Board meeting, due for submission on Friday 14th February.

**The Better Care Fund 2024-25 Quarter 2 Report**

5. The planning requirements sheet dictate that this document is presented to the Health & Wellbeing Board on Monday, January 13th, for approval.

6. The health and social care landscape continues to challenge performance; but BCP Council are currently on track to meet 2024/25 targets for:
    - Percentage of people who are discharged from acute hospital to their normal place of residence.
    - Unplanned hospitalisation for chronic ambulatory care sensitive conditions.

8. Performance is not on track on:
    - Emergency hospital admissions due to fall in people aged 65 and over directly age standardised rate per 100,000.
    - Rate of permanent admissions to residential care per 100,000 population

9. The report shows the spend and activity of all the schemes that are funded through the Better Care Fund.

10. All schemes are being implemented as planned from the BCF Planning Template 24/25 that was approved at the 15th July 2024 Health & Wellbeing Board meeting.

**Summary of Financial Implications**

11. The Joint Commissioning Board of BCP Council and NHS Dorset continue to monitor BCF budgets and activity for 2023-25 Plan.

12. The previously approved plan provides a very granular breakdown of the spending by scheme type, source of funding and expenditure (See Appendix 2). A high-level view of this is detailed in the table below:

| Source of Funding | Income |
|---|---|
| Disabled Facilities Grant | £3,837,600 |
| Minimum NHS Contribution | £36,352,413 |
| Improved Better Care Fund | £13,438,749 |
| Additional Local Authority Fund | £2,182,000 |
| Additional NHS Contribution | £13,049,700 |
| Local Authority Discharge Funding | £3,140,153 |
| ICB Discharge Funding | £3,500,773 |
| Total | £75,501,388 |

**Summary of Legal Implications**

13. 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 in the fund.

**Summary of human resources implications**

14. 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**

15. Services are only sustainable as long as funding is available.

**Summary of public health implications**

16. 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**

17. An Equalities Impact Assessment was undertaken when the Better Care Fund schemes were implemented and there have been no changes. Additional EIAs will be undertaken if there are any proposed future changes to policy of service delivery.

**Background papers**

2023 to 2025 Better Care Fund policy framework - GOV.UK (www.gov.uk)

Addendum to the 2023 to 2025 Better Care Fund policy framework and planning requirements - GOV.UK (www.gov.uk)

**Appendices**

**Appendix 1**: Bournemouth, Christchurch, and Poole BCF Q2 Reporting Template

**Appendix 2:** Better Care Fund 2024-25: Planning Template

# Better Care Fund 2024-25 Q2 Reporting Template

1. Guidance

## Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2023-25, which supports the aims of the BCF
Policy Framework and the BCF programme; jointly led and developed by the national partners Department of Health (DHSC), Ministry for Housing, Communities and Local Government (MHCLG), NHS England (NHSE). Please also refer to the Addendum to the 2023 to 2025 Better Care Fund policy framework and planning requirements which was published in April 2024. Links to all policy and planning documents can be found on the bottom of this guidance page.

As outlined within the BCF Addendum, quarterly BCF reporting will continue in 2024 to 2025, with areas required to set out progress on delivering their plans.
This will include the collection of spend and activity data, including for the Discharge Fund, which will be reviewed alongside other local performance data.
The primary purpose of BCF reporting is to ensure a clear and accurate account of continued compliance with the key requirements and conditions of the fund, including the Discharge Fund. The secondary purpose is to inform policy making, the national support offer and local practice sharing by providing a fuller insight from narrative feedback on local progress, challenges and highlights on the implementation of BCF plans and progress on wider integration.

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

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

BCF reports submitted by local areas are required to be signed off by HWBs, or through a formal delegation to officials, as the accountable governance body for the BCF locally. Aggregated reporting information will be published on the NHS England website.

### Note on entering information into this template

Please do not copy and paste into the template
Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background, as below:

Data needs inputting in the cell

Pre-populated cells

### Note on viewing the sheets optimally

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.
The row heights and column widths can be adjusted to fit and view text more comfortably for the cells that require narrative information.

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

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

## Checklist ( 2. Cover )

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF Team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'
3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
5. Please ensure that all boxes on the checklist are green before submission.

## 2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. Once you select your HWB from the drop down list, relevant data on metric ambitions and capacity and demand from your BCF plans for 2023-24 will prepopulate in the relevant worksheets.

2. HWB sign off will be subject to your own governance arrangements which may include a delegated authority.

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

4. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

## 3. National Conditions

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2023-25 (link below) continue to be met through the delivery of your plan. Please confirm as at the time of completion.
https://www.england.nhs.uk/wp-content/uploads/2023/04/PRN00315-better-care-fund-planning-requirements-2023-25.pdf
This sheet sets out the four conditions and requires the Health & Wellbeing Board to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met for the year and how this is being addressed. Please note that where a National Condition is not being met,an outline of the challenge and mitigating actions to support recovery should be outlined. it is recommended that the HWB also discussed this with their Regional Better Care Manager.

In summary, the four national conditions are as below:
National condition 1: Plans to be jointly agreed
National condition 2: Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer
National condition 3: Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time
National condition 4: Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services

The BCF plan includes the following metrics:
- Unplanned hospitalisations for chronic ambulatory care sensitive conditions,
- Proportion of hospital discharges to a person's usual place of residence, - Admissions to long term residential or nursing care for people over 65, - Emergency hospital admissions for people over 65 following a fall.

Plans for these metrics were agreed as part of the BCF planning process outlined within 24/25 planning submissions.

This section captures a confidence assessment on achieving the locally set ambitions for each of the BCF metrics.
A brief commentary is requested for each metric outlining the challenges faced in achieving the metric plans, any support needs and successes in the first six Data from the Secondary Uses Service (SUS) dataset on outcomes for the discharge to usual place of residence, falls, and avoidable admissions for the first months of the financial year. quarter of 2024-25 has been pre populated, along with ambitions for quarters 1-4, to assist systems in understanding performance at local authority level.

The metrics worksheet seeks a best estimate of confidence on progress against the achievement of BCF metric ambitions. The options are:

- on track to meet the ambition
- Not on track to meet the ambition
- data not available to assess progress

You should also include narratives for each metric on challenges and support needs, as well as achievements. Please note columns M and N only apply where 'not on track' is selected.

- In making the confidence assessment on progress, please utilise the available metric data along with any available proxy data.

Please note that the metrics themselves will be referenced (and reported as required) as per the standard national published datasets.

## 5. Capacity & Demand Actual Activity

Please note this section asks for C&D and actual activity for total intermediate care and not just capacity funded by the BCF.
Activity
'For reporting across 24/25 we are asking HWB's to complete their actual activity for the previous quarter. Actual activity is defined as capacity delivered. For hospital discharge and community, this is found on sheet "5.2 C&D H1 Actual Activity".

### 5.1 C&D Guidance & Assumptions

Contains guidance notes as well as 4 questions seeking to address the assumptions used in the calculations, changes in the first 6 months of the year, and any support needs particularly for winter and ongoing data issues.

### 5.2 C&D H1 Actual Activity

Please provide actual activity figures for April - September 24, these include reporting on your spot purchased activity and also actuals on time to treat for each service/pathway within Hospital Discharge. Actual activity for community referrals are required in the table below.
Actual activity is defined as delivered capacity or demand that is met by available capacity. Please note that this applies to all commissioned services not just those funded by the BCF.

Please use this section to complete a summary of expenditure which includes all previous entered schemes from the plan.
The reporting template has been updated to allow for tracking spend over time, providing a summary of expenditure to date alongside percentage spend of total allocation.
Overspend - Where there is an indicated overspend please ensure that you have reviewed expenditure and ensured that a) spend is in line with grant conditions b) where funding source is grant funding that spend cannot go beyond spending 100% of the total allocation.
Underspend - Where grant funding is a source and scheme spend continues you will need to create a new line and allocate this to the appropriate funding line within your wider BCF allocation.
Please also note that Discharge Fund grant funding conditions do not allow for underspend and this will need to be fully accounted for within 24/25 financial year.

For guidance on completing the expenditure section on 23-25 revised scheme type please refer to the expenditure guidance on 6a.

HM Government

NHS England

# Better Care Fund 2024-25 Q2 Reporting Template

**2. Cover**

**Version 3.0**

*Please Note:*

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

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

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

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

| | | |
|---|---|---|
| **Health and Wellbeing Board:** | 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?** | No | |
| **If no, please indicate when the report is expected to be signed off:** | Mon 13/01/2025 | << Please enter using the format, DD/MM/YYYY |

**Checklist**

| Complete: |
|---|
| Yes |
| Yes |
| Yes |
| Yes |
| Yes |
| Yes |

**template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. This does not apply to the ASC Discharge Fund tab.**

**Please see the Checklist on each sheet for further details on incomplete fields**

| | Complete: |
|---|---|
| 2. Cover | Yes |
| 3. National Conditions | Yes |
| 4. Metrics | No |
| 5.1 C&D Guidance & Assumptions | Yes |
| 5.2 C&D H1 Actual Activity | Yes |
| 6. Expenditure | Yes |

For further guidance on requirements please refer back to guidance sheet - tab 1.

# Better Care Fund 2024-25 Q2 Reporting Template

**3. National Conditions**

Selected Health and Wellbeing Board: Bournemouth, Christchurch and Poole

| | | | Checklist Complete: |
|---|---|---|---|
| **Has the section 75 agreement for your BCF plan been finalised and signed off?** | No | | Yes |
| **If it has not been signed off, please provide the date section 75 agreement expected to be signed off** | 30/11/2024 | | Yes |
| **If a section 75 agreement has not been agreed please outline outstanding actions in agreeing this.** | Agreement has been agreed, Section 75 requires signatures from each partner. | | Yes |
| **Confirmation of Nation Conditions** | | | |
| **National Condition** | **Confirmation** | **If the answer is "No" please provide an explanation as to why the condition was not met in the quarter and mitigating actions underway to support compliance with the condition:** | |
| **1) Jointly agreed plan** | Yes | | Yes |
| **2) Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer** | Yes | | Yes |
| **3) Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time** | Yes | | Yes |
| **4) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services** | Yes | | Yes |

## Better Care Fund 2024-25 Q2 Reporting Template

**4. Metrics**

Selected Health and Wellbeing Board: Bournemouth, Christchurch and Poole

National data may be unavailable at the time of reporting. As such, please utilise data that may only be available system-wide and other local intelligence.

| Metric | Definition | For information - Your planned performance as reported in 2024-25 planning | | | | For information - actual performance for Q1 | Assessment of progress against the metric plan for the reporting period | Challenges and any Support Needs<br>*Please:*<br>*- describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans*<br>***- ensure that if you have selected data not available to assess progress that this is addressed in this section of your plan*** | Achievements - including where BCF funding is supporting improvements.<br>*Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics* | Variance from plan<br>*Please ensure that this section is completed where you have indicated that this metric is not on track to meet target outlining the reason for variance from plan* | Mitigation for recovery<br>*Please ensure that this section is completed where a) Data is not available to assess progress b) Not on track to meet target with actions to recovery position against plan* |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Q1 | Q2 | Q3 | Q4 | | | | | | |
| **Avoidable admissions** | Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i) | 214.0 | 209.1 | 255.4 | 226.2 | 2.6 | On track to meet target | Admissions are still high, which is causing pressures in the system. Further improvements in access to community schemes will help decrease pressures, as most people who present to A&E are more likely to be admitted, rather than referred to support within the community. | Q1 Actual Performance - 215.7 (Source: DiiS). In Q1, the ICS initiated a diagnostic project with Newton to review Urgent Emergency Care. The aim is to find ways to reduce admissions and enhance the use of Virtual Wards and Same Day Emergency Care, which will lead to further improvements in this metric. | On track. | Not applicable. |
| **Discharge to normal place of residence** | Percentage of people who are discharged from acute hospital to their normal place of residence | 94.5% | 94.5% | 94.5% | 94.5% | 94.24% | On track to meet target | Performance year to date is on target. Challenges include a high demand for Reablement at home services, which is reflected in our P1 discharges in the Capacity and Demand activity. | The partnership between the hospital discharge teams and the brokerage services at BCP Council has ensured that when people are discharged from hospital, a package of care can be arranged swiftly ensuring that people can recover and still recieve the right care from home. Other achievements include the equipment service being able to fulfil same day deliveries to assist D2A patients. | On track. | Not applicable. |
| **Falls** | Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000. | | | | 2,192.6 | 11.8 | Not on track to meet target | Q1 Actual Performance - 673.5 (Source: DiiS). High frailty population with admissions consistant all year round. Services in the community to prevent falls are well utilised, but coverage can be patchy so can't be access by people living in rural areas. | Length of stay in hospital has improved year on year, with less people being admitted for longer than 14 days. The Reablement metric that was previously monitored as part of the Better Care Fund also shows a year on year improvement to demonstrate that our services are having positive long term outcomes. | Expected year end performance to be higher than plan if the trend seen in Q1 sustains. | Dorset Healthcare have begun exploring how care in the community can help those at high risk of falls. This work has just started just outside the HWB locality, but will be starting in the Bournemouth, Christchurch, and Poole locality in the next quarter. |
| **Residential Admissions** | Rate of permanent admissions to residential care per 100,000 population (65+) | | | | 408 | not applicable | Not on track to meet target | While services to help people stay independent are performing well with high utilisation, we are still seeing a lot of demand in Residential Care. There has been a noticiable increase in capital depleters, who are people who were self funding their residential care but are now being supported by the local authority. | BCP Council has commenced a 300 block bed project to secure an guaranteed supply of affordable beds Year to date, this project has secured 160 new block beds, with estimated savings of £469k. We are also utilising the Disabled Facilities Grant through installing adaptations to be able to live at home independently, with 66 homes having adaptations installed year to date. | Changes to how metric is monitored - Client Level Data and SALT have different methodologies. In the planning stage, we used the previous SALT figure to calculate the 24/25 target. | BCP Council and the Integrated Care System are continuing to work to reduce residential admissions, such as work to help people have healthier lives through our community schemes, and our Reablement services to strengthen patients recovery journey following hospital discharge and operations to have the best outcome. Additionally, the Newton diagnostics work will review our intermediate care services to improve long-term outcomes for everyone who accesses these services. |

