Better Care Fund 2024-25 Q2 Reporting Template

1. Guidance

Overview

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

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

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

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

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

Note on entering information into this template

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

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

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

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

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

Checklist (2. Cover)

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

2. Cover

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

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

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

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

3. National Conditions

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

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

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

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

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

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

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

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

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

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

5. Capacity & Demand Actual Activity

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

5.1 C&D Guidance & Assumptions

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

5.2 C&D H1 Actual Activity

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

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

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

HM Government

NHS England

Better Care Fund 2024-25 Q2 Reporting Template

2. Cover

Version 3.0

Please Note:

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

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

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

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

			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 13/01/2025	<< Please enter using the format, DD/MM/YYYY	Yes

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

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

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

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

Better Care Fund 2024-25 Q2 Reporting Template

3. National Conditions

Selected Health and Wellbeing Board: Bournemouth, Christchurch and Poole

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

Better Care Fund 2024-25 Q2 Reporting Template

4. Metrics

Selected Health and Wellbeing Board: Bournemouth, Christchurch and Poole

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

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

Better Care Fund 2024-25 Q2 Reporting Template

5. Capacity & Demand

Selected Health and Wellbeing Board: Bournemouth, Christchurch and Poole

5.1 Assumptions

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

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

5.1 Guidance

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

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

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

Hospital Discharge

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

- Reablement & Rehabilitation at home (pathway 1)

- Short term domiciliary care (pathway 1)

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

- Other short term bedded care (pathway 2)

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

Community

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

Social support (including VCS)

Urgent Community Response

Reablement & Rehabilitation at home

Reablement & Rehabilitation in a bedded setting

Other short-term social care

Better Care Fund 2024-25 Q2 Reporting Template

5. Capacity & Demand

Selected Health and Wellbeing Board: Bournemouth, Christchurch and Poole

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

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

Better Care Fund 2024-25 Q2 Reporting Template

To Add New Schemes

6. Expenditure

Selected Health and Wellbeing Board: Bournemouth, Christchurch and Poole

<< Link to summary sheet

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

Comments if income changed

Required Spend

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

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

Checklist Column complete: Yes Yes

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

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

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

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