Notice of Health and Wellbeing Board

Date: Monday, 24 March 2025 at 2.00 pm

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

Membership:

Chair:

Cllr D Brown	Portfolio Holder for Health and Wellbeing

Vice-Chair:

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
Stevens	Dorset & Wiltshire Fire and Rescue Service
Glynn Barton	
Cllr R Burton	Portfolio Holder for Children and Young People
Cllr K Wilson	Portfolio Holder for Housing and Regulatory Services
Graham Farrant	Chief Executive (BCP Council)
Cathi Hadley	Corporate Director - Childrens Services, BCP Council
Sam Crowe	Director, Public Health (BCP Council)
Bryant	Dorset HealthCare University NHS Foundation Trust
Dixey	Dorset Police
Dawn Dawson	Dorset Healthcare Foundation Trust
Mufeed Niman	NHS Dorset Clinical Commissioning Group
Simon Watkins	NHS Dorset Clinical Commissioning Group
Louise Bate	Healthwatch
Karen Loftus	Community Action Network Bournemouth, Christchurch and Poole
Freeman	NHS Dorset
S Butlin	Director of Adult Social Care
Jillian Kay	Corporate Director for Wellbeing
Siobhan Harrington	University Hospitals Dorset NHS Foundation Trust
Cllr S Moore	

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=5971

If you would like any further information on the items to be considered at the meeting please contact: Louise Smith, louise.smith@bcpcouncil.gov.uk 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

Available online and on the Mod.gov app

GRAHAM FARRANT
CHIEF EXECUTIVE

14 March 2025

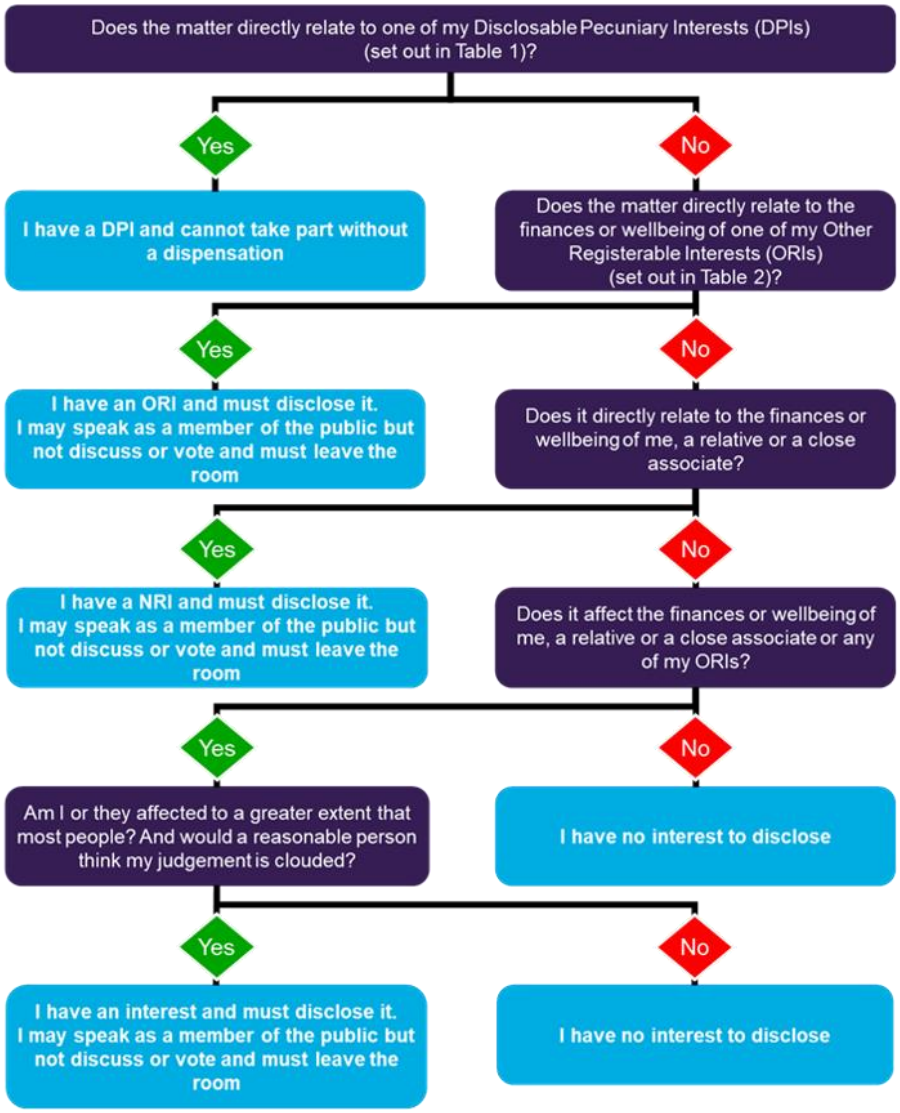
DEBATE NOT HATE

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. Confirmation of Minutes 7 - 20

To confirm and sign as a correct record the minutes of the Meeting held on 21 October 2024 and 13 January 2025.

4. 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.

5. 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/ieListMeetings.aspx?CommitteeID=151&Info=1&bcr=1

The deadline for the submission of public questions is mid-day Tuesday 18 March (3 clear working days before the meeting).
The deadline for the submission of a statement is midday Friday 21 March (the working day before the meeting).
The deadline for the submission of a petition is Friday 7 March (10 working days before the meeting).

ITEMS OF BUSINESS

6. Community Action Network (CAN) 21 - 32

To receive a presentation from Community Action Network.

7. Better Care Fund 2024-2025 Quarter 3 Report: 33 - 70

This report provides an overview of the Quarter 3 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.

8. Better Care Fund 2025-26 Plan — To Follow

Report to follow.

9. Health and Wellbeing Strategy to Action through the Place Based Partnership — 71 - 76

This report summarises the proposals and progress towards the development of a Place Based Partnership for Bournemouth, Christchurch and Poole as part of the development of the BCP Health & Wellbeing Board 'Plan on a Page' strategy.

10. Work Plan — 77 - 80

To consider the Board's Work Plan.

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

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BOURNEMOUTH, CHRISTCHURCH AND POOLE COUNCIL

HEALTH AND WELLBEING BOARD

Minutes of the Meeting held on 21 October 2024 at 2.00 pm

Present:-

Cllr D Brown – Chair

Patricia Miller – Vice-Chair

Present:	Cllr R Burton, Graham Farrant, Cathi Hadley, Sam Crowe, Louise Bate, Marc House, Jillian Kay, Wendy Lane, Lizzy Warrington and Cllr S Moore
In attendance virtually:	Karen Loftus and Matthew Bryant

15. Apologies

Apologies were received from Glynn Barton, Siobhan Harrington and Cllr Wilson.

The Chair welcomed Cllr Sandra Moore to the Health and Wellbeing Board.

16. Substitute Members

Glynn Barton was substituted by Wendy Lane and Siobhan Harrington was substituted by Lizzy Warrington.

17. Confirmation of Minutes

The minutes of the Board meeting held on 15 July 2024, were confirmed as an accurate record and signed by the Chair

18. Declarations of Interests

There were no declarations of interest on this occasion.