## Better Care Fund 2024-25 Q2 Reporting Template

**5. Capacity & Demand**

Selected Health and Wellbeing Board: Bournemouth, Christchurch and Poole

### 5.1 Assumptions

| | Checklist Complete: |
|---|---|
| **1. How have your estimates for capacity and demand changed since the plan submitted in June? Please include any learnings from the last 6 months.** | |
| On validating the Q2 data, an error in the P1 demand assumption was noted (formula error on our local spreadsheet) This meant that our projections for P1 demand in our original plan were underestimated by between 12 and 25 per month. This profiling has been corrected for remainder of the year but will currently show a bigger difference between our plan and actual until this can be corrected on central planning return. Please advise.<br><br>Overall demand was higher than predicted on P1 during first 4m months of 2024/25. This is reflective of higher levels of UEC demand across the county. July was a particularly challenging month and has taken several weeks to recover to more normal levels (as reflected in the data). P2 and P3 has been more variable but broadly in line with plan. Length of delay has been relatively unchanged during Q1 but has increased in Q2 in both P1 and P2<br><br>Key areas of learning: Processes have worked better when we have had an on-site Transfer of Care hub working and higher on-site presence on wards facilitating discharge. We have not yet been able to get this working in a sustainable way. There has also been considerable collective effort on reducing LOS (50 day+ delays) in acute and community hospitals which has helped with reducing 'lost' bed days. One of our challenges remains the volume of people who are not suitable for our core intermediate care services (higher need/complexity). Some of this is due to risk-averse decision-making at the point of referrals; others reflect a genuine gap in commissioned offers that we need to address going forward. We have recently completed a diagnostic of our UEC and intermediate care pathway supported by Newton. This built on the BCF support programme diagnostic that was completed in Q1 and has validated and provided additional depth to the work we have been doing and is helping to shape our next stage improvement plan. | Yes |
| **2. How have system wide discussions around winter readiness influenced any changes in capacity and demand as part of proactive management of winter surge capacity?** | |
| Our focus of winter is centred on making better use of the capacity we have by reducing LOS in these spaces; and simplifying processes for accessing this capacity. This is a focus of our Transfer of Care workstream which is being supported through the BCF programme and is one of the 6 key workstreams put forward by Newton as part of the next phase of this work. To enable this, we are focusing in 3 key spaces: 1) Taking out steps in decision-making at start of process (either by TOC working on-site and/or extension of trusted assessor capabilities between teams). 2) Greater focus on earlier discharge planning in all bedded spaces, and particularly for those at risk of becoming a complex discharge. A planning tool is being rolled out from December across all acute sites. 3) Earlier and more effective escalation to senior-decision makers when a person is likely to become a long LOS. This is helping us to undertaken better risk assessment of discharge plans and work through how our services can flex to meet need. There is no flex currently in resource plans for additional surge capacity so reducing LOS in intermediate care service is key to increase throughput to best meet winter demand | Yes |
| **3. Do you have any capacity concerns or specific support needs to raise for the winter ahead?** | |
| There remains a cohort of individuals for who there is not a commissioned intermediate care offer. This is largely those with challenging behaviours, linked often to delirium and/or dementia, who needs cannot be safely met in our standard intermediate care offer. At the moment, many of these end up being assessed for long-term care needs in hospital which is not in line with our D2A approach. We are currently testing some new models of care with our virtual wards to see if they can support safe discharge for delirium patients. There is further work to do in this space and this will be a key discussion in the next round of BCF planning.<br>The key risk for winter is that demand continues to operate at a higher level than planned for. The last 2 months have been more in line with expected levels, and it is hoped this will continue. However, to mitigate we are also looking at admission prevention offers to see how we can better connect and utilise them as part of our winter response. This includes SDEC and Virtual Ward services linking through our Care Co-ordination Hub and with stronger links to social care and VCSE support. | Yes |
| **4. Where actual demand exceeds capacity for a service type, what is your approach to ensuring that people are supported to avoid admission to hospital or to enable discharge?** | |
| There are two strands to our approach on this: 1) Strengthening our TOC approach with an on-site MDT who are working together to make the best use of capacity available, including flexing and blending of available resources and a more proactive approach with wards and acute teams to support more positive risk-taking in order to get someone home (evidence has shown that our approach is quite risk averse and bed dependent) 2) Effective and early identification and escalation of issues that are/will inhibit flow. We know that the need for higher dependency /complexity solution is in part linked to the length of delay in hospital. Proactively managing this risk is key and we are testing an enhanced process both early discharge planning and escalation as part of our winter mitigation. | Yes |

**Guidance on completing this sheet is set out below, but should be read in conjunction with the separate guidance and q&a document**

### 5.1 Guidance

The assumptions box has been updated and is now a set of specific narrative questions. Please answer all questions in relation to both hospital discharge and community sections of the capacity and demand template.

You should reflect changes to understanding of demand and available capacity for admissions avoidance and hospital discharge since the completion of the original BCF plans, including

- actual demand in the first 6 months of the year
- modelling and agreed changes to services as part of Winter planning
- Data from the Community Bed Audit
- Impact to date of new or revised intermediate care services or work to change the profile of discharge pathways.

### Hospital Discharge

This section collects actual activity of services to support people being discharged from acute hospital. You should input the actual activity to support discharge across these different service types and this applies to all commissioned services not just those from the BCF.

- Reablement & Rehabilitation at home (pathway 1)

- Short term domiciliary care (pathway 1)

- Reablement & Rehabilitation in a bedded setting (pathway 2)

- Other short term bedded care (pathway 2)

- Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)

### Community

This section collects actual activity for community services. You should input the actual activity across health and social care for different service types. This should cover all service intermediate care services to support recovery, including Urgent Community Response and VCS support and this applies to all commissioned services not just those from the BCF.. The template is split into these types of service:

Social support (including VCS)

Urgent Community Response

Reablement & Rehabilitation at home

Reablement & Rehabilitation in a bedded setting

Other short-term social care

## Better Care Fund 2024-25 Q2 Reporting Template

**5. Capacity & Demand**

Selected Health and Wellbeing Board: Bournemouth, Christchurch and Poole

| Actual activity - Hospital Discharge | | Prepopulated demand from 2024-25 plan | | | | | | Actual activity (not including spot purchased capacity) | | | | | | Actual activity through only spot purchasing (doesn't apply to time to service) | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Service Area** | **Metric** | **Apr-24** | **May-24** | **Jun-24** | **Jul-24** | **Aug-24** | **Sep-24** | **Apr-24** | **May-24** | **Jun-24** | **Jul-24** | **Aug-24** | **Sep-24** | **Apr-24** | **May-24** | **Jun-24** | **Jul-24** | **Aug-24** | **Sep-24** |
| Reablement & Rehabilitation at home (pathway 1) | Monthly activity. Number of new clients | 83 | 105 | 70 | 73 | 81 | 78 | 180 | 166 | 166 | 185 | 186 | 190 | 0 | 0 | 0 | 0 | 0 | 0 |
| Reablement & Rehabilitation at home (pathway 1) | Actual average time from referral to commencement of service (days). All packages (planned and spot purchased) | 8 | 8 | 8 | 6 | 6 | 6 | 8 | 10 | 10 | 11 | 9 | 10 | | | | | | |
| Short term domiciliary care (pathway 1) | Monthly activity. Number of new clients | 51 | 53 | 47 | 38 | 49 | 42 | 42 | 64 | 61 | 41 | 35 | 36 | 0 | 0 | 0 | 0 | 0 | 0 |
| Short term domiciliary care (pathway 1) | Actual average time from referral to commencement of service (days) All packages (planned and spot purchased) | 8 | 8 | 8 | 6 | 6 | 6 | 8 | 10 | 10 | 11 | 9 | 10 | | | | | | |
| Reablement & Rehabilitation in a bedded setting (pathway 2) | Monthly activity. Number of new clients | 76 | 100 | 62 | 68 | 73 | 73 | 75 | 83 | 63 | 83 | 61 | 71 | 0 | 0 | 0 | 0 | 0 | 0 |
| Reablement & Rehabilitation in a bedded setting (pathway 2) | Actual average time from referral to commencement of service (days) All packages (planned and spot purchased) | 16 | 16 | 16 | 12 | 12 | 12 | 16 | 14 | 15 | 14 | 16 | 16 | | | | | | |
| Other short term bedded care (pathway 2) | Monthly activity. Number of new clients. | 21 | 27 | 16 | 18 | 20 | 20 | 17 | 18 | 17 | 24 | 14 | 17 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other short term bedded care (pathway 2) | Actual average time from referral to commencement of service (days) All packages (planned and spot purchased) | 16 | 16 | 16 | 12 | 12 | 12 | 16 | 14 | 15 | 14 | 16 | 16 | | | | | | |
| Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3) | Monthly activity. Number of new clients | 14 | 10 | 23 | 20 | 23 | 13 | 0 | 0 | 0 | 0 | 0 | 0 | 24 | 24 | 16 | 20 | 13 | 10 |
| Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3) | Actual average time from referral to commencement of service (days) All packages (planned and spot purchased) | 53 | 50 | 50 | 45 | 45 | 40 | 53 | 46 | 50 | 56 | 48 | 38 | | | | | | |

| Actual activity - Community | | Prepopulated demand from 2024-25 plan | | | | | | Actual activity: | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Service Area** | **Metric** | **Apr-24** | **May-24** | **Jun-24** | **Jul-24** | **Aug-24** | **Sep-24** | **Apr-24** | **May-24** | **Jun-24** | **Jul-24** | **Aug-24** | **Sep-24** |
| Social support (including VCS) | Monthly activity. Number of new clients. | 145 | 130 | 125 | 115 | 105 | 115 | 133 | 197 | 137 | 127 | 118 | 191 |
| Urgent Community Response | Monthly activity. Number of new clients. | 979 | 979 | 979 | 979 | 979 | 979 | 734 | 762 | 749 | 660 | 702 | 690 |
| Reablement & Rehabilitation at home | Monthly activity. Number of new clients. | 66 | 75 | 80 | 80 | 84 | 82 | 59 | 51 | 63 | 63 | 39 | 38 |
| Reablement & Rehabilitation in a bedded setting | Monthly activity. Number of new clients. | 19 | 15 | 10 | 10 | 15 | 10 | 26 | 24 | 30 | 27 | 22 | 21 |
| Other short-term social care | Monthly activity. Number of new clients. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

# Better Care Fund 2024-25 Q2 Reporting Template

To Add New Schemes

**6. Expenditure**

Selected Health and Wellbeing Board: Bournemouth, Christchurch and Poole

<< Link to summary sheet

| Running Balances | 2024-25 Income | Expenditure to date | Percentage spent | Balance |
|---|---|---|---|---|
| DFG | £3,837,600 | £1,668,569 | 43.48% | £2,169,031 |
| Minimum NHS Contribution | £36,352,413 | £18,398,017 | 50.61% | £17,954,396 |
| iBCF | £13,438,749 | £6,834,875 | 50.86% | £6,603,874 |
| Additional LA Contribution | £2,182,000 | £1,091,000 | 50.00% | £1,091,000 |
| Additional NHS Contribution | £13,049,700 | £6,524,851 | 50.00% | £6,524,849 |
| Local Authority Discharge Funding | £3,140,153 | £1,538,577 | 49.00% | £1,601,576 |
| ICB Discharge Funding | £3,500,773 | £1,750,387 | 50.00% | £1,750,386 |
| **Total** | **£75,501,388** | **£37,806,276** | **50.07%** | **£37,695,112** |

| Comments if income changed |
|---|
| |
| |

**Required Spend**

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

| | 2024-25 Minimum Required Spend | Expenditure to date | Balance |
|---|---|---|---|
| NHS Commissioned Out of Hospital spend from the minimum ICB allocation | £10,381,020 | £11,257,509 | £0 |
| Adult Social Care services spend from the minimum ICB allocations | £14,202,380 | £7,140,508 | £7,061,872 |

