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- Please note that national data for plans is intended for release in aggregate form once plans have been assured, agreed and baselined as per the due process outlined in the BCF Planning Requirements for 2022-23.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.
- Where BCF plans are signed off under a delegated authority it must be reflected in the HWB's governance arrangements.

Health and Wellbeing Board:	Bournemouth, Christchurch and Poole
Completed by:	Peter Courage
E-mail:	p.courage24@bcpcouncil.gov.uk
Contact number:	01202 128823

Has this plan been signed off by the HWB (or delegated authority) at the time of submission?	No
If no please indicate when the HWB is expected to sign off the plan:	Thu 13/10/2022 << Please enter using the format, DD/MM/YYYY
If using a delegated authority, please state who is signing off the BCF plan:	

Please indicate who is signing off the plan for submission on behalf of the HWB (delegated authority is also accepted):

Job Title:	
Name:	

	Role:	Professional Title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:
*Area Assurance Contact Details:	Health and Wellbeing Board Chair	Cllr	Jane	Kelly	jane.kelly@bcpcouncil.gov.uk
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off		Patricia	Miller	Patricia.miller@nhs.uk
	Additional ICB(s) contacts if relevant		Kate	Calvert	Kate.calvert@nhs.uk
	Local Authority Chief Executive	Mr	Graham	Farrant	Graham.farrant@bcpcouncil.gov.uk
	Local Authority Director of Adult Social Services (or equivalent)	Mr	David	Vitty	david.vitty@bcpcouncil.gov.uk
	Better Care Fund Lead Official	Mr	Peter	Courage	p.courage24@bcpcouncil.gov.uk
	LA Section 151 Officer	Mr	Adam	Richens	adam.richens@bcpcouncil.gov.uk

Please add further area contacts that you would wish to be included in official correspondence e.g. housing or trusts that have been part of the process -->

Checklist

Complete:

Yes
Yes
Yes
Yes
Yes
Yes
Yes

No
No

Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes

Question Completion - When all questions have been answered and the validation boxes below have turned green, please send the template to the Better Care Fund Team england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your Better Care Manager.

Please see the Checklist below for further details on incomplete fields

	Complete:
2. Cover	No
4. Income	Yes
5a. Expenditure	No
6. Metrics	No
7. Planning Requirements	Yes

<< Link to the Guidance sheet

^^ Link back to top

Better Care Fund 2022-23 Template

3. Summary

Selected Health and Wellbeing Board:

Bournemouth, Christchurch and Poole

Income & Expenditure

[Income >>](#)

Funding Sources	Income	Expenditure	Difference
DFG	£3,518,312	£3,518,312	£0
Minimum NHS Contribution	£32,562,072	£32,562,072	£0
iBCF	£13,438,749	£13,438,749	£0
Additional LA Contribution	£2,182,000	£2,182,000	£0
Additional ICB Contribution	£12,592,297	£12,592,297	£0
Total	£64,293,430	£64,293,430	£0

[Expenditure >>](#)

NHS Commissioned Out of Hospital spend from the minimum ICB allocation

Minimum required spend	£9,298,627
Planned spend	£19,770,072

Adult Social Care services spend from the minimum ICB allocations

Minimum required spend	£12,721,546
Planned spend	£12,792,000

Scheme Types

Assistive Technologies and Equipment	£0	(0.0%)
Care Act Implementation Related Duties	£1,148,000	(1.8%)
Carers Services	£1,084,000	(1.7%)
Community Based Schemes	£32,362,369	(50.3%)
DFG Related Schemes	£3,518,312	(5.5%)
Enablers for Integration	£0	(0.0%)
High Impact Change Model for Managing Transfer of	£3,892,000	(6.1%)
Home Care or Domiciliary Care	£9,600,000	(14.9%)
Housing Related Schemes	£0	(0.0%)
Integrated Care Planning and Navigation	£235,000	(0.4%)
Bed based intermediate Care Services	£1,123,000	(1.7%)
Reablement in a persons own home	£1,681,000	(2.6%)
Personalised Budgeting and Commissioning	£0	(0.0%)
Personalised Care at Home	£247,000	(0.4%)
Prevention / Early Intervention	£230,000	(0.4%)
Residential Placements	£8,787,749	(13.7%)
Other	£385,000	(0.6%)
Total	£64,293,430	