19. Public Issues

There were no public issues on this occasion.

20. Working together to build an Age Friendly Community for all: State of Ageing report in Bournemouth, Christchurch and Poole

The Community Initiatives Manager presented a report, a copy of which had been circulated to each Member and a copy of which appears as Appendix 'A' to these Minutes in the Minute Book.

The report provided an update on BCP's Age Friendly Communities partnership and highlighted the key takeaways from the new State of Ageing report for BCP.

The partnership had grown into a thriving collaborative network, with a breadth of partners working together to empower people to age well, feel part of their local communities and build community resilience. With the help of external funding, the partnership was now in its third year and was well established with a local action plan and sharing best practice through the UK national steering group.

The State of Ageing report brings together a range of data sources to provide a detailed picture of older people and their experience of ageing in Bournemouth, Christchurch and Poole. The report aimed to provide data-driven insights to guide policy and interventions; and encourage proactive measures across the integrated care system to improve the quality of life of our local older population.

The Board considered the presentation and made comments, including:

- A Board Member welcomed the rich information detailed and that it had been tied back to the work of the Joint Strategic Needs Assessment. It was also highlighted that the integrated care system (ICS) needed to consider how it could humanise processes and make reasonable adjustments in how it responds to people to ensure the whole person is considered and not just the presenting issue.
- It was highlighted how this linked to other items on the agenda and the work of the Integrated Neighbourhood Teams and requested consideration be given to the ambition when it came to place based assets and the setting of priorities, setting tangible actions and the measurements of success/progress. It was also noted that this needed to connected to the work detailed on the Joint Forward Plan.
- The Better Care Fund was highlighted including its focus on carers and how they featured strongly in the report and the need to consider them when embedding the principals of the fulfilled lives programme in optimising wellbeing.
- The Vice Chair highlighted the need to ensure literature was easily accessible and where there was reference to ensuring language was culturally sensitive, suggested reaching out to different communities for them to assist with translation to ensure it was accurate.
- There was some further considerations detailed including further work into deprivation to improve quality of health and wellbeing later in life for those communities.
- Conversations with local businesses and employers were highlighted as important to ensure the age friendly communities work reached all the appropriate forums.

Cathi Hadley joined the meeting at 14:42pm.

RESOLVED that the Board:

a) Recognise the contribution that BCP's Age Friendly Communities network of partners provides in helping older people to age well, stay independent for longer and potentially thrive within their communities.

b) Use the insight from the State of Ageing report, alongside the JSNA (Joint Strategic Needs Assessment), to understand the demographic issues of our older population, to better plan for growth and demand on services across the system.

c) Help facilitate work between the Age Friendly Communities partnership and systems partner in response to the report findings, in order to review and improve on the age friendliness of services and support.

21. Integrated Neighbourhood Teams

The Chief Executive, NHS Dorset Healthcare, the Deputy Director of Place and the BCP Community Development Manager presented a report, a copy of which had been circulated to each Member and a copy of which appears as Appendix 'B' to these Minutes in the Minute Book.

The report provided an update on the Integrated Neighbourhood Teams (INT) Transformation Programme.

It covered, the ambition, programme scope, INT footprints, approach to measurement, progress to date and also an update on the community engagement workstream.

The shared ambition of the INT Programme was to build confident and autonomous, integrated multidisciplinary teams around meaningful populations or neighbourhoods, i.e. communities that people say they feel they belong to.

The programme had several phases; the first being the establishment of integrated neighbourhood teams within health; essentially creating the environment and structures to make INTs an investable proposition and to enable the second phase focused on integrating more widely with LA and VCSE partners. The third phase being the embedding of the transformed operating model and investing in prevention, proactive care and an increase in care provided in communities.

For 24/25 the ICB wrote to the Dorset Provider Collaborative setting out the following requirements and expectations for the INT Programme.

• The programme would see the launch and development of the new Integrated Neighbourhood Team (INT) model in four sites (equally within the BCP and DC Places) in Q1 and Q2, with a rolling delivery programme pan Dorset throughout the remainder of the year.

• The INT model was the means by which General Practice and Community Health teams integrate.

• Scope of services offered to be person- centred, utilising the multidisciplinary approach including wider determinants of health, though

on a person/needs-led level, not population health level (the responsibility for population health level of improvement will sit with the Place Based Partnership.

• The expectation was that greater benefits would be gained from pooling of budgets and other resources; looking to further align commissioning budgets to Place Based Partnerships and INTs going into 25/26.

The concept of INTs was first endorsed by the Dorset system in November 2023 and since then the INT programme has been defined and positive progress has been made. The approach was to focus, initially, on integration of health teams, working with four areas to inform the development of a blueprint which other areas can than take and locally tailor to meet the needs of their local populations.

Within BCP, work was well underway in Boscombe and a summary of that progress was included in the report, with work about to start in Poole West.

The Vice Chair of the Board provided some information regarding the changes that were needed within the NHS and the need to reduce the cost of it by providing more support and services to people in the community. The opportunities, impact and challenges of processing this change were also detailed.

RESOLVED that the Health and Wellbeing Board note the progress made on the development of Integrated Neighbourhood Teams and the Community Engagement workstream.

22. Better Care Fund 2024-2025 Quarter 1 Report

The Interim Director of Commissioning presented a report, a copy of which had been circulated to each Member and a copy of which appears as Appendix 'C' to these Minutes in the Minute Book.

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.

This report provides an overview of the Quarter 1 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.

A Board Member welcomed the breakdown of activity by quarter as it brought the money spent to life and requested that performance against the

system could be incorporated in future reports to enable judgments to be made.

RESOLVED that the Health and Wellbeing Board retrospectively approve the Better Care Fund Quarter 1 Report.

23. Refreshing the Strategy

The Director of Public Health presented a report, a copy of which had been circulated to each Member and a copy of which appears as Appendix 'D' to these Minutes in the Minute Book.

The Health and Wellbeing Strategy was due a refresh. This process should incorporate the new BCP Council corporate strategy, the ICP strategy and NHS Joint Forward Plan. It should also take account of important system programmes that had potential to deliver against priorities, including council and NHS transformation plans. Capturing these programmes in a delivery plan for the place based partnership, overseen by the Health and Wellbeing Board, would ensure strong alignment between priority and delivery.

The report proposed a simple process for developing and agreeing a refreshed Health and Wellbeing Strategy, following the workshop held earlier in the year.

It also proposed a workshop for the place-based partnership to consider which programmes should be prioritised, to deliver against the main strategy themes and there was some discussion over the most appropriate time for this to take place

RESOLVED that:

1) Board members agree to adopt the main ICP strategy headings (Prevention and Early Intervention, Thriving communities, Working Better Together) and construct the strategy to reflect these.

2) Board members agree to participate in a simple voting process to select the most important issues under each of the three themes. From this, the final strategy will be developed.

3) Board members are asked to endorse a workshop involving the place-based partnership officers to identify the main programmes anticipated to deliver against the themes in the strategy, to ensure alignment.