**Checklist** Column complete: Yes Yes

| Scheme ID | Scheme Name | Brief Description of Scheme | Scheme Type | Sub Types | Please specify if 'Scheme Type' is 'Other' | Planned Outputs for 2024-25 | Outputs delivered to date (Number or NA if no plan) | Units | Area of Spend | Please specify if 'Area of Spend' is 'other' | Commissioner | % NHS (if Joint Commissioner) | % LA (if Joint Commissioner) | Provider | Source of Funding | Previously entered Expenditure for 2024-25 (£) | Expenditure to date (£) | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Integrated Health and Social Care locality schemes | Moving on from hospital living | Community Based Schemes | Other | LD campus reprovision | | 33 people | | Community Health | | NHS | | | Private Sector | Minimum NHS Contribution | £7,428,193 | £3,714,097 | Moving on from hospital living project. Information provided by Pawel. |
| 2 | Integrated Health and Social care | Integrated health and social care locality schemes | Community Based Schemes | Other | other | | NA | | Community Health | | NHS | | | NHS Community Provider | Minimum NHS Contribution | £10,480,335 | £5,240,168 | Various contracts. We could put the number of people referred to UCR that is a part of this funding - 3223 (incl 25% reduction) |
| 3 | Maintaining Independence | Dorset Integrated Community Equipment Service | Community Based Schemes | Other | Integrated community equipment | | 5436 people | | Community Health | | NHS | | | Private Sector | Minimum NHS Contribution | £2,906,542 | £1,675,077 | ICES Performance for NHS Dorset (roughly split 50/50 with DC) |
| 4 | Maintaining Independence | Advocacy, information, front door | Care Act Implementation Related Duties | Other | Early help and Learning Disabilites | | 590 new referrals | | Social Care | | LA | | | Charity / Voluntary Sector | Minimum NHS Contribution | £233,509 | £116,755 | SWAN Advocacy. Number of new referrals between April - September. Overall - 1002 people receiving advocacy in BCP. |
| 5 | Maintaining Independence | Voluntary organisations shcemes | Prevention / Early Intervention | Other | Voluntary sector | | 632 people | | Social Care | | LA | | | Charity / Voluntary Sector | Minimum NHS Contribution | £193,358 | £96,679 | CAN/Pramalife - scheme is 70% of funding. |
| 6 | Maintaining Independence | High cost placements | Residential Placements | Learning disability | | 3 | 3 | Number of beds | Social Care | | LA | | | Private Sector | Minimum NHS Contribution | £598,615 | £299,308 | Gathering details into what makes these so expensive - Siobain. Most expensive bed is £3318 p/week |
| 7 | Maintaining Independence | Dementia Placements | Residential Placements | Care home | | 38 | 38 | Number of beds | Social Care | | LA | | | Private Sector | Minimum NHS Contribution | £2,537,301 | £1,268,651 | |
| 8 | Maintaining Independence | Home care | Home Care or Domiciliary Care | Domiciliary care packages | | 64250 | 36698 | Hours of care (Unless short-term in which case it is packages) | Social Care | | LA | | | Private Sector | Minimum NHS Contribution | £1,602,862 | £801,431 | BCF makes up 36% of total home care hours. This scheme is 7.5% of total budget |

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 9 | Maintaining Independence | Support to self funders | Prevention / Early Intervention | Other | social work support | | 90 assessments | | Social Care | | LA | | | Local Authority | Minimum NHS Contribution | £64,453 | £32,276 | Scheme is 16% of self funders budget |
| 10 | Maintaining Independence | Dementia Placements | Care Act Implementation Related Duties | Other | Residential care | 660 | 13 placements | | Social Care | | LA | | | Private Sector | Minimum NHS Contribution | £811,000 | £405,500 | We have 667 dementia placements but this scheme doesn't fund all of those. |
| 11 | Early supported hospital discharge | Residential, dementia and mental health placements | Residential Placements | Care home | | 32 | 32 | Number of beds | Social Care | | LA | | | Private Sector | Minimum NHS Contribution | £2,096,000 | £1,048,000 | |
| 12 | Early supported hospital discharge | Residential and dementia placements | Care Act Implementation Related Duties | other | Residential care | | 47 | | Social Care | | LA | | | Private Sector | Minimum NHS Contribution | £60,226 | £30,113 | |
| 13 | Early supported hospital discharge | Hospital discharge and CHC teams | High Impact Change Model for Managing Transfer of Care | Early Discharge Planning | | 0 | NA | | Social Care | | LA | | | Local Authority | Minimum NHS Contribution | £2,200,000 | £1,100,000 | |
| 14 | Early supported hospital discharge | Intermediate care | Personalised Care at Home | other | rapid/crisis response | | 2523 hours | | Social Care | | LA | | | Private Sector | Minimum NHS Contribution | £127,849 | £63,925 | 11% BCF allocation towards Apex RR D2A. * |
| 15 | Early supported hospital discharge | Reablement and rehabilitation | Home-based intermediate care services | Reablement at home (accepting step up and step down users) | | 115 | 58 | Packages | Social Care | | LA | | | Private Sector | Minimum NHS Contribution | £1,586,751 | £793,376 | |
| 16 | Early supported hospital discharge | Reablement and rehabilitation | Bed based intermediate Care Services (Reablement, rehabilitation, wider | Bed-based intermediate care with reablement accepting step up and step down users | | 10 | 23 | Number of placements | Social Care | | LA | | | Private Sector | Minimum NHS Contribution | £562,260 | £281,130 | Health paid beds - Figbury. Asks for placements, so the figure reflects that. Scheme pays for 10 IC block beds. |
| 17 | Early supported hospital discharge | Intermediate care | Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term services | Bed-based intermediate care with reablement accepting step up and step down users | | 0.8 | 21 weeks | Number of placements | Social Care | | LA | | | Private Sector | Minimum NHS Contribution | £53,887 | £26,944 | Total placements in this period is 52, but split between the 2 to show what each scheme contributed. I've measured output as bed weeks. (£1,255 per bed per week) |
| 18 | Early supported hospital discharge | Support to self funders | Other | | social work support | | 135 | | Social Care | | LA | | | Local Authority | Minimum NHS Contribution | £96,151 | £48,076 | Scheme is 24% of self funders budget |
| 19 | Carers | Support to carers various schemes | Care Act Implementation Related Duties | Other | Carers support | | 3 Staff | | Social Care | | LA | | | Private Sector | Minimum NHS Contribution | £162,716 | £81,308 | Number of carer officers funded via BCF. 473 carer assessments completed April - August. |
| 20 | Carers | Carers support | Carers Services | Other | Carers support | 6500 | 7744 | Beneficiaries | Social Care | | LA | | | Local Authority | Minimum NHS Contribution | £227,169 | £113,585 | Tim Branson provided number of carers that are acknowledged by the BCP Carers Service |
| 21 | Carers | Support to carers various schemes | Carers Services | Other | Various schemes including respite | 6500 | 7744 | Beneficiaries | Social Care | | LA | | | Private Sector | Minimum NHS Contribution | £1,024,902 | £512,451 | Tim Branson provided number of carers that are acknowledged by the BCP Carers Service |
| 22 | Integrated Health and Social care | Integrated health and social care locality schemes | Community Based Schemes | Other | other | | NA | | Community Health | | NHS | | | NHS Community Provider | Minimum NHS Contribution | £1,256,334 | £628,167 | Community Therapy. |
| 23 | Integrated Health and Social Care locality schemes | Integrated Health and Social Care locality schemes | Community Based Schemes | Other | Other | | 35 District Nursing teams | | Community Health | | NHS | | | NHS Community Provider | Additional NHS Contribution | £5,292,192 | £2,646,096 | District Nursing - 75% of total comes from BCF. (47 district nursing teams in BCP) |
| 24 | Integrated Health and Social Care locality schemes | Integrated Health and Social Care locality schemes | Community Based Schemes | Other | Other | | 1 Staff | | Community Health | | NHS | | | NHS Community Provider | Additional NHS Contribution | £43,165 | £21,583 | District Nurse - Pallative Care |
| 25 | Integrated Health and Social Care locality schemes | Integrated Health and Social Care locality schemes | Community Based Schemes | Other | Other | | NA | | Community Health | | NHS | | | NHS Community Provider | Additional NHS Contribution | £1,483,828 | £741,914 | Generalist pallative care. Data on DiiS isn't up to date enough to input figures. |
| 26 | Integrated Health and Social Care locality schemes | Integrated Health and Social Care locality schemes | Community Based Schemes | Other | Other | | 1069 people | | Community Health | | NHS | | | NHS Community Provider | Additional NHS Contribution | £6,230,515 | £3,115,258 | Intermediate care. Number of people accessing intermediate care services. |
| 27 | Maintaining Independence | Market shaping | Prevention / Early Intervention | Other | market shaping | 1 | 1 | | Social Care | | LA | | | Local Authority | Minimum NHS Contribution | £42,000 | £21,000 | BCP Council BCF Manager |
| 28 | Maintaining Independence | Housing schemes | DFG Related Schemes | Discretionary use of DFG | | 3348 | 2493 people | Number of adaptations funded/people | Social Care | | LA | | | Private Sector | DFG | £1,593,000 | £748,569 | 35% of BCP ICES contribution |

| | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 29 | Maintaining Independence | Housing schemes | DFG Related Schemes | Adaptations, including statutory DFG grants | | 175 | 66 | Number of adaptations funded/people | Social Care | | LA | | | Private Sector | DFG | £2,244,600 | £920,000 | A further £824k is committed but not yet complete. |
| 30 | Integrated Health and Social Care locality schemes | Moving on from hospital living | Community Based Schemes | Other | LD campus reprovision | | 32 people | | Social Care | | LA | | | Private Sector | Additional LA Contribution | £2,182,000 | £1,091,000 | Moving on from hospital living project. Information provided by Pawel. |
| 31 | Maintaining Independence | Staffing for lifeline/AT | Personalised Care at Home | Physical health/wellbeing | | | 1498 Lifeline Callouts | | Social Care | | LA | | | Local Authority | iBCF | £35,000 | £17,500 | 801 linked to falls within those callouts. BCF funds 1 FTE. |
| 32 | Maintaining Independence | Care home placements | Residential Placements | Care home | | 64 | 64 | Number of beds | Social Care | | LA | | | Private Sector | iBCF | £4,143,749 | £2,071,875 | |
| 33 | Maintaining Independence | Packages of home care | Home Care or Domiciliary Care | Domiciliary care packages | | 243000 | 137005 | Hours of care (Unless short-term in which case it is packages) | Social Care | | LA | | | Private Sector | iBCF | £6,049,000 | £3,024,500 | This scheme makes up 28% of home care budget. |
| 34 | Maintaining Independence | Social Work | Other | | targeted community social work | | 5 | | Social Care | | LA | | | Local Authority | iBCF | £189,000 | £94,500 | |
| 35 | Maintaining Independence | Independent Living | Personalised Care at Home | Physical health/wellbeing | | | 2 Occupational Therapists | | Social Care | | LA | | | Local Authority | iBCF | £68,000 | £34,000 | 2 Occupational Therapists home visits to assess somebody's home to make it suitable for independence. |
| 36 | Early supported hospital discharge | DOLS BIAs | High Impact Change Model for Managing Transfer of Care | Early Discharge Planning | | | 197 Completed Requests | | Social Care | | LA | | | Local Authority | iBCF | £268,000 | £134,000 | BCF percentage 19%. Number of DOLS requests completed April - September. |
| 37 | Early supported hospital discharge | Brokerage servces | High Impact Change Model for Managing Transfer of Care | Early Discharge Planning | | | 2 Staff | | Social Care | | LA | | | Local Authority | iBCF | £58,000 | £29,000 | Brokerage officer avg salary £28k. |
| 38 | Early supported hospital discharge | Hospital discharge and CHC teams | High Impact Change Model for Managing Transfer of Care | Early Discharge Planning | | | NA | | Social Care | | LA | | | Local Authority | iBCF | £288,000 | £144,000 | |
| 39 | Early supported hospital discharge | Hospital to home | Bed based intermediate Care Services (Reablement, | Bed-based intermediate care with reablement (to support discharge) | | 9 | 37 | Number of placements | Social Care | | LA | | | Private Sector | iBCF | £550,000 | £275,000 | Previous output figure refers to beds, now asking for placements hence the difference. |
| 40 | Early supported hospital discharge | reablement | Home-based intermediate care services | Reablement at home (to support discharge) | | 26 | 26 | Packages | Social Care | | LA | | | Private Sector | iBCF | £210,000 | £210,000 | Tricuro. |
| 41 | Early supported hospital discharge | Step down beds | Bed based intermediate Care Services (Reablement, | Bed-based intermediate care with reablement (to support discharge) | | 0.25 | 8 weeks | Number of placements | Social Care | | LA | | | Private Sector | iBCF | £21,000 | £21,000 | 8 weeks at £1,255 per bed per week. |
| 42 | Early supported hospital discharge | Intensive packages, extended protected hours | High Impact Change Model for Managing Transfer of Care | Early Discharge Planning | | | 5 beds | | Social Care | | LA | | | Private Sector | iBCF | £1,195,000 | £597,500 | Information from Pawel. Intended to fund some expensive beds. |
| 43 | Early supported hospital discharge | rapid financial assessments | High Impact Change Model for Managing Transfer of Care | Early Discharge Planning | | | NA | | Social Care | | LA | | | NHS | iBCF | £72,000 | £36,000 | CHC Financial Assessment. Undertaken by NHS Dorset. |
| 44 | Early supported hospital discharge | social workers | Integrated Care Planning and Navigation | Care navigation and planning | | | 6 | | Social Care | | LA | | | Local Authority | iBCF | £235,000 | £117,500 | Funding for social workers. |
| 45 | Early supported hospital discharge | 7 day working | High Impact Change Model for Managing Transfer of Care | Early Discharge Planning | | | 2 Staff | | Social Care | | LA | | | Local Authority | iBCF | £57,000 | £28,500 | 7 day Brokerage to facilitate weekend hospital discharges. |
| 51 | Early supported hospital discharge | Intermediate care | Personalised Care at Home | Other | rapid/crisis response | | 20409 hours | | Social Care | | LA | | | Private Sector | ICB Discharge Funding | £1,006,940 | £503,470 | Apex D2A RR - BCF Value = 50% of contract value. Was recorded in Q1 as number of service users, instead of hours. |
| 52 | Early supported hospital discharge | Intermediate care | Bed based intermediate Care Services (Reablement, | Bed-based intermediate care with reablement (to support discharge) | | 18 | 113 | Number of placements | Social Care | | LA | | | Private Sector | ICB Discharge Funding | £1,988,379 | £994,190 | Coastal Lodge. 18 is the beds, but outputs is asking for placements. |
| 54 | Early supported hospital discharge | Intermediate care | Community Based Schemes | Other | 24/25 additnl funding to be agreed | | 283 | | Social Care | | LA | | | Private Sector | ICB Discharge Funding | £505,454 | £252,727 | Correction from Q1 as all intermediate care patients were counted, rather than percentage of scheme value. |

| | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 55 | Early supported hospital discharge | DOLS BIAs | High Impact Change Model for Managing Transfer of Care | Early Discharge Planning | 0 | 0 | 1 | | Social Care | 0 | LA | 0.0% | | Local Authority | Local Authority Discharge Funding | £107,000 | £22,000 | 7.5% DOLS total. 78 BIAs have been completed through this scheme. Funding being used to recruit 1 FTE and increase agency use. |
| 56 | Early supported hospital discharge | Support for self funders | Other | 0 | Social Work Support | 0 | 338 assessments | | Social Care | 0 | LA | 0.0% | | Local Authority | Local Authority Discharge Funding | £251,000 | £125,500 | Scheme is 60% of self funders budget |
| 57 | Early supported hospital discharge | Residential, dementia and mental health placements | Residential Placements | Care home | 0 | 20 | 36 | Number of beds | Social Care | 0 | LA | 0.0% | | Private Sector | Local Authority Discharge Funding | £2,782,153 | £1,391,077 | Figbury Lodge. This scheme equates to 45% of the contract. |

# BCF Planning Template 2024-25

**1. Guidance**

## Overview

**Note on entering information into this template**

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

Data needs inputting in the cell

Pre-populated cells

### 2. Cover

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

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

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

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

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

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

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

### 4. Capacity and Demand

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

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

**4.2 Hospital Discharge**

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

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

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

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

**4.3 Community**

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

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

### 5. Income

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

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

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

If you need to make an update to any of the funding streams, select 'yes' in the boxes where this is asked and cells for the income stream below will turn yellow and become editable. Please use the comments boxes to outline reasons for any changes and any other relevant information.

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

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

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

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

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

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

## 6. Expenditure

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

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

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

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

On this sheet, please enter the following information:

**1. Scheme ID:**

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

**2. Scheme Name:**

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

**3. Brief Description of Scheme**

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

**4. Scheme Type and Sub Type:**

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

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

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

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

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

**5. Expected outputs**

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

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

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

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

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

**6. Area of Spend:**

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

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

**7. Commissioner:**

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

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

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

**8. Provider:**

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

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

# Better Care Fund 2024-25 Update Template

**2. Cover**

HM Government

NHS England

**Version 1.3.0**

*Please Note:*

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

| | | | Complete: |
|---|---|---|---|
| **Health and Wellbeing Board:** | Bournemouth, Christchurch and Poole | | Yes |
| **Completed by:** | Scott Saffin | | Yes |
| **E-mail:** | scott.saffin@bcpcocuncil.gov.uk | | Yes |
| **Contact number:** | 01202 126204 | | Yes |
| **Has this report been signed off by (or on behalf of) the HWB at the time of submission?** | No | | Yes |
| **If no please indicate when the HWB is expected to sign off the plan:** | Mon 15/07/2024 | << Please enter using the format, DD/MM/YYYY | Yes |

| | Role: | Professional Title (e.g. Dr, Cllr, Prof) | First-name: | Surname: | E-mail: | |
|---|---|---|---|---|---|---|
| ***Area Assurance Contact Details:** | Health and Wellbeing Board Chair | Cllr | David | Brown | David.Brown@bcpcouncil.gov.uk | Yes |
| | Integrated Care Board Chief Executive or person to whom they have delegated sign-off | | Patricia | Miller | patricia.miller@nhsdorset.nhs.uk | Yes |
| | Additional ICB(s) contacts if relevant | | Kate | Calvert | kate.calvert@nhsdorset.nhs.uk | Yes |
| | Local Authority Chief Executive | | Graham | Farrant | graham.farrant@bcpcouncil.gov.uk | Yes |
| | Local Authority Director of Adult Social Services (or equivalent) | | Jillian | Kay | jillian.kay@bcpcouncil.gov.uk | Yes |
| | Better Care Fund Lead Official | | Zena | Dighton | zena.dighton@bcpcouncil.gov.uk | Yes |
| | LA Section 151 Officer | | Adam | Richens | adam.richens@bcpcouncil.gov.uk | Yes |

# Better Care Fund 2024-25 Update Template

**3. Summary**

Selected Health and Wellbeing Board: Bournemouth, Christchurch and Poole

## Income & Expenditure

Income >>

| Funding Sources | Income | Expenditure | Difference |
|---|---|---|---|
| DFG | £3,837,600 | £3,837,600 | £0 |
| Minimum NHS Contribution | £36,352,413 | £36,352,413 | £0 |
| iBCF | £13,438,749 | £13,438,749 | £0 |
| Additional LA Contribution | £2,182,000 | £2,182,000 | £0 |
| Additional ICB Contribution | £13,049,700 | £13,049,700 | £0 |
| Local Authority Discharge Funding | £3,140,153 | £3,140,153 | £0 |
| ICB Discharge Funding | £3,500,773 | £3,500,773 | £0 |
| **Total** | **£75,501,388** | **£75,501,388** | **£0** |

Expenditure >>

**NHS Commissioned Out of Hospital spend from the minimum ICB allocation**

| | 2024-25 |
|---|---|
| Minimum required spend | £10,381,020 |
| Planned spend | £22,071,404 |

**Adult Social Care services spend from the minimum ICB allocations**

| | 2024-25 |
|---|---|
| Minimum required spend | £14,202,380 |
| Planned spend | £14,281,009 |

Metrics >>

### Avoidable admissions

| | 2024-25 Q1 Plan | 2024-25 Q2 Plan | 2024-25 Q3 Plan | 2024-25 Q4 Plan |
|---|---|---|---|---|
| Unplanned hospitalisation for chronic ambulatory care sensitive conditions (Rate per 100,000 population) | 214.0 | 209.1 | 255.4 | 226.2 |

### Falls

| | | 2023-24 estimated | 2024-25 Plan |
|---|---|---|---|
| Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000. | Indicator value | 2,237.3 | 2,192.6 |
| | Count | 2168 | 2125 |
| | Population | 86859 | 86859 |

### Discharge to normal place of residence

| | 2024-25 Q1 Plan | 2024-25 Q2 Plan | 2024-25 Q3 Plan | 2024-25 Q4 Plan |
|---|---|---|---|---|
| Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence<br><br>(SUS data - available on the Better Care Exchange) | 94.5% | 94.5% | 94.5% | 94.5% |

## Residential Admissions

| | | 2022-23 Actual | 2024-25 Plan |
|---|---|---|---|
| Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population | Annual Rate | 398 | 408 |

Planning Requirements >>

| Theme | Code | Response |
|---|---|---|
| NC1: Jointly agreed plan | PR1 | No |
| | PR2 | 0 |
| | PR3 | Yes |
| NC2: Social Care Maintenance | PR4 | Yes |
| NC3: NHS commissioned Out of Hospital Services | PR5 | 0 |
| NC4: Implementing the BCF policy objectives | PR6 | Yes |
| Agreed expenditure plan for all elements of the BCF | PR7 | Yes |
| Metrics | PR8 | Yes |

## Better Care Fund 2024-25 Update Template

**4. Capacity & Demand**

Selected Health and Wellbeing Board: Bournemouth, Christchurch and Poole

**Hospital Discharge**

| Capacity - Demand (positive is Surplus) | Capacity surplus. Not including spot purchasing | | | | | | | | | | | | Capacity surplus (including spot puchasing) | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Apr-24 | May-24 | Jun-24 | Jul-24 | Aug-24 | Sep-24 | Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Mar-25 | Apr-24 | May-24 | Jun-24 | Jul-24 | Aug-24 | Sep-24 | Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Mar-25 |
| Reablement & Rehabilitation at home (pathway 1) | 71 | 49 | 84 | 81 | 73 | 76 | 78 | 83 | 83 | 74 | 73 | 80 | 71 | 49 | 84 | 81 | 73 | 76 | 78 | 83 | 83 | 74 | 73 | 80 |
| Short term domiciliary care (pathway 1) | -2 | -4 | 2 | 11 | 0 | 7 | 4 | 4 | 8 | 0 | 3 | 1 | -2 | -4 | 2 | 11 | 0 | 7 | 4 | 4 | 8 | 0 | 3 | 1 |
| Reablement & Rehabilitation in a bedded setting (pathway 2) | -12 | -36 | 2 | -4 | -9 | -9 | -4 | 0 | -1 | -9 | -11 | -3 | -12 | -36 | 2 | -4 | -9 | -9 | -4 | 0 | -1 | -9 | -11 | -3 |
| Other short term bedded care (pathway 2) | -1 | -7 | 4 | 2 | 0 | 0 | 2 | 3 | 2 | 0 | -1 | 2 | -1 | -7 | 4 | 2 | 0 | 0 | 2 | 3 | 2 | 0 | -1 | 2 |
| Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3) | -14 | -10 | -23 | -20 | -23 | -13 | -26 | -23 | -20 | -15 | -13 | -4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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

We estimate 250 people to use our voluntary sector partner - CAN Wellbeing Virtual Hub to assist them post discharge from hospital. Estimated 80 referrals from hospital to our CAN Wellbeing service. Estimated 50 patients signposted from hospital to provide support following discharge. Overall we estimate 500 people will use our PO pathway support schemes that our provided by our partners CAN and Pramalife to assist following discharge from hospital.



| Capacity - Hospital Discharge | | Refreshed planned capacity (not including spot purchased capacity | | | | | | | | | | | | Capacity that you expect to secure through spot purchasing | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Service Area | Metric | Apr-24 | May-24 | Jun-24 | Jul-24 | Aug-24 | Sep-24 | Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Mar-25 | Apr-24 | May-24 | Jun-24 | Jul-24 | Aug-24 | Sep-24 | Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Mar-25 |
| Reablement & Rehabilitation at home (pathway 1) | Monthly capacity. Number of new packages commenced. | 154 | 154 | 154 | 154 | 154 | 154 | 154 | 154 | 154 | 154 | 154 | 154 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Reablement & Rehabilitation at home (pathway 1) | Estimated average time from referral to commencement of service (days). All packages (planned and spot purchased) | 8 | 8 | 8 | 6 | 6 | 6 | 5 | 5 | 5 | 5 | 5 | 5 | | | | | | | | | | | | |
| Short term domiciliary care (pathway 1) | Monthly capacity. Number of new packages commenced. | 49 | 49 | 49 | 49 | 49 | 49 | 49 | 49 | 49 | 49 | 49 | 49 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Short term domiciliary care (pathway 1) | Estimated average time from referral to commencement of service (days) All packages (planned and spot purchased) | 8 | 8 | 8 | 6 | 6 | 6 | 5 | 5 | 5 | 5 | 5 | 5 | | | | | | | | | | | | |
| Reablement & Rehabilitation in a bedded setting (pathway 2) | Monthly capacity. Number of new packages commenced. | 64 | 64 | 64 | 64 | 64 | 64 | 64 | 64 | 64 | 64 | 64 | 64 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Reablement & Rehabilitation in a bedded setting (pathway 2) | Estimated average time from referral to commencement of service (days) All packages (planned and spot purchased) | 16 | 16 | 16 | 12 | 12 | 12 | 8 | 8 | 8 | 8 | 8 | 8 | | | | | | | | | | | | |
| Other short term bedded care (pathway 2) | Monthly capacity. Number of new packages commenced. | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other short term bedded care (pathway 2) | Estimated average time from referral to commencement of service (days) All packages (planned and spot purchased) | 16 | 16 | 16 | 12 | 12 | 12 | 8 | 8 | 8 | 8 | 8 | 8 | | | | | | | | | | | | |
| Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3) | Monthly capacity. Number of new packages commenced. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 14 | 10 | 23 | 20 | 23 | 13 | 26 | 23 | 20 | 15 | 13 | 4 |
| Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3) | Estimated average time from referral to commencement of service (days) All packages (planned and spot purchased) | 53 | 50 | 50 | 45 | 45 | 40 | 40 | 35 | 35 | 35 | 35 | 35 | | | | | | | | | | | | |