[Metrics >>](#)

Avoidable admissions

	2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan	2022-23 Q4 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (Rate per 100,000 population)				

Discharge to normal place of residence

	2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan	2022-23 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)				

Residential Admissions

		2020-21 Actual	2022-23 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	327	405

Reablement

		2022-23 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	95.7%

[Planning Requirements >>](#)

Theme	Code	Response
NC1: Jointly agreed plan	PR1	Yes
	PR2	Yes
	PR3	Yes
NC2: Social Care Maintenance	PR4	Yes
NC3: NHS commissioned Out of Hospital Services	PR5	Yes
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 2022-23 Template

4. Income

Selected Health and Wellbeing Board:

Bournemouth, Christchurch and Poole

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Bournemouth, Christchurch and Poole	£3,518,312
DFG breakdown for two-tier areas only (where applicable)	
Total Minimum LA Contribution (exc iBCF)	£3,518,312

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

Are any additional LA Contributions being made in 2022-23? If yes, please detail below	Yes
--	-----

Local Authority Additional Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
Bournemouth, Christchurch and Poole	£2,182,000	moving on from hospital living
Total Additional Local Authority Contribution	£2,182,000	

NHS Minimum Contribution	Contribution
NHS Dorset ICB	£32,562,072
Total NHS Minimum Contribution	£32,562,072

Are any additional ICB Contributions being made in 2022-23? If yes, please detail below	Yes
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Additional ICB Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
NHS Dorset ICB	£12,592,297	Nothing to report at this time of reporting
Total Additional NHS Contribution	£12,592,297	
Total NHS Contribution	£45,154,369	

Total BCF Pooled Budget	2021-22 £64,293,430
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Checklist
Complete:

Yes

Yes

Yes

Yes

See next sheet for Scheme Type (and Sub Type) descriptions

Better Care Fund 2022-23 Template

5. Expenditure

Selected Health and Wellbeing Board: Bournemouth, Christchurch and Poole

<< Link to summary sheet

Running Balances	Income	Expenditure	Balance
DFG	£3,518,312	£3,518,312	£0
Minimum NHS Contribution	£32,562,072	£32,562,072	£0
iBCF	£13,438,749	£13,438,749	£0
Additional LA Contribution	£2,182,000	£2,182,000	£0
Additional NHS Contribution	£12,592,297	£12,592,297	£0
Total	£64,293,430	£64,293,430	£0

Required Spend

This is in relation to National Conditions 2 and 3 only. It does NOT make up the total Minimum CCG Contribution (on row 31 above).

	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£9,298,627	£19,770,072	£0
Adult Social Care services spend from the minimum ICB allocations	£12,721,546	£12,792,000	£0

>> Link to further guidance

Checklist

Column complete:

Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
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>> Incomplete fields on row number(s):

83

						Planned Expenditure								
Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
1	Maintaining Independence	Housing schemes	DFG Related Schemes	Discretionary use of DFG - including small adaptations		Social Care		LA			Private Sector	DFG	£1,974,312	Existing
2	Maintaining Independence	Housing schemes	DFG Related Schemes	Discretionary use of DFG - including small adaptations		Social Care		LA			Private Sector	DFG	£1,544,000	Existing
3	Maintaining Independence	Staffing for lifeline/AT	Personalised Care at Home	Physical health/wellbeing		Social Care		LA			Local Authority	iBCF	£35,000	Existing
4	Maintaining Independence	Care home placements	Residential Placements	Care home		Social Care		LA			Private Sector	iBCF	£4,032,749	Existing
5	Maintaining Independence	Packages of home care	Home Care or Domiciliary Care	Domiciliary care packages		Social Care		LA			Private Sector	iBCF	£6,049,000	Existing
6	Maintaining Independence	Social Work	Other		Targeted Community social work	Social Care		LA			Local Authority	iBCF	£189,000	Existing
7	Maintaining Independence	Independent Living	Personalised Care at Home	Physical health/wellbeing		Social Care		LA			Local Authority	iBCF	£68,000	Existing