24. Update from Place based Partnership

The Corporate Director for Wellbeing and the Corporate Director of Children's Services provided a verbal update which included:

- The first meeting of the place based partnership took place last week and the partners who attended were detailed

- The partnership had agreed collaborative efforts to lead to significant improvements in areas such as childhood obesity and increasing its overall impact on helping people to stay healthy and lead fulfilled lives.
- The refresh of the Health and Wellbeing Strategy was discussed in detail and how the partnership could drive the priorities forward including a planned workshop to further progress plans.
- It was highlighted that there were some questions around governance of the partnership but all partners agreed its focus needs to be on delivery through collaboration and making an impact.
- It was noted that the partnership was currently finding its way informally however, should there be a need to discuss and agree delegation of budgets then a more formal committee would be required.

The Vice Chair highlighted the need to formalise governance because health would like to develop some commissioning responsibilities in place

25. Access to services principles: Poverty Truth Commission

The Director of Public Health presented a report, a copy of which had been circulated to each Member and a copy of which appears as Appendix 'E' to these Minutes in the Minute Book.

Access to services can present significant barriers, especially to people living with complex needs including poverty, mental health or long term physical health conditions. It has been shown that these barriers can be an important contributory factor to inequalities in health, arising because of delays, misunderstandings or mistrust of public services.

The Health and Wellbeing Board must pay due regard to the ICP strategy in its work. This encouraged the development of person-centred approaches where possible, to help tackle inequalities in health. There was currently an important programme underway to develop integrated neighbourhood teams, for example.

Adopting these principles and asking Member organisations to consider them when designing and transforming services for people would ensure a whole person and community approach was embedded in our services including neighbourhood teams. It should help more people feel supported, build trusting relationships and lead to fewer missed appointments, delays in care and misunderstandings.

BCP Council was the first area in the south to host a Poverty Truth Commission, which ran from 2021 to 2023. One of the starting points for Commissions was ‘nothing about us, without us, is for us’. This meant that lasting change in improving social justice only happened when people experiencing struggle took part fully in generating that change. One of the themes the BCP Council commission focused on was ‘Humanising the Process’. This was a recognition that often people with complex struggles

including poverty found it difficult to access the support they needed from public services. Barriers included not being listened to, or being passed between services. Sometimes appointments were made at times that make it difficult for people to attend. There was often a lack of flexibility in working with the person.

The Board was asked to consider adopting a set of principles developed by the national Poverty Truth Commission Network, based on experiences from many Commissions, design to help improve the planning and deliver of public services.

RESOLVED that:

1) Board members consider adopting the access to services principles (appendix A).

2) Members are also asked to share these principles with their own organisations, especially where transformation work is taking place involving contact with customers, appointments, assessments and other services.

26. Work Plan

The Chair stressed the importance of the Board Members sharing the information provided at the meeting with colleagues, partners and the wider community to ensure practices were positively impacted.

The Chair highlighted the items due to come to the January meeting.

The meeting ended at 3.57 pm

CHAIR

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BOURNEMOUTH, CHRISTCHURCH AND POOLE COUNCIL

HEALTH AND WELLBEING BOARD

Minutes of the Meeting held on 13 January 2025 at 2.00 pm

Present:-

Cllr D Brown – Chair

Patricia Miller – Vice-Chair

Present: Cllr R Burton, Cllr K Wilson, Cllr S Moore, Jillian Kay, Cathi Hadley, Sam Crowe and S Butlin

27. Apologies

Apologies were received from Graham Farrant, Glynn Barton, Matthew Barrant, Dawn Dawson, Siobahn Harrington, Mark House, Karen Loftus and Heather Dixie.

28. Substitute Members

Richard Renault substituted for Siobhan Harrington.

29. Declarations of Interests

There were none on this occasion.

30. Public Issues

There were none on this occasion.

31. Community Action Network

The Chair advised that the Chief Executive of the Community Action Network was unable to attend the meeting today and had requested that the presentation to the Board be deferred to its next meeting.

32. Bournemouth, Christchurch & Poole (BCP) Safeguarding Adults Boards Annual Report 2023-2024

The Independent Chair of the BCP Safeguarding Adults Board presented a report, a copy of which had been circulated to each Member and a copy of which appears as Appendix 'A' to these Minutes in the Minute Book.

The Board was advised that 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 report covered the period from April 2023 to March 2024.The report was agreed at the September meeting of the BCP Safeguarding Adults Board (SAB). The Chair informed that Board that the BCP SAB has successfully worked together with the Dorset SAB with joint meetings over the year.

It was reported that this year the SAB had published 2 separate Annual Reports, one for each of the Boards as they are separately constituted. Throughout 2023-24 the BCP SAB had delivered against all priorities which were set out in the annual work plan; this Annual Report summarises what the Board had achieved.

It was noted that the report was separated out for the different areas and was done in response to requests from Scrutiny and the Health and Wellbeing Board. It was noted that the current Chair's contract was due to expire in April but they had agreed to continue for a 2 year extension at the request of the Board and this was greatly valued and welcomed.

It was noted that the report was very comprehensive and presented in a helpful format, particularly the challenges and achievements presented to the Board and it was helpful to have the partners work highlighted in this way.

The Chair of the Health and Wellbeing Board placed on record thanks to the Chair and the Board for its work.

RESOLVED that 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 be noted.

33. Joint Strategic Needs Assessment (JSNA) Update

The Team Leader, Intelligence, Public Health Dorset presented a report, a copy of which had been circulated to each Member and a copy of which appears as Appendix 'B' to these Minutes in the Minute Book.

The Board was advised that it 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 JSNA was a statutory process was 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 1 April 2025, system discussions will be held to review how this responsibility is best discharged going forwards.

The report updated the Board on progress towards the development of a Children and Young People's Joint Strategic Needs Assessment. It presented the proposed contents and structure developed through scoping discussions. The assessment considered a range of wider factors which affected health and wellbeing and included a range of qualitative and quantitative assessments. Scoping had been undertaken to ascertain what should be included within the assessment. This included the key trends affecting young people and their families, facilities and geographical issues and what were the current trends in health and wellbeing for children and families.

It was noted that this was a comprehensive undertaking and was welcomed by Children's Services. It was noted that the Children and Young people's partnership plan should also dovetail with this.

It was welcomed that the assessment was also looking into those issues which were on the horizon, such as the prospect of a smoke free generation. The assessment itself would include data on both smoking and vaping and would also consider how the new legislation on this issue would factor into the future of children's health on this issue.

It was asked if Artificial Intelligence had been looked into and how this might help with health outcomes and if there was anything to share. It was agreed this was an interesting consideration which could be included within the JSNA and how it may be able to help with personalised interventions of specialised apps to support people health. It was also noted that it would be interesting to follow the Online Safety Bill and how this translated through to digital health. Lots of organisations already used a lot of digital options but this was separate to the work being done with the JSNA.

An issue was raised regarding the context and what would be done in the future moving from a responsive to a preventative agenda and how the information within the JSNA could be used to respond to this and move to a better place of understanding.

In response to an offer for how the Board and partners may be able to help it was noted that it may be useful to discuss in future those areas within the JSNA where the data was not readily available and how this could be addressed.