## Demand - Hospital Discharge

Please enter refreshed expected no. of referrals:

| Pathway | Trust Referral Source | Apr-24 | May-24 | Jun-24 | Jul-24 | Aug-24 | Sep-24 | Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Mar-25 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Total Expected Discharges:** | Total Discharges | **320** | **307** | **307** | **307** | **307** | **307** | **307** | **307** | **307** | **307** | **307** | **307** |
| Reablement & Rehabilitation at home (pathway 1) | Total | **83** | **105** | **70** | **73** | **81** | **78** | **76** | **71** | **71** | **80** | **81** | **74** |
| | DORSET HEALTHCARE UNIVERSITY NHS FOUNDATION TRUST | 15 | 16 | 14 | 12 | 15 | 13 | 14 | 13 | 13 | 15 | 14 | 14 |
| | UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST | 68 | 89 | 55 | 61 | 65 | 65 | 61 | 57 | 58 | 65 | 67 | 60 |
| | OTHER | 0 | 0 | 1 | 0 | 1 | 0 | 1 | 1 | 0 | 0 | 0 | 0 |
| | (blank) | | | | | | | | | | | | |
| Short term domiciliary care (pathway 1) | Total | **51** | **53** | **47** | **38** | **49** | **42** | **45** | **45** | **41** | **49** | **46** | **48** |
| | DORSET HEALTHCARE UNIVERSITY NHS FOUNDATION TRUST | 4 | 4 | 4 | 3 | 4 | 3 | 4 | 4 | 3 | 4 | 4 | 4 |
| | UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST | 45 | 47 | 42 | 34 | 44 | 38 | 40 | 40 | 37 | 44 | 41 | 43 |
| | OTHER | 2 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| | (blank) | | | | | | | | | | | | |
| Reablement & Rehabilitation in a bedded setting (pathway 2) | Total | **76** | **100** | **62** | **68** | **73** | **73** | **68** | **64** | **65** | **73** | **75** | **67** |
| | DORSET HEALTHCARE UNIVERSITY NHS FOUNDATION TRUST | 6 | 8 | 5 | 5 | 6 | 6 | 5 | 5 | 5 | 6 | 6 | 5 |
| | UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST | 68 | 89 | 55 | 61 | 65 | 65 | 61 | 57 | 58 | 65 | 67 | 60 |
| | OTHER | 2 | 3 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| | (blank) | | | | | | | | | | | | |
| Other short term bedded care (pathway 2) | Total | **21** | **27** | **16** | **18** | **20** | **20** | **18** | **17** | **18** | **20** | **21** | **18** |
| | DORSET HEALTHCARE UNIVERSITY NHS FOUNDATION TRUST | 2 | 2 | 1 | 1 | 2 | 2 | 1 | 1 | 1 | 2 | 2 | 1 |
| | UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST | 18 | 24 | 15 | 16 | 17 | 17 | 16 | 15 | 16 | 17 | 18 | 16 |
| | OTHER | 1 | 1 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| | (blank) | | | | | | | | | | | | |
| Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3) | Total | **14** | **10** | **23** | **20** | **23** | **13** | **26** | **23** | **20** | **15** | **13** | **4** |
| | DORSET HEALTHCARE UNIVERSITY NHS FOUNDATION TRUST | 1 | 1 | 2 | 2 | 2 | 1 | 2 | 2 | 2 | 1 | 1 | 0 |
| | UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST | 13 | 9 | 20 | 17 | 20 | 12 | 23 | 20 | 17 | 14 | 12 | 4 |
| | OTHER | 0 | 0 | 1 | 1 | 1 | 0 | 1 | 1 | 1 | 0 | 0 | 0 |

## Better Care Fund 2024-25 Update Template

**4. Capacity & Demand**

Selected Health and Wellbeing Board: Bournemouth, Christchurch and Poole

**Community** **Refreshed capacity surplus:**

| Capacity - Demand (positive is Surplus) | Apr-24 | May-24 | Jun-24 | Jul-24 | Aug-24 | Sep-24 | Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Mar-25 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Social support (including VCS) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Urgent Community Response | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Reablement & Rehabilitation at home | 19 | 10 | 5 | 5 | 1 | 3 | 0 | 10 | 15 | 0 | 0 | 0 |
| Reablement & Rehabilitation in a bedded setting | 16 | 20 | 25 | 25 | 20 | 25 | 10 | 10 | 11 | 5 | 5 | 10 |
| Other short-term social care | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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

| Capacity - Community | | Please enter refreshed expected capacity: | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Service Area | Metric | Apr-24 | May-24 | Jun-24 | Jul-24 | Aug-24 | Sep-24 | Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Mar-25 |
| Social support (including VCS) | Monthly capacity. Number of new clients. | 145 | 130 | 125 | 115 | 105 | 115 | 165 | 155 | 155 | 195 | 170 | 160 |
| Urgent Community Response | Monthly capacity. Number of new clients. | 979 | 979 | 979 | 979 | 979 | 979 | 979 | 979 | 979 | 979 | 979 | 979 |
| Reablement & Rehabilitation at home | Monthly capacity. Number of new clients. | 85 | 85 | 85 | 85 | 85 | 85 | 85 | 85 | 85 | 85 | 85 | 85 |
| Reablement & Rehabilitation in a bedded setting | Monthly capacity. Number of new clients. | 35 | 35 | 35 | 35 | 35 | 35 | 35 | 35 | 35 | 35 | 35 | 35 |
| Other short-term social care | Monthly capacity. Number of new clients. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| Demand - Community | Please enter refreshed expected no. of referrals: | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Service Type | Apr-24 | May-24 | Jun-24 | Jul-24 | Aug-24 | Sep-24 | Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Mar-25 |
| Social support (including VCS) | 145 | 130 | 125 | 115 | 105 | 115 | 165 | 155 | 155 | 195 | 170 | 160 |
| Urgent Community Response | 979 | 979 | 979 | 979 | 979 | 979 | 979 | 979 | 979 | 979 | 979 | 979 |
| Reablement & Rehabilitation at home | 66 | 75 | 80 | 80 | 84 | 82 | 85 | 75 | 70 | 85 | 85 | 85 |
| Reablement & Rehabilitation in a bedded setting | 19 | 15 | 10 | 10 | 15 | 10 | 25 | 25 | 24 | 30 | 30 | 25 |
| Other short-term social care | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

## Better Care Fund 2024-25 Update Template

**5. Income**

Selected Health and Wellbeing Board: Bournemouth, Christchurch and Poole

| **Local Authority Contribution** | |
|---|---|
| Disabled Facilities Grant (DFG) | Gross Contribution |
| Bournemouth, Christchurch and Poole | £3,837,600 |
| DFG breakdown for two-tier areas only (where applicable) | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| **Total Minimum LA Contribution (exc iBCF)** | **£3,837,600** |

**Complete:** Yes

| **Local Authority Discharge Funding** | Contribution |
|---|---|
| Bournemouth, Christchurch and Poole | £3,140,153 |

Yes

| **ICB Discharge Funding** | Previously entered | Updated | Comments - Please use this box to clarify any specific uses or sources of funding |
|---|---|---|---|
| NHS Dorset ICB | £3,501,000 | £3,500,773 | |
| | | | |
| | | | |
| **Total ICB Discharge Fund Contribution** | £3,501,000 | £3,500,773 | |

Yes

| **iBCF Contribution** | Contribution |
|---|---|
| Bournemouth, Christchurch and Poole | £13,438,749 |
| | |
| **Total iBCF Contribution** | **£13,438,749** |

Yes

| Local Authority Additional Contribution | Previously entered | Updated | Comments - Please use this box to clarify any specific uses or sources of funding |
|---|---|---|---|
| Bournemouth, Christchurch and Poole | £2,182,000 | £2,182,000 | |
| | | | |
| | | | |
| **Total Additional Local Authority Contribution** | **£2,182,000** | **£2,182,000** | |

Yes

| **NHS Minimum Contribution** | Contribution |
|---|---|
| NHS Dorset ICB | £36,352,413 |
| | |
| | |
| | |
| | |
| | |
| | |
| **Total NHS Minimum Contribution** | **£36,352,413** |

| **Additional ICB Contribution** | Previously entered | Updated | Comments - Please use this box clarify any specific uses or sources of funding |
|---|---|---|---|
| NHS Dorset ICB | £13,049,700 | £13,049,700 | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| **Total Additional NHS Contribution** | **£13,049,700** | **£13,049,700** | |
| **Total NHS Contribution** | **£49,402,113** | **£49,402,113** | |

Yes

| | 2024-25 |
|---|---|
| **Total BCF Pooled Budget** | **£75,501,388** |

# Better Care Fund 2024-25 Update Template

**6. Expenditure**

To Add New Schemes

Selected Health and Wellbeing Board: Bournemouth, Christchurch and Poole

<< Link to summary sheet

| | 2024-25 | | |
|---|---|---|---|
| **Running Balances** | Income | Expenditure | Balance |
| DFG | £3,837,600 | £3,837,600 | £0 |
| Minimum NHS Contribution | £36,352,413 | £36,352,413 | £0 |
| iBCF | £13,438,749 | £13,438,749 | £0 |
| Additional LA Contribution | £2,182,000 | £2,182,000 | £0 |
| Additional NHS Contribution | £13,049,700 | £13,049,700 | £0 |
| Local Authority Discharge Funding | £3,140,153 | £3,140,153 | £0 |
| ICB Discharge Funding | £3,500,773 | £3,500,773 | £0 |
| **Total** | **£75,501,388** | **£75,501,388** | **£0** |

**Required Spend**

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

| | 2024-25 | | |
|---|---|---|---|
| | Minimum Required Spend | Planned Spend | Under Spend |
| NHS Commissioned Out of Hospital spend from the minimum ICB allocation | £10,381,020 | £22,071,404 | £0 |
| Adult Social Care services spend from the minimum ICB allocations | £14,202,380 | £14,281,009 | £0 |

**Checklist**

Column complete:

| | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Yes | Yes | Yes | Yes | Yes | Yes | | Yes | Yes | Yes | Yes | | Yes | No | Yes | | Yes | | Yes |

**>> Incomplete fields on row number(s):**

272, 273, 274

| | | | | | | | | | Planned Expenditure | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Scheme ID | Scheme Name | Brief Description of Scheme | Scheme Type | Sub Types | Please specify if 'Scheme Type' is 'Other' | **Previously entered Outputs for 2024-25** | Updated Outputs for 2024-25 | Units | Area of Spend | Please specify if 'Area of Spend' is 'other' | Commissioner | % NHS (if Joint Commissioner) | % LA (if Joint Commissioner) | Provider | Source of Funding | New/ Existing Scheme | Previously entered Expenditure for 2024-25 (£) | Updated Expenditure for 2024-25 (£) | % of Overall Spend (Average) | Do you wish to update? |
| 1 | Integrated Health and Social Care locality schemes | Moving on from hospital living | Community Based Schemes | Other | LD campus reprovision | | | | Community Health | | NHS | | | Private Sector | Minimum NHS Contribution | Existing | £7,428,193 | | | No |
| 2 | Integrated Health and Social care | Integrated health and social care locality schemes | Community Based Schemes | Other | other | | | | Community Health | | NHS | | | NHS Community Provider | Minimum NHS Contribution | Existing | £10,480,335 | | | No |
| 3 | Maintaining Independence | Dorset Integrated Community Equipment Service | Community Based Schemes | Other | Integrated community equipment | | | | Community Health | | NHS | | | Private Sector | Minimum NHS Contribution | Existing | £2,906,542 | | | No |
| 4 | Maintaining Independence | Advocacy, information, front door | Care Act Implementation Related Duties | Other | Early help and Learning Disabilites | | | | Social Care | | LA | | | Charity / Voluntary Sector | Minimum NHS Contribution | Existing | £233,509 | | | No |
| 5 | Maintaining Independence | Voluntary organisations shcemes | Prevention / Early Intervention | Other | Voluntary sector | | | | Social Care | | LA | | | Charity / Voluntary Sector | Minimum NHS Contribution | Existing | £193,358 | | | No |