8	Early supported hospital discharge	DOLS BIAS	High Impact Change Model for Managing Transfer	Improved discharge to Care Homes		Social Care		LA			Local Authority	iBCF	£268,000	Existing
9	Early supported hospital discharge	Brokerage services	High Impact Change Model for Managing Transfer	Early Discharge Planning		Social Care		LA			Local Authority	iBCF	£58,000	Existing
10	Early supported hospital discharge	Hospital discharge and CHC teams	High Impact Change Model for Managing Transfer	Early Discharge Planning		Social Care		LA			Local Authority	iBCF	£288,000	Existing
11	Early supported hospital discharge	Hospital to home	Bed based intermediate Care Services	Step down (discharge to assess pathway-2)		Social Care		LA			Private Sector	iBCF	£550,000	Existing
12	Early supported hospital discharge	reablement	Reablement in a persons own home	Reablement service accepting community and		Social Care		LA			Private Sector	iBCF	£210,000	Existing
12	Early supported hospital discharge	CAN collaborative	Other		Voluntary sector contract	Social Care		LA			Charity / Voluntary Sector	iBCF	£111,000	New
13	Early supported hospital discharge	Step down beds	Bed based intermediate Care Services	Step down (discharge to assess pathway-2)		Social Care		LA			Private Sector	iBCF	£21,000	Existing
14	Early supported hospital discharge	Intensive packages, extended protected hours, community	High Impact Change Model for Managing Transfer	Early Discharge Planning		Social Care		LA			Private Sector	iBCF	£1,195,000	Existing
15	Early supported hospital discharge	rapid financial assessments	High Impact Change Model for Managing Transfer	Early Discharge Planning		Social Care		LA			Local Authority	iBCF	£72,000	Existing
16	Early supported hospital discharge	social workers	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA			Local Authority	iBCF	£235,000	Existing
17	Early supported hospital discharge	7 day working	High Impact Change Model for Managing Transfer	Early Discharge Planning		Social Care		LA			Local Authority	iBCF	£57,000	Existing
17	Integrated Halth and social care locality schemes	Moving on from hospital living	Residential Placements	Learning disability		Social Care		LA			Private Sector	Additional LA Contribution	£94,000	Existing
18	Integrated Halth and social care locality schemes	Moving on from hospital living	Home Care or Domiciliary Care	Domiciliary care packages		Social Care		LA			Private Sector	Additional LA Contribution	£2,059,000	Existing
19	Integrated Halth and social care locality schemes	Moving on from hospital living	Personalised Care at Home	Physical health/wellbeing		Social Care		LA			Private Sector	Additional LA Contribution	£29,000	Existing
20	Integrated Halth and social care locality schemes	Moving on from hospital living	Community Based Schemes	Other	LD campus reprovion	Community Health		CCG			Private Sector	Minimum NHS Contribution	£7,428,193	Existing
21	Integrated Halth and social care	Integrated health and social care locality schemes	Community Based Schemes	Other	other	Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£8,223,038	Existing
22	Maintaining Independence	Integrated health and social care locality schemes	Community Based Schemes	Other	Integrated community equipment	Community Health		CCG			Private Sector	Minimum NHS Contribution	£2,906,542	Existing
23	Maintaining Independence	Advocacy, My life My care, front door	Care Act Implementation Related Duties	Other	Early help and Learning Disabilites	Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contribution	£219,000	Existing
24	Maintaining Independence	Voluntary organisations shcemes	Prevention / Early Intervention	Other	Voluntary sector	Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contribution	£173,000	Existing