RESOLVED that the progress on the Children and Young People's JSNA is noted.

34. Better Care Fund 2024-2025 Quarter 2 Report

The Better Care Fund Commissioning Manager for BCP Council presented a report, a copy of which had been circulated to each Member and a copy of which appears as Appendix 'C' to these Minutes in the Minute Book.

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.

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. This was previously brought to the Health and Wellbeing Board in 2023-24.

The Board was advised that there was a transformation programme going ahead which should help reduce admissions but there were plans for better access to community schemes.

A concern was raised that the report had not reached a point which was able to detail a core set of issues which were trying to be addressed. It was noted that the Better Care Fund paid for a number of schemes including disabled facilities grant, housing adaptations, supporting unpaid carers and intermediate care services.

It was felt that there needed to be a better understanding on whether the Better Care Fund was providing good value for money in terms of the impact that the services it was delivering was having.

The Board asked about the inconsistency in the delivery and accessibility of some of the services and it was suggested that having access to these across BCP was important.

It was suggested that the Board identify three key issues which could be tracked over the next dew quarters to identify the impact and the experience of the people receiving the services. It was noted that the Better Care Fund was at a stage where a review period needed to be built-in and this would be able to inform the direction of travel and if things had changed.

It was noted that the annual report was due in May and this would be able to address the granular detail. Consideration needed to be given regarding whether the right people were being targeted and what difference was being made. There was further discussion on the different groups who were being supported by the fund and the amount of funding available and how this was divided across a number of different schemes. It was felt that the review would need to be instigated before the annual review was due in May.

RESOLVED:

1. **That Plans are commenced on a review of the Better Care Fund in consultation with partners and that a brief update report be brought to the March meeting.**
2. **That the Better Care Fund Report be approved.**

35. Health and Well Being Strategy Update

The Director of Public Health presented a report, a copy of which had been circulated to each Member and a copy of which appears as Appendix 'D' to these Minutes in the Minute Book.

The Board was advised that at the previous meeting 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. There were 11 responses received by the close of the survey in mid-December. The Board was informed that the general themes arising from the survey were: 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

The Board questioned how the Health and Wellbeing Boards and their strategies could be repositioned as an important foundation for good decision making in local government, particularly in relation to local government organisation. It was asked how the profile could be raised for the objectives in order to understand impacts and what the priorities should be going forward. The Health and Wellbeing Board could be made stronger and it was felt that it could be the place where issues were championed and drove issues forward.

The Board questioned the number of responses received and whether this was inline with expectations and whether this could be improved on. It was suggested that the response rate was generally expected. There was still opportunity for the Board to take the information and form it into a draft strategy before reconsulting.

The Board supported the inclusion of health and wellbeing within all policies across the Council and a number of the areas which were highlighted within the presentation, including Housing and Children. The Board felt that it was important to consider the direction of the Board and where the focus of the Board should be placed going forward.

RESOLVED that a draft strategy be presented to a future Board meeting and circulated to Board members along with a survey, based on the feedback received and using the integrated care strategy themes to form the structure inline with the Council Vision.

36. Forward Plan

The Chair advised that the CAN presentation would go to the next meeting on 24 March and the Q3 return for the better care fund was already included on the agenda.

It was suggested that the draft strategy could be brought to the March meeting but timings on this needed to be confirmed. Volunteers were asked for to assist with this within a planning meeting for the Health and Wellbeing Board to develop. It was noted that support would be needed to drive this forward, and this would be discussed further outside of the meeting.

The following items were suggested to be added to the Board's Forward Plan:

- An update from the Urgent Emergency Care Board should be included at a future meeting with a date and format to be determined.
- An offer to present on the work of the community safety partnership at a future meeting was made and welcomed for potentially the next meeting.
- The Children and Young People's Partnership Plan to the May meeting.
- A briefing on the changing role of hospitals could be either brought to the Board or to a wider Council briefing.

The Chair thanked the Director of Public Health for his work as this was potentially their last meeting prior to the reorganisation of Public Health.

The meeting ended at 3.46 pm

CHAIR


CAN
COMMUNITY ACTION
NETWORK

VCS in Dorset

- Annual contribution of volunteers/trustees across Dorset - £700m per year
- Value of volunteering £640 - £950m per year
- 2300 registered charities & 4600 community groups in Dorset.

Community Action Network

- Serve and champion Dorset's voluntary and community sector
- 800+ members
- Led by a Board of Trustees that provide accountability to the sector.


Action with
Heart

Strengthen VCS organisations to deliver high-quality services sustainably

Increase volunteer engagement and positive impact

Enhance collaboration and influence to improve community wellbeing

Promote equity, diversity and inclusion

Strengthen VCS infrastructure through member-led leadership

Sustain a strong successful charity

In 2024

- 55 new groups supported
- 400 groups accessed advice and support
- 390 groups attended training/webinars
- 98% would recommend CAN
- Supported 700+ people to volunteer
- Engagement with the sector and wider community
- 300+ groups attend CAN networks
- Advocacy and sector representation

OUR WORK

BCP Council projects include:

- Early Help Partnership
- Ethnically Diverse Communities
- Trusted Reviewers
- Wellbeing Collaborative

County-wide:

- Access Wellbeing
- Access to Community Support Services

STATE OF THE SECTOR REPORT

Primary services

- Mental health and wellbeing
- Advice and information
- Community services

Main beneficiaries

- Older people
- Disabled people
- People experiencing mental health issues

STATE OF THE SECTOR REPORT

Challenges

- Recruitment and retention of staff & volunteers
- Higher demand – some seeing 50% increase
- Relationships with public sector organisations could be better
- Challenging financial landscape – increase in demand, decrease in funding.

Gaps in service provision

- Social isolation
- Mental Health support
- Accessible transport

Recommendations

- Enhance funding flexibility and stability
- Focus on financial resilience
- Address staffing and volunteer challenges
- Strengthen relationships across the system
- Innovate and adapt services
- Target key service gaps
- Collaborate and share best practices.


Julia's House
Dorset & Wiltshire Children's Hospices
community transport
WIRED THERAPY
absolutemusic
MWCT
THE CHATTERBOXES
PART OF YMCA BOURNEMOUTH
PAVILION DANCE SOUTH WEST
SWAD
Where disability and sex come together
DorPiP
Helping families flourish
Poole
Waste Not Want Not

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For information, support or to find out more about how we can help you.

EMAIL ADDRESS

hello@can100.org

PHONE NUMBER

+44 (0)1202 466130

LOCATION

Beech House, 28-30 Wimborne Road,
Poole, BH15 2BU

THANK YOU

HEALTH AND WELLBEING BOARD

Report subject	**Better Care Fund 2024-2025 Quarter 3 Report:**
Meeting date	24 March 2025
Status	Public Report
Executive summary	This report provides an overview of the Quarter 3 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.
Recommendations	**It is RECOMMENDED that:** **The Health and Wellbeing Board retrospectively approve:** • **Better Care Fund Quarter 3 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.