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 6 | Maintaining Independence | High cost placements | Residential Placements | Learning disability | | 3 | 3 | Number of beds | Social Care | | LA | | | Private Sector | Minimum NHS Contribution | Existing | £612,828 | £598,615 | | Yes |
| 7 | Maintaining Independence | Dementia Placements | Residential Placements | Care home | | 38 | 38 | Number of beds | Social Care | | LA | | | Private Sector | Minimum NHS Contribution | Existing | £2,525,301 | £2,537,301 | | Yes |
| 8 | Maintaining Independence | Home care | Home Care or Domiciliary Care | Domiciliary care packages | | 64250 | | Hours of care (Unless short-term in which | Social Care | | LA | | | Private Sector | Minimum NHS Contribution | Existing | £1,602,862 | | | No |
| 9 | Maintaining Independence | Support to self funders | Prevention / Early Intervention | Other | social work support | | | | Social Care | | LA | | | Local Authority | Minimum NHS Contribution | Existing | £64,453 | | | No |
| 10 | Maintaining Independence | Dementia Placements | Care Act Implementation Related Duties | Other | Residential care | | 660 | | Social Care | | LA | | | Private Sector | Minimum NHS Contribution | Existing | £803,016 | £811,000 | | Yes |
| 11 | Early supported hospital discharge | Residential, dementia and mental health placements | Residential Placements | Care home | | 32 | 32 | Number of beds | Social Care | | LA | | | Private Sector | Minimum NHS Contribution | Existing | £2,094,181 | £2,096,000 | | Yes |
| 12 | Early supported hospital discharge | Residential and dementia placements | Care Act Implementation Related Duties | other | Residential care | | | | Social Care | | LA | | | Private Sector | Minimum NHS Contribution | Existing | £60,226 | | | No |
| 13 | Early supported hospital discharge | Hospital discharge and CHC teams | High Impact Change Model for Managing Transfer of Care | Early Discharge Planning | | | 0 | | Social Care | | LA | | | Local Authority | Minimum NHS Contribution | Existing | £2,208,294 | £2,200,000 | | Yes |
| 14 | Early supported hospital discharge | Intermediate care | Personalised Care at Home | other | rapid/crisis response | | | | Social Care | | LA | | | Private Sector | Minimum NHS Contribution | Existing | £127,849 | | | No |
| 15 | Early supported hospital discharge | Reablement and rehabilitation | Home-based intermediate care services | Reablement at home (accepting step up and step down users) | | 115 | 115 | Packages | Social Care | | LA | | | Private Sector | Minimum NHS Contribution | Existing | £984,751 | £986,751 | | Yes |
| 16 | Early supported hospital discharge | Reablement and rehabilitation | Bed based intermediate Care Services (Reablement, | Bed-based intermediate care with reablement accepting step up and step | | 10 | | Number of placements | Social Care | | LA | | | Private Sector | Minimum NHS Contribution | Existing | £1,162,260 | | | No |
| 17 | Early supported hospital discharge | Intermediate care | Bed based intermediate Care Services (Reablement, | Bed-based intermediate care with reablement accepting step up and step | | 0.8 | | Number of placements | Social Care | | LA | | | Private Sector | Minimum NHS Contribution | Existing | £53,887 | | | No |
| 18 | Early supported hospital discharge | Support to self funders | Other | | social work support | | | | Social Care | | LA | | | Local Authority | Minimum NHS Contribution | Existing | £96,151 | | | No |
| 19 | Carers | Support to carers various schemes | Care Act Implementation Related Duties | Other | Carers support | | | | Social Care | | LA | | | Private Sector | Minimum NHS Contribution | Existing | £162,716 | | | No |
| 20 | Carers | Carers support | Carers Services | Other | Carers support | 6500 | | Beneficiaries | Social Care | | LA | | | Local Authority | Minimum NHS Contribution | Existing | £227,169 | | | No |
| 21 | Carers | Support to carers various schemes | Carers Services | Other | Various schemes including respite | 6500 | | Beneficiaries | Social Care | | LA | | | Private Sector | Minimum NHS Contribution | Existing | £1,024,902 | | | No |
| 22 | Integrated Health and Social care | Integrated health and social care locality schemes | Community Based Schemes | Other | other | | | | Community Health | | NHS | | | NHS Community Provider | Minimum NHS Contribution | Existing | £1,256,334 | | | No |
| 23 | Integrated Health and Social Care locality schemes | Integrated Health and Social Care locality schemes | Community Based Schemes | Other | Other | | | | Community Health | | NHS | | | NHS Community Provider | Additional NHS Contribution | Existing | £5,292,192 | | | No |

| | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 24 | Integrated Health and Social Care locality schemes | Integrated Health and Social Care locality schemes | Community Based Schemes | Other | Other | | | | Community Health | | NHS | | | NHS Community Provider | Additional NHS Contribution | Existing | £43,165 | | | No |
| 25 | Integrated Health and Social Care locality schemes | Integrated Health and Social Care locality schemes | Community Based Schemes | Other | Other | | | | Community Health | | NHS | | | NHS Community Provider | Additional NHS Contribution | Existing | £1,483,828 | | | No |
| 26 | Integrated Health and Social Care locality schemes | Integrated Health and Social Care locality schemes | Community Based Schemes | Other | Other | | | | Community Health | | NHS | | | NHS Community Provider | Additional NHS Contribution | Existing | £6,230,515 | | | No |
| 27 | Maintaining Independence | Market shaping | Prevention / Early Intervention | Other | market shaping | | 1 | | Social Care | | LA | | | Local Authority | Minimum NHS Contribution | New | £43,296 | £42,000 | | Yes |
| 28 | Maintaining Independence | Housing schemes | DFG Related Schemes | Discretionary use of DFG | | 9110 | 3348 | Number of adaptations funded/people | Social Care | | LA | | | Private Sector | DFG | Existing | £1,544,312 | £1,593,000 | | Yes |
| 29 | Maintaining Independence | Housing schemes | DFG Related Schemes | Adaptations, including statutory DFG grants | | | 154 | Number of adaptations funded/people | Social Care | | LA | | | Private Sector | DFG | Existing | £1,974,000 | £2,244,600 | | Yes |
| 30 | Integrated Health and Social Care locality schemes | Moving on from hospital living | Community Based Schemes | Other | LD campus reprovision | | | | Social Care | | LA | | | Private Sector | Additional LA Contribution | Existing | £2,182,000 | | | No |
| 31 | Maintaining Independence | Staffing for lifeline/AT | Personalised Care at Home | Physical health/wellbeing | | | | | Social Care | | LA | | | Local Authority | iBCF | Existing | £35,000 | | | No |
| 32 | Maintaining Independence | Care home placements | Residential Placements | Care home | | 64 | | Number of beds | Social Care | | LA | | | Private Sector | iBCF | Existing | £4,143,749 | | | No |
| 33 | Maintaining Independence | Packages of home care | Home Care or Domiciliary Care | Domiciliary care packages | | 243000 | | Hours of care (Unless short-term in which | Social Care | | LA | | | Private Sector | iBCF | Existing | £6,049,000 | | | No |
| 34 | Maintaining Independence | Social Work | Other | | targeted community social work | | | | Social Care | | LA | | | Local Authority | iBCF | Existing | £189,000 | | | No |
| 35 | Maintaining Independence | Independent Living | Personalised Care at Home | Physical health/wellbeing | | | | | Social Care | | LA | | | Local Authority | iBCF | Existing | £68,000 | | | No |
| 36 | Early supported hospital discharge | DOLS BIAs | High Impact Change Model for Managing Transfer of Care | Early Discharge Planning | | | | | Social Care | | LA | | | Local Authority | iBCF | Existing | £268,000 | | | No |
| 37 | Early supported hospital discharge | Brokerage servces | High Impact Change Model for Managing Transfer of Care | Early Discharge Planning | | | | | Social Care | | LA | | | Local Authority | iBCF | Existing | £58,000 | | | No |
| 38 | Early supported hospital discharge | Hospital discharge and CHC teams | High Impact Change Model for Managing Transfer of Care | Early Discharge Planning | | | | | Social Care | | LA | | | Local Authority | iBCF | Existing | £288,000 | | | No |
| 39 | Early supported hospital discharge | Hospital to home | Bed based intermediate Care Services (Reablement, | Bed-based intermediate care with reablement (to support discharge) | | 9 | | Number of placements | Social Care | | LA | | | Private Sector | iBCF | Existing | £550,000 | | | No |
| 40 | Early supported hospital discharge | reablement | Home-based intermediate care services | Reablement at home (to support discharge) | | 26 | | Packages | Social Care | | LA | | | Private Sector | iBCF | Existing | £210,000 | | | No |
| 41 | Early supported hospital discharge | Step down beds | Bed based intermediate Care Services (Reablement, | Bed-based intermediate care with reablement (to support discharge) | | 0.25 | | Number of placements | Social Care | | LA | | | Private Sector | iBCF | Existing | £21,000 | | | No |

| | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 42 | Early supported hospital discharge | Intensive packages, extended protected hours | High Impact Change Model for Managing Transfer of Care | Early Discharge Planning | | | | | Social Care | | LA | | | Private Sector | iBCF | Existing | £1,195,000 | | | No |
| 43 | Early supported hospital discharge | rapid financial assessments | High Impact Change Model for Managing Transfer of Care | Early Discharge Planning | | | | | Social Care | | LA | | | NHS | iBCF | Existing | £72,000 | | | No |
| 44 | Early supported hospital discharge | social workers | Integrated Care Planning and Navigation | Care navigation and planning | | | | | Social Care | | LA | | | Local Authority | iBCF | Existing | £235,000 | | | No |
| 45 | Early supported hospital discharge | 7 day working | High Impact Change Model for Managing Transfer of Care | Early Discharge Planning | | | | | Social Care | | LA | | | Local Authority | iBCF | Existing | £57,000 | | | No |
| 46 | Early supported hospital discharge | Intermediate care | Personalised Care at Home | Other | rapid/crisis response | | 0 | | Social Care | | LA | | | Private Sector | Local Authority Discharge | Existing | £334,942 | £0 | 0% | Yes |
| 47 | Early supported hospital discharge | Intermediate care | Bed based intermediate Care Services (Reablement, | Other | residential beds | 5 | 0 | Number of placements | Social Care | | LA | | | Private Sector | Local Authority Discharge | Existing | £355,018 | £0 | 0% | Yes |
| 48 | Early supported hospital discharge | Intermediate care | Personalised Care at Home | Other | extra care housing | | 0 | | Social Care | | LA | | | Private Sector | Local Authority Discharge | Existing | £121,509 | £0 | 0% | Yes |
| 49 | Early supported hospital discharge | Intermediate care | Home-based intermediate care services | Reablement at home (to support discharge) | | 77 | 0 | Packages | Social Care | | LA | | | Private Sector | Local Authority Discharge | Existing | £657,205 | £0 | 0% | Yes |
| 50 | Early supported hospital discharge | Intermediate care | Enablers for Integration | Integrated models of provision | | | 0 | | Social Care | | LA | | | Local Authority | Local Authority Discharge | Existing | £522,058 | £0 | 0% | Yes |
| 51 | Early supported hospital discharge | Intermediate care | Personalised Care at Home | Other | rapid/crisis response | | | | Social Care | | LA | | | Private Sector | ICB Discharge Funding | Existing | £1,006,940 | | | No |
| 52 | Early supported hospital discharge | Intermediate care | Bed based intermediate Care Services (Reablement, | Bed-based intermediate care with reablement (to support discharge) | | 18 | 18 | Number of placements | Social Care | | LA | | | Private Sector | ICB Discharge Funding | Existing | £1,988,606 | £1,988,379 | | Yes |
| 53 | Early supported hospital discharge | Intermediate care | Community Based Schemes | Other | 24/25 additnl funding to be agreed | | 0 | | Social Care | | LA | | | Private Sector | Local Authority Discharge | New | £1,149,268 | £0 | 0% | Yes |
| 54 | Early supported hospital discharge | Intermediate care | Community Based Schemes | Other | 24/25 additnl funding to be agreed | | | | Social Care | | LA | | | Private Sector | ICB Discharge Funding | New | £505,454 | | | No |



| Scheme ID | Scheme Name | Brief Description of Scheme | Scheme Type | Sub Types | Please specify if 'Scheme Type' is 'Other' | | Outputs for 2024-25 | Units (auto-populate) | Area of Spend | Please specify if 'Area of Spend' is 'other' | Commissioner | % NHS (if Joint Commissioner) | % LA (if Joint Commissioner) (auto-populate) | Provider | Source of Funding | New/ Existing Scheme | | Expenditure for 2024-25 (£) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 55 | Early supported hospital discharge | DOLS BIAs | High Impact Change Model for Managing Transfer of Care | Early Discharge Planning | | | | | Social Care | | LA | | | Local Authority | Local Authority Discharge | Existing | | £107,000 |
| 56 | Early supported hospital discharge | Support for self funders | Other | | Social Work Support | | | | Social Care | | LA | | | Local Authority | Local Authority Discharge | Existing | | £251,000 |
| 57 | Early supported hospital discharge | Residential, dementia and mental health placements | Residential Placements | Care home | | | 20 | Number of beds | Social Care | | LA | | | Private Sector | Local Authority Discharge | Existing | | £2,782,153 |

## Further guidance for completing Expenditure sheet

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

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

### 2023-25 Revised Scheme types

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

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

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

## Better Care Fund 2024-25 Update Template

**7. Narrative updates**

Selected Health and Wellbeing Board: Bournemouth, Christchurch and Poole

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

## 2024-25 capacity and demand plan

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

In formulating our plan, we have integrated the principle that capacity is premised on the average monthly discharges over the last 12 months on each pathway, with a 10% uplift applied to account for unused capacity each month. This approach has been instrumental in shaping our assumptions for the 24/25 period. Although there is no planned increase in commissioned packages, our commitment to managing the fluctuations of peak seasons remains steadfast. Enhanced coordination with BCP Council and the ICB, through regular strategic meetings, will continue to be pivotal in optimising our intermediate care services' readiness during these critical periods. Insights gained from the 23/24 Demand & Capacity performance highlight the need for preparedness against unexpected demands, particularly in the latter part of Q4 in 23/24. By strengthening our collaboration with VCSE partners, we aim to bolster their capacity and enhance community awareness, thus mitigating service strain during peak times. Our review of community services has led to a more explicit definition of our social support, collaborating closely with partners Pramalife and CAN Wellbeing to assist post-hospital discharge and prevent admissions via community or hospital signposting.