25	Maintaining Independence	High cost placements	Residential Placements	Learning disability		Social Care		LA			Private Sector	Minimum NHS Contribution	£550,000	Existing
26	Maintaining Independence	Dementia Placements	Residential Placements	Care home		Social Care		LA			Private Sector	Minimum NHS Contribution	£2,263,000	Existing
27	Maintaining Independence	Home care	Home Care or Domiciliary Care	Domiciliary care packages		Social Care		LA			Private Sector	Minimum NHS Contribution	£1,492,000	Existing
28	Maintaining Independence	Support to self funders	Prevention / Early Intervention	Other	social work support	Social Care		LA			Local Authority	Minimum NHS Contribution	£57,000	Existing
29	Maintaining Independence	Dementia Placements	Care Act Implementation Related Duties	Care home		Social Care		LA			Private Sector	Minimum NHS Contribution	£723,000	Existing
30	Early supported hospital discharge	Residential, dementia and mental health placements	Residential Placements	Care home		Social Care		LA			Private Sector	Minimum NHS Contribution	£1,848,000	Existing
31	Early supported hospital discharge	Residential and dementia placements	Care Act Implementation Related Duties	Other	Residential care	Social Care		LA			Private Sector	Minimum NHS Contribution	£57,000	Existing
32	Early supported hospital discharge	Hospital discharge and CHC teams	High Impact Change Model for Managing Transfer	Early Discharge Planning		Social Care		LA			Local Authority	Minimum NHS Contribution	£1,954,000	Existing
33	Early supported hospital discharge	Intermediate care	Personalised Care at Home	Other	rapid/crisis response	Social Care		LA			Private Sector	Minimum NHS Contribution	£115,000	Existing
34	Early supported hospital discharge	Reablement and rehabilitation	Reablement in a persons own home	Reablement service accepting community and		Social Care		LA			Private Sector	Minimum NHS Contribution	£1,471,000	Existing
35	Early supported hospital discharge	Reablement and rehabilitation	Bed based intermediate Care Services	Step down (discharge to assess pathway-2)		Social Care		LA			Private Sector	Minimum NHS Contribution	£502,000	Existing
36	Early supported hospital discharge	Intermediate care	Bed based intermediate Care Services	Step down (discharge to assess pathway-2)		Social Care		LA			Private Sector	Minimum NHS Contribution	£50,000	Existing
37	Early supported hospital discharge	Support to self funders	Other		social work support	Social Care		LA			Local Authority	Minimum NHS Contribution	£85,000	Existing
38	Carers	Support to carers various schemes	Care Act Implementation Related Duties	Other	Carers support	Social Care		LA			Private Sector	Minimum NHS Contribution	£149,000	Existing
39	Carers	Carers support	Carers Services	Other	Carers support	Social Care		LA			Local Authority	Minimum NHS Contribution	£202,000	Existing
40	Carers	Support to carers various schemes	Carers Services	Other	Various schemes including respite	Social Care		LA			Private Sector	Minimum NHS Contribution	£882,000	Existing
41	Integrated Health and Social care	Integrated health and social care locality schemes	Community Based Schemes	Other	other	Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£1,212,299	Existing
42	Integrated Health and Social Care locality schemes	Integrated Health and Social Care locality schemes	Community Based Schemes	Other	Other	Community Health		CCG			NHS Community Provider	Additional NHS Contribution	£5,106,696	Existing
43	Integrated Health and Social Care locality schemes	Integrated Health and Social Care locality schemes	Community Based Schemes	Other	Other	Community Health		CCG			NHS Community Provider	Additional NHS Contribution	£41,652	Existing

[illegible]

Further guidance for completing Expenditure sheet

National Conditions 2 & 3

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'

2022-23 Revised Scheme types

Number	Scheme type/ services	Sub type	Description
1	Assistive Technologies and Equipment	1. Telecare 2. Wellness services 3. Digital participation services 4. Community based equipment 5. 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. Carer advice and support 2. Independent Mental Health Advocacy 3. Safeguarding 4. 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. 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 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 - including small adaptations 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. Community asset mapping 7. New governance arrangements 8. Voluntary Sector Business Development 9. Employment services 10. Joint commissioning infrastructure 11. Integrated models of provision 12. 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. Domiciliary care workforce development 4. 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	1. Step down (discharge to assess pathway-2) 2. Step up 3. Rapid/Crisis Response 4. 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. Four service models of intermediate care are: bed-based intermediate care, crisis or rapid response (including falls), home-based intermediate care, and reablement or rehabilitation. Home-based intermediate care is covered in Scheme-A and the other three models are available on the sub-types.