Portfolio Holder(s):	Cllr David Brown, Portfolio Holder for Health and Wellbeing
Corporate Director	Jillian Kay, Corporate Director for Wellbeing

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

Background

1. This report is a covering document detailing the content of the Better Care Fund (BCF) Quarter 3 Report. The report is made up of a single document template. The template is provided by NHS England and is completed jointly between 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 (DFG) and additional contributions from Local Authority and 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 incorporated into the BCF and is subject to quarterly reporting against spend and activity.

4. The end of year report on all schemes and metrics of the Better Care Fund for 2024/25 will be provided at the next Health & Wellbeing Board meeting, due for submission on Friday 30 May.

The Better Care Fund 2024-25 Quarter 3 Report

5. The planning requirements dictate that this document is presented to the Health & Wellbeing Board on Monday 24 March 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.
- Rate of permanent admissions to residential care per 100,000 population.

7. Performance is not on track for:
    - Emergency hospital admissions because of a fall in people aged 65 and over directly age standardised rate per 100,000.

8. The report shows the spend and activity of all the schemes that are funded through the BCF.

9. All schemes are being implemented as planned from the BCF Planning Template 2024/25, which was approved at the 15 July 2024 Health & Wellbeing Board meeting.

Summary of Financial Implications

10. BCP Council and NHS Dorset continue to monitor BCF budgets and activity for 2023-25 Plan.

11. The previously approved plan provides a very detailed 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

12. 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

13. 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

14. Services are only sustainable if funding is available.

Summary of public health implications

15. 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

16. An Equality Impact Assessment (EIA) 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 Q3 Reporting Template

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

HM Government

NHS England

Better Care Fund 2024-25 Q3 Reporting Template

2. Cover

Version 1.0

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.

			Checklist: Complete:
Health and Wellbeing Board:	Bournemouth, Christchurch and Poole		Yes
Completed by:	Scott Saffin		Yes
E-mail:	scott.saffin@bcpcouncil.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 report is expected to be signed off:	Mon 24/03/2025	<< Please enter using the format, DD/MM/YYYY	Yes

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'.

Complete

	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5.1 C&D Guidance & Assumptions	Yes
5.2 C&D H1 Actual Activity	Yes
6b. Expenditure	Yes

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

Better Care Fund 2024-25 Q3 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 Q2 (For Q3 data,please refer to data pack on BCX)	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs *Please: - describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans* ***- 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. *Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics*	Variance from plan *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 *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	2.0	On track to meet target	Actual Q2 Performance: 175.9 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.	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. A new transformation programme was initiated in January 25 with KPIs set which will lead to further improvements in this metric.	.	.
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%	94.5%	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.	Strong partnership between hospital discharge team and brokerage to arrange swift care packages to ensure continuity of care can continue at home after discharge. The Transfer of Care hub, Brokerage and Hospital Discharge teams work together to ensure wherever possible, the person is discharged to their normal place of residence with intermediate care or temporary stay at an intermediate bedded setting to provide a period of assessment to identify their longer-term needs before returning home.	.	.

Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	2,192.6	13.9	Not on track to meet target	Actual Q2 Performance: 693.1. Year to date: 1,366.1 There is a system focus on falls currently; however, we are developing a system strategy to address. Further improvements required in prevention of admissions linked to falls. The Future Care program that was initiated in Q1, has an admission avoidance focus that will be looking at alternative solutions for people to prevent admissions and long length of stay.	Our ageing well programme has a focus on falls prevention at primary/community care level with initiatives such as balance clubs, and 'chair taichi' aimed at people with medium to high risk of falls. In terms of response to falls, our UCR teams provides falls response, and our 24/7 care home supports manages falls keeping an average of 80% of fallers at home. BCP Council's Lifeline service provides support to people who have fallen at home, to see if they can recover and reduce the need for hospital admission.	Bournemouth, Christchurch, and Poole has an ageing population, with increasingly complex health needs. Pressures in hospital admissions since Q1.	The development of Integrated Neighbourhood Teams and the focus on prevention will strengthen the aging well approach. Further enhance the use of care technology to provide options to those at risk of falls to be supported in their own home.
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	408	not applicable	On track to meet target	Actual Q2 Performance: 271.2 Wider economic strains such as higher cost of living leading to an increase of people's funds depleting, being unable to pay for their own care. Additional pressures from hospital to home processes are due to a gap in the commissioned D2A resources. Health & Social Care Commissioners are aware of the gap in the commissioned D2A resource and will be looking to address this as part of Future Care programme of work. BCP Council recognises that prevention and early identification of people at risk prior to hospital admission is a priority. A Prevention Strategy is being developed to address the needs of those with long term conditions, to enable them to live independently at home.	Our performance in residential admissions is beneath regional and national benchmarks. BCP Council offers support to self-funders through comprehensive financial assessments, ensuring they have the best options for their care needs. The Adult Social Care Transformation programme will review and develop our approach to delivering long term care, to reduce the need for residential care placements. Initiatives such as the use of care technology has already shown positive outcomes, facilitating safer hospital discharges to home. Installing appropiate devices that allow people to live independently, while providing support when necessary such as a fall at home, or giving loved ones reassurance. Supporting unpaid carers in the area, BCP Carers Services have recently introduced the Carers Online Assessment. It is hoped that this will increase the identification of carers in the community to offer early support.	.	.

Better Care Fund 2024-25 Q3 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	31/03/2025	Yes
If a section 75 agreement has not been agreed please outline outstanding actions in agreeing this.	Awaiting sign off from NHS Dorset	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 Q3 Reporting Template

5. Capacity & Demand

Selected Health and Wellbeing Board: Bournemouth, Christchurch and Poole

5.1 Assumptions

	Checklist
1. How have your estimates for capacity and demand changed since the last reporting period? Please describe how you are building on your learning across the year where any changes were needed.	
Capacity and demand assumptions have remained unchanged since previous submission. However, the correction to P1 demand assumption reported at end of Q2 has not yet been corrected in this return. The impact of this is showing a bigger difference between our plan and actual until this can be corrected on central planning return. Based on the corrected trajectory, our capacity and demand assumptions remain broadly aligned. However, we have not seen the reduction in length of delay that we were planning for YTD. This has meant our flow improvement (as measured through reduction in length of delay) has not delivered at the scale we intended. The BCF support programme and subsequent system diagnostic undertaken with Newton has provided a clear evidence base on which we are building our flow improvement priorities. These are centred on earlier discharge planning and streamlined decision-making via our Transfer of Care hubs to reduce length of delay in hospital discharge; in addition to effort to improve flow through community/intermediate care spaces and preventing avoidable admission where there is opportunity.	Yes
2. Do you have any capacity concerns for Q4? Please consider both your community capacity and hospital discharge capacity.	
Like other parts of the country, a number of services have been impacted by staff sickness in January which has impacted available capacity. High acuity of presenting demand has resulted in longer lengths of stay in acute and community spaces. We are anticipating having passed the peak of flu demand now but there is significant work to do to recover the position to acceptable levels. To achieve this, we need to improve flow and reduce delays in exiting community beds and intermediate care spaces. This is a key priority in Q4 As part of 2025/26 BCF planning we are looking at the breadth of our intermediate care offer across home and bed-based care to address known gaps in our D2A model e.g. patient with dementia	Yes
3. Where actual demand exceeds capacity, what is your approach to ensuring that people are supported to avoid admission or to enable discharge? Please describe how this improves on your approach for the last reporting period.	
Our demand and capacity are broadly in line with our 2024/25 plan (based on corrected assumption - see Q1) but we experience peaks in demand that do not always align to when capacity is available, and this causes peaks in delays. Part of our response to this is working with partners with intention to smooth flow over 7 days and reduce unwarranted variation. This relies on proactive capacity management of our intermediate care providers and better use of EDDs/DRDs as part of early discharge planning. This is a key part of our Transfers of Care workstream.	Yes
4. Do you have any specific support needs to raise for Q4? Please consider any priorities for planning readiness for 25/26.	
Nothing specific to raise at this time. We are currently waiting for publication of BCF Planning Framework and NHS Operating Plan Guidance to provide framework for 2025/26 planning. Building on the outputs of the BCF Support offer, Dorset has commenced on a large-scale transformation programme, working in partnership with Newton Europe, to redesign our urgent and emergency care, and intermediate care model. The Future Care programme is expected to deliver significant benefits to hospital flow and long-term outcomes for people requiring intermediate care as part of step-up and step-down models of care. Key areas of focus are: Preventing Admissions, Transfers of Care, Home and Bed -Based Intermediate care underpinned by system visibility of key data and further development of our system change capability.	Yes