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

Community-based services are operating at a capacity that meets demand, with no anticipated gaps in the upcoming year. There is a potential deficit in P2 capacity following hospital discharge. It is expected that there will be movement to P1 services that will mitigate these shortfalls in P2. The BCF Support team has initiated an 18-week review of our reablement and rehabilitation offerings, with the goal of fostering enhancements where needed. Post-review, our objective is to implement a plan to bring consistency to our intermediate care provisions. Although this review is not expected to alter our service capacity, it is anticipated to enhance outcomes, potentially leading to a decreased demand within the forthcoming year.



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

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

The out of hospital integrated care framework has a focus on health of older people and will therefore look at our current multi-disciplinary teams and consider how these operate across Dorset, considering rural and urban areas. Whilst we have integrated health and care locality teams that support individuals in the community and support hospital discharge, we have not yet integrated these teams fully with all PCNs and practices. This continues to be our intention as we enter the next part of our two-year plan and forms part of the plan for implementing the Fuller Stocktake Report recommendations that fall within the scope of Integrated Care Boards.

There has already been work undertaken that sits outside the BCF but supports this objective including utilising digital technology to monitor long term conditions such as COPD , Cardiovascular Disease and Diabetes. This work will continue as we further develop our service offer, with ambition that effective intervention will prevent avoidable admissions and admissions linked to falls and chronic ambulatory care conditions. Suitable, alternative pathways are encouraged upon discharge to limit residential admissions to long term residential care with the Local Authority commissioning additional packages of care to further support this. We aim to better utilise the capacity in our reablement services to ensure people can reach independence after being discharged from hospital, while also working with the BCF Support Team to

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

It is crucial to bolster our current health and care bedded facilities by integrating more therapy services and discharge coordination. Occupational Therapists are actively engaging with patients to evaluate their requirements and expedite their discharge with the right POC. Additionally, the implementation of extra care housing offers temporary assistance for those transitioning out of hospital care. Such measures have successfully expedited patient discharges, evidenced by the increase in the rate of supported discharges within 0-5 days from 44% to 52% in the first quarter of 23/24. Despite the potential reduction in certain capacities during the next 12 months, we have sustained a consistent number of new POC, aiming to maintain discharge rates by shortening the LOS for enhanced patient flow. Our review of reablement services has highlighted the need for better referral processes and a stronger therapy-led approach to foster independence. Moreover, we are refining our discharge processes to adopt a person-centred and strength-based methodology, ensuring that every person has a tailored early discharge plan that encompasses intermediate care services. In tandem, we are initiating discussions to strengthen both informal and formal partnerships across these services, with the ambition of improving outcomes for those we serve.

## Linked KLOEs (For information)

| Checklist Complete: | Linked KLOEs (For information) |
|---|---|
| Yes | Does the HWB show that analysis of demand and capacity secured during 2023-24 has been considered when calculating their capacity and demand assumptions? |
| Yes | Does the plan describe any changes to commissioned intermediate care to address gaps and issues?<br><br>Does the plan take account of the area's capacity and demand work to identify likely variation in levels of demand over the course of the year and build the capacity needed for additional services? |
| Yes | Has the plan (including narratives, expenditure plan and intermediate care capacity and demand template set out actions to ensure that services are available to support people to remain safe and well at home by avoiding admission to hospital or long-term residential care and to be discharged from hospital to an appropriate service? |
| Yes | Has the plan (including narratives, expenditure plan and intermediate care capacity and demand template set out actions to ensure that services are available to support people to remain safe and well at home by avoiding admission to hospital or long-term residential care and to be discharged from hospital to an appropriate service? |

| | |
|---|---|
| **Please explain how assumptions for intermediate care demand and required capacity have been developed between local authority, trusts and ICB and reflected in BCF and NHS capacity and demand plans.** | |
| Pan-Dorset works together through sharing our capacity data frequently to co-ordinate the right pathway of care, with minimal waiting times and using trends in the data, we can estimate where the peaks will be in the upcoming year and are working towards how we will mitigate the anticipated demand, using the learnings of 23/24 as a guide. Assumptions have been made with historical data from 23/24 Demand & Capacity actuals and expected demand growth from ONS 24/25 population estimates. We have decided that this will be the best tactic to work out the demand, while using our commissioning habits to guide the capacity data. | Yes — Does the plan set out how demand and capacity assumptions have been agreed between local authority, trusts and ICB and reflected these changes in UEC activity templates and BCF capacity and demand plans? |
| **Have expected demand for admissions avoidance and discharge support in NHS UEC demand, capacity and flow plans, and expected demand for long term social care (domiciliary and residential) in Market Sustainability and Improvement Plans, been taken into account in you BCF plan?** | **Yes** — Yes |
| **Please explain how shared data across NHS UEC Demand capacity and flow has been used to understand demand and capacity for different types of intermediate care.** | |
| The development of assumptions for intermediate care demand and required capacity is a collaborative process involving BCP Council and the ICB. The ICB informs how we should use the data from the NHS Urgent and Emergency Care (UEC) Demand, Capacity, and Flow model. This data helps to map out anticipated demands for intermediate care services, particularly for patients transitioning from hospital care to intermediate care settings. To support this, we have proposed that we will reduce the length of time from referral to commencement over the next 12 months, starting from a baseline position of April 2024 performance. The trajectory is consistent with what we have said in the UEC delivery plan, ensuring a strategic approach to meeting the needs as efficiently as possible. The process ensures that there is a comprehensive understanding of the needs and resources required to facilitate effective patient care and service delivery. The collaboration on this adheres to the BCF planning requirement of the need for joint agreement on plans, ensuring that all stakeholders, including local Health and Wellbeing Boards (HWBs), are aligned in their approach. This collaborative planning is crucial for maintaining a seamless continuum of care that supports patients in staying well, safe, and independent at home for longer, as well as providing the right care in the right place at the right time. | Yes — Has the area described how shared data has been used to understand demand and capacity for different types of intermediate care? |

## Approach to using Additional Discharge Funding to improve

| | |
|---|---|
| **Briefly describe how you are using Additional Discharge Funding to reduce discharge delays and improve outcomes for people.** | |
| We continue to use the Additional Discharge Funding by commissioning schemes such as our Extra Care Housing that will support hospital discharges for people who are medically fit who could yet return to their normal place of residence. We are refining our expenditure schemes to adapt to changing needs, notably the increased funding of step up and step-down beds at Figbury Lodge, which are instrumental in delivering tailored care. This approach ensures people regain their independence optimally within an environment that encourages recovery, and providing independence, which is a part of the conditions that are stated by the ADF grant to allocate the funding. Also, we want to continue the sustained success achieved through our Rapid Response program, which we designate 1395 hours weekly for D2A processes, this has been instrumental in ensuring efficient patient discharge from hospitals and addressing their immediate needs. | Yes — Does this plan contribute to addressing local performance issues and gaps identified in the areas capacity and demand plan?<br><br>Is the plan for spending the additional discharge grant in line with grant conditions? |
| **Please describe any changes to your Additional discharge fund plans, as a result from**<br>**o Local learning from 23-24**<br>**o the national evaluation of the 2022-23 Additional Discharge Funding (Rapid evaluation of the 2022 to 2023 discharge funds - GOV.UK (www.gov.uk)** | |
| The performance in the Reablement metric demonstrated the need to review our Reablement services, and a 3-month sprint was conducted in 23/24 Q4 to evaluate how we currently deliver the Reablement services we have across the Bournemouth, Christchurch, and Poole locality. While we found the ADF did help patients with "no criteria to reside" to be discharged more promptly, the Reablement package they then undertook did not always deliver the outcome that was desired. We focus our spending from the ADF on home care hours and intermediate bed-based care. In 23/24, working with our Reablement provider we did try to improve workforce numbers, but this was unsuccessful, so we utilised the funding on rapid response hours and on step up and step-down beds to ensure we were still able to support people post discharge. | Yes — Does the plan take into account learning from the impact of previous years of ADF funding and the national evaluation of 2022/23 funding?" |

## Ensuring that BCF funding achieves impact

| | |
|---|---|
| **What is the approach locally to ensuring that BCF plans across all funding sources are used to maximise impact and value for money, with reference to BCF objectives and metrics?** | |
| BCP Council has appointed a Better Care Fund Manager. This role will oversee the performance of the BCF metrics and objectives. They will enhance the quality of data collected relating to the metrics, spend & activity of the schemes, and collaborating closely with partners within the ICB and Local Authority. This collaborative effort is directed towards fulfilling the objectives outlined in our strategic planning document as well as adhering to the BCF 2023-2025 narrative from June 2023. | Yes — Does the BCF plan (covering all mandatory funding streams) provide reassurance that funding is being used in a way that supports the objectives of the Fund and contributes to making progress against the fund's metric? |

## Better Care Fund 2024-25 Update Template

### 7. Metrics for 2024-25

Selected Health and Wellbeing Board: Bournemouth, Christchurch and Poole

### 8.1 Avoidable admissions

*Q4 Actual not available at time of publication

| | | 2023-24 Q1 Actual | 2023-24 Q2 Actual | 2023-24 Q3 Plan | 2023-24 Q4 Plan | Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area. | Please describe your plan for achieving the ambition you have set, and how BCF funded services support this. | Complete: |
|---|---|---|---|---|---|---|---|---|
| Indirectly standardised rate (ISR) of admissions per 100,000 population<br><br>(See Guidance) | Indicator value | 218.3 | 213.4 | 229.0 | 205.0 | 24/25 target is 2% reduction in level of avoidable admissions. Activity level in Q3 23/24 were 1,270 (141 more avoidable admission than the same period last year), although Q4 national figures are not yet available based on the annual average expected to be higher than planned levels. Rationally for 24/25 will be to address the increasing trend and look to reduce overall levels of avoidable admissions. | Introducing two Trusted Assessors in the hospitals within the Bournemouth, Christchurch, and Poole locality. These assessors are instrumental in assisting patients to alternative care pathways, thereby supporting faster discharges. By leveraging community-based services, including social support such as CAN and Pramalife. As well as the Urgent Community Response team capable of intervening promptly, to ensure that people receive the right care at the right time | Yes |
| | Number of Admissions | 1,064 | 1,040 | - | - | | | |
| | Population | 400,109 | 400,109 | - | - | | | |
| | | 2024-25 Q1 Plan | 2024-25 Q2 Plan | 2024-25 Q3 Plan | 2024-25 Q4 Plan | | | |
| | Indicator value | 214 | 209.1 | 255.4 | 226.2 | | | Yes |

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



### 8.2 Falls

| | | 2023-24 Plan | 2023-24 estimated | 2024-25 Plan | Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area. | Please describe your plan for achieving the ambition you have set, and how BCF funded services support this. | |
|---|---|---|---|---|---|---|---|
| Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000. | Indicator value | 2,033.9 | 2,237.3 | 2,192.6 | 23/24 are estimating an 8% increase in activity. 24/25 plan is a 2% reduction on estimated 23/24 outturn performance which is in line with the overall ambition for avoidable admissions. | The ICB Falls Prevention Service will integrate fall prevention and intervention within care pathways, focusing on the frail population. Scaling up effective practices from our Primary Care Networks is also crucial. Moreover, enhancing the visibility of Urgent Community Response (UCR) services will aid those who have experienced a fall, facilitating care before hospitalisation becomes necessary and aiding in their recovery. Collaborating with the BCP Housing team, we aim to adapt homes to improve safety and support individuals in maintaining their | Yes |
| | Count | 1,973 | 2168 | 2125 | | | Yes |
| | Population | 86,859 | 86859 | 86859 | | | Yes |

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

## 8.3 Discharge to usual place of residence

*Q4 Actual not available at time of publication

| | | 2023-24 Q1 Actual | 2023-24 Q2 Actual | 2023-24 Q3 Actual | 2023-24 Q4 Plan | Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area. | Please describe your plan for achieving the ambition you have set, and how BCF funded services support this. | |
|---|---|---|---|---|---|---|---|---|
| Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence | Quarter (%) | 94.6% | 94.2% | 93.8% | 93.8% | 24/25 ambition to achieve 94.5% discharge rate to their normal place of residence. | We want to continue the ongoing effectiveness of our Pathway 1 offerings, which include home-based reablement and rehabilitation, as well as short-term domiciliary care, we ensure that patients receive the right care, at the right place, at the right time. This approach not only supports the well-being of our patients but also reinforces the continuity of care that is vital for their long-term recovery and independence. | Yes |
| | Numerator | 8,472 | 8,323 | 7,835 | 8,151 | | | |
| | Denominator | 8,957 | 8,837 | 8,353 | 8,690 | | | |
| | | 2024-25 Q1 Plan | 2024-25 Q2 Plan | 2024-25 Q3 Plan | 2024-25 Q4 Plan | | | |
| (SUS data - available on the Better Care Exchange) | Quarter (%) | 94.5% | 94.5% | 94.5% | 94.5% | | | |
| | Numerator | 8,706 | 8,462 | 8,785 | 8,515 | | | Yes |
| | Denominator | 9,213 | 8,955 | 9,297 | 9,010 | | | Yes |

