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

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

6. Expenditure

To Add New Schemes

Selected Health and Wellbeing Board: Bournemouth, Christchurch and Poole

<< Link to summary sheet

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

Required Spend

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

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

Checklist

Column complete:

Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes		Yes	No	Yes		Yes		Yes

>> Incomplete fields on row number(s):

272, 273, 274

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

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

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

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

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

Further guidance for completing Expenditure sheet

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

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

2023-25 Revised Scheme types

Number	Scheme type/ services	Sub type	Description
1	Assistive Technologies and Equipment	1. Assistive technologies including telecare 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.	
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**
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.	

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.	
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.	

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 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?
Yes	
Yes	Has the area described how shared data has been used to understand demand and capacity for different types of intermediate care?
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?
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?"
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
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 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			