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

Better Care Fund 2024-25 Q3 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)			Checklist Complete:
Service Area	**Metric**	**Oct-24**	**Nov-24**	**Dec-24**	**Oct-24**	**Nov-24**	**Dec-24**	**Oct-24**	**Nov-24**	**Dec-24**	
Reablement & Rehabilitation at home (pathway 1)	Monthly activity. Number of new clients	76	71	71	151	145	145	0	0	0	Yes
Reablement & Rehabilitation at home (pathway 1)	Actual average time from referral to commencement of service (days). All packages (planned and spot purchased)	5	5	5	9	8	7				Yes
Short term domiciliary care (pathway 1)	Monthly activity. Number of new clients	45	45	41	42	51	43	0	0	0	Yes
Short term domiciliary care (pathway 1)	Actual average time from referral to commencement of service (days) All packages (planned and spot purchased)	5	5	5	9	8	7				Yes
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly activity. Number of new clients	68	64	65	82	65	66	0	0	0	Yes
Reablement & Rehabilitation in a bedded setting (pathway 2)	Actual average time from referral to commencement of service (days) All packages (planned and spot purchased)	8	8	8	10	11	10				Yes
Other short term bedded care (pathway 2)	Monthly activity. Number of new clients.	18	17	18	17	22	29	0	0	0	Yes
Other short term bedded care (pathway 2)	Actual average time from referral to commencement of service (days) All packages (planned and spot purchased)	8	8	8	10	11	10				Yes
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly activity. Number of new clients	26	23	20	0	0	0	21	15	23	Yes
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)	40	35	35	24	44	42				Yes

Actual activity - Community		Prepopulated demand from 2024-25 plan			Actual activity:			
Service Area	**Metric**	**Oct-24**	**Nov-24**	**Dec-24**	**Oct-24**	**Nov-24**	**Dec-24**	
Social support (including VCS)	Monthly activity. Number of new clients.	165	155	155	192	173	84	Yes
Urgent Community Response	Monthly activity. Number of new clients.	979	979	979	805	786	798	Yes
Reablement & Rehabilitation at home	Monthly activity. Number of new clients.	85	75	70	47	47	32	Yes
Reablement & Rehabilitation in a bedded setting	Monthly activity. Number of new clients.	25	25	24	27	17	25	Yes
Other short-term social care	Monthly activity. Number of new clients.	0	0	0	0	0	0	Yes

Better Care Fund 2024-25 Q3 Reporting Template

To Add New Schemes

6. Expenditure

Selected Health and Wellbeing Board: Bournemouth, Christchurch and Poole

	2024-25			
Running Balances	Income	Expenditure to date	Percentage spent	Balance
DFG	£3,837,600	£2,085,600	54.35%	£1,752,000
Minimum NHS Contribution	£36,352,413	£27,703,325	76.21%	£8,649,088
iBCF	£13,438,749	£10,079,062	75.00%	£3,359,687
Additional LA Contribution	£2,182,000	£1,636,500	75.00%	£545,500
Additional NHS Contribution	£13,049,700	£9,787,275	75.00%	£3,262,425
Local Authority Discharge Funding	£3,140,153	£2,355,115	75.00%	£785,038
ICB Discharge Funding	£3,500,773	£2,625,580	75.00%	£875,193
Total	**£75,501,388**	**£56,272,457**	**74.53%**	**£19,228,931**

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	£16,992,566	£0
Adult Social Care services spend from the minimum ICB allocations	£14,202,380	£10,710,759	£3,491,621

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 (£)	Discontinue (if scheme is no longer being carried out in 24-25, i.e. no money has been spent and will be spent)	Comments
1	Integrated Health and Social Care locality schemes	Moving on from hospital living	Community Based Schemes	Other	LD campus reprovision		33		Community Health	0	NHS			Private Sector	Minimum NHS Contribution	£ 7,428,193	£5,571,145		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	£7,860,251		Various contracts. We could put the number of people referred to UCR that is a part of this funding - 3223 (incl 25%
3	Maintaining Independence	Dorset Integrated Community Equipment Service	Community Based Schemes	Other	Integrated community equipment		7712		Community Health		NHS			Private Sector	Minimum NHS Contribution	£ 2,906,542	£2,618,919		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		879		Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contribution	£ 233,509	£175,132		SWAN Advocacy. Number of new referrals between April - December 24.
5	Maintaining Independence	Voluntary organisations shcemes	Prevention / Early Intervention	Other	Voluntary sector		946		Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contribution	£ 193,358	£145,019		Outputs reflects proportion of people with support from voluntary sector.
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	£448,961		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	£1,902,976		