## 8.4 Residential Admissions

| | | 2022-23 Actual | 2023-24 Plan | 2023-24 estimated | 2024-25 Plan | Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area. | Please describe your plan for achieving the ambition you have set, and how BCF funded services support this. | |
|---|---|---|---|---|---|---|---|---|
| Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population | Annual Rate | 398.3 | 367.0 | 398.1 | 408.0 | In line with 23/24 performance, with a slight increase in proportion of estimated population growth. We will continue to reduce our reliance on residential care as stated in the BCP Council Care Home strategy as we drive towards enhanced intermediate care offers, while ensuring we are providing people with the right care, at the right place, at the right time. | Further utilisation of alternative pathways to assist people being discharged. This includes the provision of extra care housing, which offers temporary assistance to those transitioning from hospital to home, ensuring they can return to their usual residence promptly and safely. We also offer the use of D2A beds at Coastal Lodge to expedite patient flow from hospitals. | Yes |
| | Numerator | 346 | 330 | 358 | 372 | | | Yes |
| | Denominator | 86,859 | 89,917 | 89,917 | 91,169 | | | |

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

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

## Better Care Fund 2024-25 Update Template

**8. Confirmation of Planning Requirements**

Selected Health and Wellbeing Board: Bournemouth, Christchurch and Poole

| | Code | 2023-25 Planning Requirement | Key considerations for meeting the planning requirement<br>These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR) to be confirmed for 2024-25 plan updates | Confirmed through | Please confirm whether your BCF plan meets the Planning Requirement? | Please note any supporting documents referred to and relevant page numbers to assist the assurers | Where the Planning requirement is not met, please note the actions in place towards meeting the requirement | Where the Planning requirement is not met, please note the anticipated timeframe for meeting it |
|---|---|---|---|---|---|---|---|---|
| C1: Jointly agreed plan | **PR1** | **A jointly developed and agreed plan that all parties sign up to** | Has a plan; jointly developed and agreed between all partners from ICB(s) in accordance with ICB governance rules, and the LA; been submitted? *Paragraph 11*<br><br>Has the HWB approved the plan/delegated (in line with the Health and Wellbeing Board's formal governance arrangements) approval? **Paragraph 11 as stated in BCF Planning Requirements 2023-25*<br><br>Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan? *Paragraph 11*<br><br>Have all elements of the Planning template been completed? *Paragraph 11* | Cover sheet<br><br>Cover sheet<br><br>Cover sheet<br><br>Cover sheet | No | | For the Health & Wellbeing board to approve the plan in retrospec at the next meeting. | At the next Health & Wellbeing board meeting on Monday 15th July 2024. |
| | Not covered in plan update - please do not use | **A clear narrative for the integration of health, social care and housing** | Not covered in plan update | | | | | |
| | **PR3** | **A strategic, joined up plan for Disabled Facilities Grant (DFG) spending** | Is there confirmation that use of DFG has been agreed with housing authorities?<br><br>In two tier areas, has:<br>- Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory DFG? or<br>- The funding been passed in its entirety to district councils? | Cover sheet<br><br>Planning Requirements | Yes | | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| NC2: Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer | **PR4 & PR6** | **A demonstration of how the services the area commissions will support the BCF policy objectives to:**<br><br>- **Support people to remain independent for longer, and where possible support them to remain in their own home**<br><br>- **Deliver the right care in the right place at the right time?** | Has the plan (including narratives, expenditure plan and intermediate care capacity and demand template set out actions to ensure that services are available to support people to remain safe and well at home by avoiding admission to hospital or long-term residential care and to be discharged from hospital to an appropriate service?<br><br>Has the area described how shared data has been used to understand demand and capacity for different types of intermediate care?<br><br>Have gaps and issues in current provision been identified?<br><br>Does the plan describe any changes to commissioned intermediate care to address these gaps and issues?<br><br>Does the plan set out how demand and capacity assumptions have been agreed between local authority, trusts and ICB and reflected these changes in UEC demand, capacity and flow estimates in NHS activity operational plans and BCF capacity and demand plans?<br><br>Does the HWB show that analysis of demand and capacity secured during 2023-24 has been considered when calculating their capacity and demand assumptions? | | Yes | | | |
| Additional discharge funding | **PR5** | **A strategic, joined up plan for use of the Additional Discharge Fund** | Have all partners agreed on how all of the additional discharge funding will be allocated to achieve the greatest impact in terms of reducing delayed discharges?<br><br>Does this plan contribute to addressing local performance issues and gaps identified in the areas capacity and demand plan?<br><br>Does the plan take into account learning from the impact of previous years of ADF funding and the national evaluation of 2022/23 funding? | | Yes | | | |
| NC3: Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time | **PR6** | **A demonstration of how the services the area commissions will support provision of the right care in the right place at the right time** | PR 4 and PR6 are dealt with together (see above) | | | | | |
| NC4: Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services | **PR7** | **A demonstration of how the area will maintain the level of spending on social care services and NHS commissioned out of hospital services from the NHS minimum contribution to the fund in line with the uplift to the overall contribution** | Does the total spend from the NHS minimum contribution on social care match or exceed the minimum required contribution?<br><br>Does the total spend from the NHS minimum contribution on NHS commissioned out of hospital services match or exceed the minimum required contribution? | | Yes | | | |
| Agreed expenditure plan for all elements of the BCF | **PR8** | **Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?** | Do expenditure plans for each element of the BCF pool match the funding inputs?<br><br>Where there have been significant changes to planned expenditure, does the plan continue to support the BCF objectives?<br><br>Has the area included estimated amounts of activity that will be delivered/funded through BCF funded schemes? (where applicable)<br><br>Has the area indicated the percentage of overall spend, where appropriate, that constitutes BCF spend?<br><br>Is there confirmation that the use of grant funding is in line with the relevant grant conditions?<br><br>Has the Integrated Care Board confirmed distribution of its allocation of Additional Discharge Fund to individual HWBs in its area?<br><br>Has funding for the following from the NHS contribution been identified for the area:<br>- Implementation of Care Act duties?<br>- Funding dedicated to carer-specific support?<br>- Reablement? Paragraph 12 | | Yes | | | |
| Metrics | **PR9** | **Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?** | Is there a clear narrative for each metric setting out:<br>- supporting rationales that describes how these ambitions are stretching in the context of current performance?<br>- plans for achieving these ambitions, and<br>- how BCF funded services will support this? | | Yes | | | |

# BCP Council Health and Wellbeing Strategy Refresh

# Summary

At the previous board Members agreed for a short survey to be used to capture views on the approach to refreshing the strategy

This was sent to a distribution list of current and former board members in December 2024.



11 responses were received by the close of survey (mid-December).

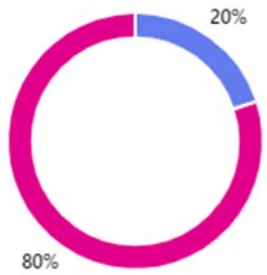
The following slides summarise the main findings for board members.

# BCP Health and Wellbeing Board Strategy Survey

- 11 Responses as of 16th December 2024.

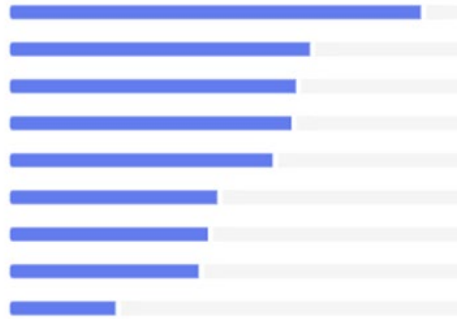
1. **In your view, what themes should be used to structure the next Health and Wellbeing strategy for BCP?**

| | |
|---|---|
| Keep the themes from the previous Health and Wellbeing Strategy | 2 |
| Use the ICP Strategy themes | 8 |




2. **Please rank the following topics in order of their importance to you, where 1 is the most important and 9 the l east important.** (Change the order of the topics by clicking and dragging them, or using the up and down arrows on t he right hand side of the topic label.)

| | |
|---|---|
| 1 | Children and Young People |
| 2 | Community Mental Health Transformation |
| 3 | Supporting adults to live well and independently |
| 4 | Housing |
| 5 | Cost of living and poverty |
| 6 | Physical Activity |
| 7 | Working with Integrated Neighbourhood Teams |
| 8 | Development of community assets e.g. Family Hubs, Wellbeing Hubs |
| 9 | Going smoke-free by 2030 |



# General themes / principles from responses

- Develop an understanding of the Health and Wellbeing Board's **remit**
- Identify a topic area that we can **champion,** monitor and drive forward
- Opportunity to **convene** system partners to share work programmes progressing in relation to health and wellbeing
- **Support** the inclusion of health and wellbeing issues in all policies
- Consider relevant data and metrics to **monitor** progress
- Focus on **working together** and co-production – the board could act as a **bridge** between strategies
- Clarify connection with **Place Based Partnership** and Integrated Neighbourhood Teams development

# Children and Young People

- What we would like to see…
  - Every child having the best start in life
  - Co-ordinated partnership working
  - Shared priorities
  - Working with communities and local charities
  - Recognition of the value of early intervention

- What the board could do…
  - Have a plan we could champion, monitor and drive forward
  - Oversee links between services that relate to health and wellbeing

- Existing system programmes…
  - Fulfilled lives (BCP's Children's Transformation)
  - A Movement for Movement / Healthy Movers programme
  - Infant feeding and child nutrition strategy
  - ICB Pillar – children's healthy weight
  - Integrated Neighbourhood Teams
  - Empowering Communities & Communities for all ages

# Community Mental Health Transformation

- What we would like to see…
  - Use data and experience to innovate and think about interventions for each locality
  - Supporting early intervention and prevention
  - More services for people to access help when they need it, and recognising when they need help
  - Working with charities and community groups holistically

- What the board could do…
  - Receive data updates on services
  - Monitor performance
  - Convene partners

- Existing system programmes…
  - Community Mental Health Transformation
  - NHS Dorset Pillar 1 – Mental Health
  - Suicide prevention
  - Integrated Neighbourhood Teams
  - Empowering Communities & Communities for all ages

# Supporting adults to live well and independently

- What we would like to see…

  Connection between how we promote wellbeing and fulfilled lives

- What the board could do…

  Connect to system transformation programmes

  Monitor outcomes and performance

- Existing system programmes…

  Building strong foundations adults transformation

  UEC Newton Programme

  Prevention (all age, smoking, obesity, alcohol)

  Better Care Fund

  Integrated Neighbourhood Teams

  Empowering Communities & Communities for all ages

# Housing

- What we would like to see…
    - Emphasis of the influence housing makes to health and wellbeing
    - Wider determinants of health made central to wider policies
    - Working better together

- What the board could do…
    - Convene expertise and services
    - Monitor outcomes and performance
    - Support the inclusion of housing in wider Council and Health policy
    - Support the health and wellbeing aspects of the Corporate Plan

- Existing system programmes…
    - Housing Strategy Refresh
    - Healthy Homes Programme
    - Population Health Insight

# Cost of Living and Poverty

- What we would like to see…

  Increased understanding of the wider determinants and planning policy/practice around these

  Recognition of the difficult decisions people are making and how this impacts their health and wellbeing

  Cost of Living and Poverty reflected through all strategies

- What the board could do…

  Consider our role as anchor institutions

  Embed the Poverty Truth Commission Principles

- Existing system programmes…

  Access to Food Partnership

  Empowering Communities and Communities for all

  Integrated Neighbourhood Teams

  Poverty Truth Commission

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## Work Plan - BCP Health and Wellbeing Board – 24/25 Municipal Year

**Updated: 30 December 24**

| | Subject and background | Anticipated benefits and value to be added by HWB engagement | How will the scrutiny be done? | Lead Officer | Report Information |
|---|---|---|---|---|---|
| **13 January 2025** | | | | | |
| | **Community Action Network (CAN)** | For the Board to be informed of the work of CAN | Committee report | Karen Loftus, Chief Executive, Community Action Network (CAN) | Requested by KL by email on 21/8/24 |
| | **Safeguarding Adults Board's Annual Report** | To receive this annual report | Committee report and presentation | Sian Walker-McAllister, Chair of the Safeguarding Adults Board | Annual reporting to HWB |
| | **Joint Strategic Needs Assessment Update** | To receive an update | Committee Report | Natasha Morris, Public Health Dorset | Requested by NM by email on 18/11/24 |
| | **Better Care Fund – mid year update** | To receive an update | Committee Report | Scott Saffin, Commissioning Manager – Better Care Fund and Market Management | |

| | Subject and background | Anticipated benefits and value to be added by HWB engagement | How will the scrutiny be done? | Lead Officer | Report Information |
|---|---|---|---|---|---|
| | **Health and Well Being Strategy** | To receive an update | | Sam Crowe, Public Health Dorset | |
| | ***Fuel Poverty due to withdrawal of allowance*** | *To monitor this issue* | *Committee Report* | *TBC* | *Suggested by SC*<br>*Update – date tbc* |
| **24 March 2025** | | | | | |
| | **Better Care Fund – Quarter 3 return** | To approve the BCF Q3 return | Committee Report | Scott Saffin, Commissioning Manager – Better Care Fund and Market Management | |
| | | | | | |
| | | | | | |
| | | | | | |

| Future items to be allocated to meeting dates | | | | |
|---|---|---|---|---|
| **Changes to hospitals, role of hospitals and responding to the needs of Communities** | To consider the changes going on in local hospitals to include significant changes in mental health provision. | | TBC – highlighted by Richard Renaut | |
| **Vibrant Communities Partnership Board** | Report from the Co-Chair to the Board on the work of the Partnership Board | | | |
| **BCP Local Plan** | | | Laura Bright | Request from Chair |
| **Better Care Fund** | To receive a mid year progress update | Committee Report | TBC | TBC |
| | | | | |
| | | | | |

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