12	Reablement in a persons own home	1. Preventing admissions to acute setting 2. Reablement to support discharge -step down (Discharge to Assess pathway 1) 3. Rapid/Crisis Response - step up (2 hr response) 4. Reablement service accepting community and discharge referrals 5. Other	Provides support in your own home to improve your confidence and ability to live as independently as possible
13	Personalised Budgeting and Commissioning		Various person centred approaches to commissioning and budgeting, including direct payments.
14	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.
15	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.
16	Residential Placements	1. Supported living 2. Supported accommodation 3. Learning disability 4. Extra care 5. Care home 6. Nursing home 7. Discharge from hospital (with reablement) to long term residential care (Discharge to Assess Pathway 3) 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	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.

Better Care Fund 2022-23 Template

6. Metrics

Selected Health and Wellbeing Board:

Bournemouth, Christchurch and Poole

8.1 Avoidable admissions

		2021-22 Q1 Actual	2021-22 Q2 Actual	2021-22 Q3 Actual	2021-22 Q4 Actual	Rationale for how ambition was set	Local plan to meet ambition
Indirectly standardised rate (ISR) of admissions per 100,000 population (See Guidance)	Indicator value	219.7	187.4	203.1	187.4	The data for this indicator is not nationally supplied on monthly, or quarterly, basis therefore we are not able to produce the indirect standardisation rate (the correct measure for this metric) locally. It is hoped	The data for this indicator is not nationally supplied on monthly, or quarterly, basis therefore we are not able to produce the indirect standardisation rate (the correct measure for this metric) locally. It is hoped
		2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan	2022-23 Q4 Plan		
	Indicator value						

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

8.3 Discharge to usual place of residence

		2021-22 Q1 Actual	2021-22 Q2 Actual	2021-22 Q3 Actual	2021-22 Q4 Actual	Rationale for how ambition was set	Local plan to meet ambition
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)	Quarter (%)	92.7%	92.7%	92.3%	91.7%	There is a time lag which affects the national release of data for this indicator so the June 2022 data has not yet been released. The local weighted average per month for Q1 was April 93.1% (or 2633 discharges), May 92% (or 2670 discharges) and June 93.8% (or 2622 discharges).	There is a time lag which affects the national release of data for this indicator so the June 2022 data has not yet been released. The local weighted average per month for Q1 was April 93.1% (or 2633 discharges), May 92% (or 2670 discharges) and June 93.8% (or 2622 discharges).
	Numerator	8,840	8,689	8,360	7,987		
	Denominator	9,531	9,373	9,062	8,710		
		2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan	2022-23 Q4 Plan		
	Quarter (%)						
	Numerator						
	Denominator						

8.4 Residential Admissions

		2020-21 Actual	2021-22 Plan	2021-22 estimated	2022-23 Plan	Rationale for how ambition was set	Local plan to meet ambition
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	327.0	330.8	375.2	405.5	At the end of Q1 2022/23 there were 90 admissions (103.6 per 100,000) into residential and nursing care. This compares with 61 people (71.6 per 100,000) in the same period during 2021/22. The Plan for 360 is a pragmatic	A Quality Assurance Forum is embedded to monitor people going into care homes which involves the relevant managers overseeing the areas that people come under. The Forum considers the best and appropriate outcomes based on the Care
	Numerator	284	290	329	360		
	Denominator	86,843	87,678	87,678	88,785		

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>

Checklist

Complete:

No

Yes

No

No

Yes

Yes

8.5 Reablement

		2020-21 Actual	2021-22 Plan	2021-22 estimated	2022-23 Plan	Rationale for how ambition was set	Local plan to meet ambition
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	91.9%	91.9%	95.7%	95.7%	The 2022/23 Plan is based on the 2021/22 outturn. This indicator is based on Q4 activity i.e., at home in Jan, Feb and Mar and subject to winter pressure plans	The 2022/23 Plan is based on the 2021/22 outturn. This indicator is based on Q4 activity i.e., at home in Jan, Feb and Mar and subject to winter pressure plans
	Numerator	204	204	264	264		
	Denominator	222	222	276	276		

Please note that due to the demerging of Northamptonshire, information from previous years will not reflect the present geographies.

As such, the following adjustments have been made for the pre-populated figures above:

- 2020-21 actuals (for **Residential Admissions** and **Reablement**) for North Northamptonshire and West Northamptonshire are using the Northamptonshire combined figure;
- 2021-22 and 2022-23 population projections (i.e. the denominator for **Residential Admissions**) have been calculated from a ratio based on the 2020-21 estimates.