8	Maintaining Independence	Home care	Home Care or Domiciliary Care	Domiciliary care packages		64250	48188	Hours of care (Unless short-term in which case it is packages)	Social Care		LA			Private Sector	Minimum NHS Contribution	£	1,602,862	£1,202,147		
9	Maintaining Independence	Support to self funders	Prevention / Early Intervention	Other	social work support		131		Social Care		LA			Local Authority	Minimum NHS Contribution	£	64,453	£48,340		Scheme is 16% of self funders budget. Outputs is number of assessments.
10	Maintaining Independence	Dementia Placements	Care Act Implementation Related Duties	Other	Residential care	660	13		Social Care		LA			Private Sector	Minimum NHS Contribution	£	811,000	£608,250		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	£1,572,000		
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	£45,170		47 weeks of residential placement for D2A.
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	£1,650,000		
14	Early supported hospital discharge	Intermediate care	Personalised Care at Home	other	rapid/crisis response		7700		Social Care		LA			Private Sector	Minimum NHS Contribution	£	127,849	£95,887		11% BCF allocation towards Apex RR D2A. Total RR hours - 70,000
15	Early supported hospital discharge	Reablement and rehabilitation	Home-based intermediate care services	Reablement at home (accepting step up and step down users)		115	86	Packages	Social Care		LA			Private Sector	Minimum NHS Contribution	£	1,586,751	£1,190,063		
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	36	Number of placements	Social Care		LA			Private Sector	Minimum NHS Contribution	£	562,260	£421,695		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,	Bed-based intermediate care with reablement accepting step up and step		0.8	39	Number of placements	Social Care		LA			Private Sector	Minimum NHS Contribution	£	53,887	£40,415		Total placements in this period is 52, but split between the 2 to show what each scheme contributed. I've measured
18	Early supported hospital discharge	Support to self funders	Other		social work support		197		Social Care		LA			Local Authority	Minimum NHS Contribution	£	96,151	£72,113		Scheme is 24% of self funders budget. Outputs is number of financial assessments.
19	Carers	Support to carers various schemes	Care Act Implementation Related Duties	Other	Carers support		3		Social Care		LA			Private Sector	Minimum NHS Contribution	£	162,716	£122,037		Number of carer officers funded via BCF.
20	Carers	Carers support	Carers Services	Other	Carers support	6500	7744	Beneficiaries	Social Care		LA			Local Authority	Minimum NHS Contribution	£	227,169	£170,377		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	6500	7744	Beneficiaries	Social Care		LA			Private Sector	Minimum NHS Contribution	£	1,024,902	£768,677		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	£942,251		Community Therapy.
23	Integrated Health and Social Care locality schemes	Integrated Health and Social Care locality schemes	Community Based Schemes	Other	Other		35		Community Health		NHS			NHS Community Provider	Additional NHS Contribution	£	5,292,192	£3,969,144		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		Community Health		NHS			NHS Community Provider	Additional NHS Contribution	£	43,165	£32,374		District Nurse - Pallative Care
25	Integrated Health and Social Care locality schemes	Integrated Health and Social Care locality schemes	Community Based Schemes	Other	Other		2153		Community Health		NHS			NHS Community Provider	Additional NHS Contribution	£	1,483,828	£1,112,871		Generalist pallative care. Output referring to number of people on the pallative care register.
26	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	£	6,230,515	£4,672,886		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	£31,500		BCP Council BCF Manager
28	Maintaining Independence	Housing schemes	DFG Related Schemes	Discretionary use of DFG		3348	3868	Number of adaptations funded/people	Social Care		LA			Private Sector	DFG	£	1,593,000	£1,235,600		35% of BCP ICES contribution
29	Maintaining Independence	Housing schemes	DFG Related Schemes	Adaptations, including statutory DFG grants		175	112	Number of adaptations	Social Care		LA			Private Sector	DFG	£	2,244,600	£850,000		A further £649k 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		Social Care		LA			Private Sector	Additional LA Contribution	£	2,182,000	£1,636,500		Moving on from hospital living project. Information provided by Pawel.
31	Maintaining Independence	Staffing for lifeline/AT	Personalised Care at Home	Physical health/wellbeing			1873		Social Care		LA			Local Authority	iBCF	£	35,000	£26,250		1001 callouts linked to falls. 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	£3,107,812		
33	Maintaining Independence	Packages of home care	Home Care or Domiciliary Care	Domiciliary care packages		243000	182250	Hours of care (Unless short-term in which case it is packages)	Social Care		LA			Private Sector	iBCF	£	6,049,000	£4,536,750		
34	Maintaining Independence	Social Work	Other		targeted community social work		5		Social Care		LA			Local Authority	iBCF	£	189,000	£141,750		
35	Maintaining Independence	Independent Living	Personalised Care at Home	Physical health/wellbeing			2		Social Care		LA			Local Authority	iBCF	£	68,000	£51,000		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			309		Social Care		LA			Local Authority	iBCF	£	268,000	£201,000		BCF percentage 19%. Number of DOLS requests completed April - December.
37	Early supported hospital discharge	Brokerage servces	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning			2		Social Care		LA			Local Authority	iBCF	£	58,000	£43,500		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	£216,000		
39	Early supported hospital discharge	Hospital to home	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with reablement (to support discharge)		9	48	Number of placements	Social Care		LA			Private Sector	iBCF	£	550,000	£412,500		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	£157,500		Tricuro.
45	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	Number of placements	Social Care		LA			Private Sector	iBCF	£	21,000	£15,750		8 weeks 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		Social Care		LA			Private Sector	iBCF	£	1,195,000	£896,250		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	£54,000		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	£176,250		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		Social Care		LA			Local Authority	iBCF	£	57,000	£42,750		7 day Brokerage to facilitate weekend hospital discharges.
51	Early supported hospital discharge	Intermediate care	Personalised Care at Home	Other	rapid/crisis response		35000		Social Care		LA			Private Sector	ICB Discharge Funding	£	1,006,940	£755,205		Apex D2A RR - BCF Value = 50% of contract value. Outputs are hours.
52	Early supported hospital discharge	Intermediate care	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with reablement (to support discharge)		18	69	Number of placements	Social Care		LA			Private Sector	ICB Discharge Funding	£	1,988,379	£1,491,284		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		404		Social Care		LA			Private Sector	ICB Discharge Funding	£	505,454	£379,091		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		Local Authority	Local Authority Discharge	£	107,000	£80,250		7.5% DOLS total. 78 BIAs have been completed through this scheme. Funding being used to recruit 1 FTE and increase
56	Early supported hospital discharge	Support for self funders	Other	0	Social Work Support	0	493		Social Care	0	LA	0		Local Authority	Local Authority Discharge	£	251,000	£188,250		Scheme is 60% of self funders budget. Outputs is financial assessments.
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		Private Sector	Local Authority Discharge	£	2,782,153	£2,086,615		Figbury Lodge. This scheme equates to 45% of the contract.

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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 (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 P0 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

To Add New Schemes

6. Expenditure

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

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

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

Better Care Fund 2024-25 Update Template

7. Narrative updates

Selected Health and Wellbeing Board: 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? 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? 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 **o Local learning from 23-24** **o the national evaluation of the 2022-23 Additional Discharge Funding (Rapid evaluation of the 2022 to 2023 discharge funds - GOV.UK (www.gov.uk)**	
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 (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 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* Has the HWB approved the plan/delegated (in line with the Health and Wellbeing Board's formal governance arrangements) approval? **Paragraph 11 as stated in BCF Planning Requirements 2023-25* Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan? *Paragraph 11* Have all elements of the Planning template been completed? *Paragraph 11*	Cover sheet Cover sheet Cover sheet Cover sheet	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? In two tier areas, has: - Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory DFG? or - The funding been passed in its entirety to district councils?	Cover sheet Planning Requirements	Yes			

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

HEALTH AND WELLBEING BOARD

Report subject	**Health and Wellbeing Strategy to Action through the Place Based Partnership**
Meeting date	24 March 2025
Status	Public Report
Executive summary	This report summarises the proposals and progress towards the development of a Place Based Partnership for Bournemouth, Christchurch and Poole as part of the development of the BCP Health & Wellbeing Board 'Plan on a Page' strategy.
Recommendations	**It is RECOMMENDED that:** a. The BCP Health and Wellbeing Board review the outcomes and progress from the workshops focussed on the development of the BCP Place Based Partnership. b. The BCP Health and Wellbeing Board approve the recommendations to progress with the development of the Place Based Partnership and a 'Plan on a Page' in line with the proposal contained within this report**.** c. Health and Wellbeing Board members commit to playing an active role through their representatives in the Place Based Partnership.
Reason for recommendations	1. To enable the development of a BCP Place Based Partnership which adds value and compliments the existing work taking place across the BCP place in the Dorset integrated care system. 2. To enable the BCP Health and Wellbeing Board to progress with the development of a 'Plan on a page' strategy to drive forward action around its agreed priorities for the BCP area in order to reduce health inequalities.

Portfolio Holder(s):	Cllr David Brown, Portfolio Holder for Health & Wellbeing
Corporate Director	Jillian Kay, Corporate Director for Wellbeing
Report Authors	Cat McMillan, Head of Communities, Partnerships and Community Safety
Wards	Council-wide
Classification	For Decision

Background

1. This report provides an update to the BCP Health & Wellbeing Board on a workshop held with partners in February 2025 to develop the form and function of the Place Based Partnership for the BCP area and proposes a series of 'next steps' for the Board to consider in order to move this work forward.

Progress to date:

2. In January 2025, the Health and Wellbeing Board agreed the following roles for the Board:
    - Identify topic areas that we can champion, monitor and drive forward
    - Develop opportunities 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 and monitor qualitative impact
    - Focus on working together and co-production with the board acting as a bridge between strategies
    - Sponsor the work of the Place Based Partnership and champion integration around neighbourhoods
3. In addition, the Board has agreed to work together towards achieving the outcomes of three key strategies:
    - The Dorset Integrated Care Partnership Strategy "Working Better Together"
    - The NHS Joint Forward Plan
    - The BCP Council Corporate Strategy
4. It has also prioritised the following thematic areas where it feels it can bring greater value:
    - Children and Young People
    - Community Mental Health Transformation

- Supporting Adults to Live Well and Independently
- Housing
- Cost of Living and Poverty

The role of Place Based Partnerships:

5. Effective place-based partnerships are more focused on delivering tangible service change and engaging directly with communities, particularly in relation to community services, social care and primary care and tackling the wider factors that influence health and drive inequalities.
6. Their role is to make more effective use of the combined resources available within a local area by understanding and working with communities to join up and co-ordinate services in order to address the social and economic factors that influence health and wellbeing, and supporting the quality and sustainability of local services.
7. Place-based partnerships have the greatest potential to add value over and above the contributions of individual organisations or entire systems and they should focus on activities that complement the work of their ICS and vice versa.

1. The BCP Place Based Partnership should work alongside the development of Integrated Neighbourhood Teams (INT) and enable delivery in the following ways:

- Ensuring that ambition for the development of INTs is realised
- Driving integration at scale and championing the joint and collaborative working arrangements between all partners
- Supporting the joint and increased effort on prevention and mitigating wider social determinants and inequalities.

Place based partnership workshop February 2025:

8. The workshop held with partners in February 2025 sought to expand on these agreements and look at how we can develop a Place Based Partnership for the BCP area into meaningful development and activity that compliments our current work across the system. Around 30 officers attended the workshop with good representation from a wide range of partners across the BCP and Dorset system.
9. A number of core values were discussed and agreed at the workshop around the role that the place based partnership would undertake. These were that it should:
   - "Start with people"- not conditions, issues, numbers or diagnosis
   - Add value, not duplicate existing governance- but do we know what's going on across the system? Is there a role for some mapping of activity?
   - Help to shape the forward plan for the Health and Wellbeing Board alongside the statutory functions that we already undertake
   - Connect the Health and Wellbeing Board and INTs to neighbourhoods and communities- especially through the community and voluntary sector
   - Support a 'wellbeing' in all policies approach
   - Work towards becoming a formal partnership which can receive and allocate delegated funding, shape integrated commissioning strategies and drive action
   - Keep it simple
   - Let's start with a plan on a page and 'grow' from there

- Every partner needs be actively involved outside of meetings and identify a lead within their organisation at the appropriate to help drive this work forward

10. Based on these values, our proposed areas of focus for the H&W Board to consider for the Place Based Partnership are:
    - Ageing better
    - Listening better (listening broadly and listening deeply)
    - Food insecurity
    - Whole system approach to adopting the Poverty Truth Network Values

11. Alongside this there are also the following 'golden threads':
    - Strength-based approaches
    - Community and voluntary sector focussed
    - Consider the role of culture, libraries and holistic wellbeing alongside 'health' services
    - and no use of acronyms!

12. The Health & Wellbeing Board are recommended to approve the proposals outlined above which would be led and convened by BCP Council in order to develop the work further and report back to the Board on progress as a standing agenda item.

Summary of financial implications

13. Consideration needs to be given as to the pace and speed at which the plans needs to be progressed to ensure that they can be adequately resourced.

Summary of legal implications

14. n/a

Summary of human resources implications

15. n/a

Summary of sustainability impact

16. n/a

Summary of public health implications

17. The proposals are intended to help reduce health inequalities and ensure that the voice of those with lived experience are included as services and systems develop in order to better meet the needs of communities.

Summary of equality implications

18. n/a

Summary of risk assessment

19. The main risks associated with these proposals relate to the allocation of resources, predominantly staff time and capacity, in order to take the work forward.

Background papers

20. n/a

Appendices

There are no appendices attached to this report

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BCP Health and Wellbeing Board

Work Plan

Updated: 11 March 2025

	Subject and background	Anticipated benefits and value to be added by HWB engagement	How will the scrutiny be done?	Lead Officer	Report Information
24 March 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
	Better Care Fund – Quarter 3 return	To approve the BCF Q3 return	Committee Report	Scott Saffin, Commissioning Manager – Better Care Fund and Market Management	
	Health and Wellbeing Strategy to Action through the Place Based Partnership	The report summarises the proposals and progress towards the development of a Place Based Partnership for Bournemouth,	Committee Report	Cat McMillan, Head of Communities, Partnerships and Community Safety	

	Subject and background	Anticipated benefits and value to be added by HWB engagement	How will the scrutiny be done?	Lead Officer	Report Information
		Christchurch and Poole as part of the development of the BCP Health & Wellbeing Board 'Plan on a Page' strategy.			
9 June 2025					
	Children and Young People's Partnership Plan		Committee Report	Cathi Hadley, Corporate Director of Children's Services	Added at meeting on 13/1/25
6 October 2025					

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	Consider whether update to Board or possible Council wide briefing?
Fuel Poverty due to withdrawal of allowance	To monitor this issue	Committee Report	TBC	Suggested by SC Update – date tbc
Better Care Fund	To receive a mid year progress update	Committee Report	TBC	TBC
Update from the Urgent Emergency Care Board	To receive an update	Committee report	TBC	Requested at meeting on 13/1/25
Community Safety Partnership work	To receive an update	Committee report	TBC	Suggested at meeting on 13/1/25
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

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