Yes

Yes

Yes

Better Care Fund 2022-23 Template

7. Confirmation of Planning Requirements

Selected Health and Wellbeing Board:

Bournemouth, Christchurch and Poole

Theme	Code	Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)	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
NC1: Jointly agreed plan	PR1	A jointly developed and agreed plan that all parties sign up to	Has a plan; jointly developed and agreed between ICB(s) and LA; been submitted? Has the HWB approved the plan/delegated approval? 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? Where the narrative section of the plan has been agreed across more than one HWB, have individual income, expenditure and metric sections of the plan been submitted for each HWB concerned?	Cover sheet Cover sheet Narrative plan Validation of submitted plans	Yes			
	PR2	A clear narrative for the integration of health and social care	Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that describes: • How the area will continue to implement a joined-up approach to integrated, person-centred services across health, care, housing and wider public services locally • The approach to collaborative commissioning • How the plan will contribute to reducing health inequalities and disparities for the local population, taking account of people with protected characteristics? This should include - How equality impacts of the local BCF plan have been considered - Changes to local priorities related to health inequality and equality, including as a result of the COVID 19 pandemic, and how activities in the document will address these. The area will need to also take into account Priorities and Operational Guidelines regarding health inequalities, as well as local authorities' priorities under the Equality Act and NHS actions in line with Core20PLUS.	Narrative plan	Yes			
	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? • Does the narrative set out a strategic approach to using housing support, including use of DFG funding that supports independence at home? • 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?	Narrative plan Confirmation sheet	Yes			
NC2: Social Care Maintenance	PR4	A demonstration of how the area will maintain the level of spending on social care services from the NHS minimum contribution to the fund in line with the uplift in the overall contribution	Does the total spend from the NHS minimum contribution on social care match or exceed the minimum required contribution (auto-validated on the planning template)?	Auto-validated on the planning template	Yes			
NC3: NHS commissioned Out of Hospital Services	PR5	Has the area committed to spend at equal to or above the minimum allocation for NHS commissioned out of hospital services from the NHS minimum BCF contribution?	Does the total spend from the NHS minimum contribution on non-acute, NHS commissioned care exceed the minimum ringfence (auto-validated on the planning template)?	Auto-validated on the planning template	Yes			
NC4: Implementing the BCF policy objectives	PR6	Is there an agreed approach to implementing the BCF policy objectives, including a capacity and demand plan for intermediate care services?	Does the plan include an agreed approach for meeting the two BCF policy objectives: - Enable people to stay well, safe and independent at home for longer and - Provide the right care in the right place at the right time? • Does the expenditure plan detail how expenditure from BCF funding sources supports this approach through the financial year? • Has the area submitted a Capacity and Demand Plan alongside their BCF plan, using the template provided? • Does the narrative plan confirm that the area has conducted a self-assessment of the area's implementation of the High Impact Change Model for managing transfers of care? • Does the plan include actions going forward to improve performance against the HICM?	Narrative plan Expenditure tab C&D template and narrative Narrative plan Narrative template	Yes			

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Agreed expenditure plan for all elements of the BCF	PR7	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?	<ul style="list-style-type: none"> Do expenditure plans for each element of the BCF pool match the funding inputs? (auto-validated) Is there confirmation that the use of grant funding is in line with the relevant grant conditions? (see paragraphs 31 – 43 of Planning Requirements) (tick-box) Has the area included a description of how BCF funding is being used to support unpaid carers? Has funding for the following from the NHS contribution been identified for the area: <ul style="list-style-type: none"> Implementation of Care Act duties? Funding dedicated to carer-specific support? Reablement? 	Expenditure tab Expenditure plans and confirmation sheet Narrative plan Narrative plans, expenditure tab and confirmation sheet	Yes				
Metrics	PR8	Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?	<ul style="list-style-type: none"> Have stretching ambitions been agreed locally for all BCF metrics? Is there a clear narrative for each metric setting out: <ul style="list-style-type: none"> the rationale for the ambition set, and the local plan to meet this ambition? 	Metrics tab	Yes				

Yes
Yes