



HM Government



Better Care Fund 2024-25 Q3 Reporting Template

2. Cover

Version 1.0

Please Note:

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

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Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No	
If no, please indicate when the report is expected to be signed off:	Mon 24/03/2025	<< Please enter using the format, DD/MM/YYYY

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

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

Complete

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

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

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4. Metrics

Selected Health and Wellbeing Board:

Bournemouth, Christchurch and Poole

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

Metric	Definition	For information - Your planned performance as reported in 2024-25 planning				For information - actual performance for Q2 (For Q3 data, please refer to data pack on BCX)	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs <i>Please:</i> - 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. <i>Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics</i>	Variance from plan <i>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</i>	Mitigation for recovery <i>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</i>
		Q1	Q2	Q3	Q4						
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	214.0	209.1	255.4	226.2	2.0	On track to meet target	Actual Q2 Performance: 175.9 Admissions are still high, which is causing pressures in the system. Further improvements in access to community schemes will help decrease pressures, as most people who present to A&E are more likely to be admitted, rather than referred to support within the community.	In Q1, the ICS initiated a diagnostic project with Newton to review Urgent Emergency Care. The aim is to find ways to reduce admissions and enhance the use of Virtual Wards and Same Day Emergency Care. A new transformation programme was initiated in January 25 with KPIs set which will lead to further improvements in this metric.	.	.
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	94.5%	94.5%	94.5%	94.5%	94.5%	On track to meet target	Performance year to date is on target. Challenges include a high demand for Reablement at home services, which is reflected in our P1 discharges in the Capacity and Demand activity.	Strong partnership between hospital discharge team and brokerage to arrange swift care packages to ensure continuity of care can continue at home after discharge. The Transfer of Care hub, Brokerage and Hospital Discharge teams work together to ensure wherever possible, the person is discharged to their normal place of residence with intermediate care or temporary stay at an intermediate bedded setting to provide a period of assessment to identify their longer-term needs before returning home.	.	.

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

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3. National Conditions

Selected Health and Wellbeing Board: Bournemouth, Christchurch and Poole

Has the section 75 agreement for your BCF plan been finalised and signed off?	No	
If it has not been signed off, please provide the date section 75 agreement expected to be signed off	31/03/2025	
If a section 75 agreement has not been agreed please outline outstanding actions in agreeing this.	Awaiting sign off from NHS Dorset	
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	
2) Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	Yes	
3) Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	Yes	
4) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	Yes	

Checklist Complete:
Yes
Yes
Yes
Yes
Yes
Yes
Yes

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5. Capacity & Demand

Selected Health and Wellbeing Board:

Bournemouth, Christchurch and Poole

5.1 Assumptions

1. How have your estimates for capacity and demand changed since the last reporting period? Please describe how you are building on your learning across the year where any changes were needed.

Capacity and demand assumptions have remained unchanged since previous submission. However, the correction to P1 demand assumption reported at end of Q2 has not yet been corrected in this return. The impact of this is showing a bigger difference between our plan and actual until this can be corrected on central planning return.

Based on the corrected trajectory, our capacity and demand assumptions remain broadly aligned. However, we have not seen the reduction in length of delay that we were planning for YTD. This has meant our flow improvement (as measured through reduction in length of delay) has not delivered at the scale we intended. The BCF support programme and subsequent system diagnostic undertaken with Newton has provided a clear evidence base on which we are building our flow improvement priorities. These are centred on earlier discharge planning and streamlined decision-making via our Transfer of Care hubs to reduce length of delay in hospital discharge; in addition to effort to improve flow through community/intermediate care spaces and preventing avoidable admission where there is opportunity.

2. Do you have any capacity concerns for Q4? Please consider both your community capacity and hospital discharge capacity.

Like other parts of the country, a number of services have been impacted by staff sickness in January which has impacted available capacity. High acuity of presenting demand has resulted in longer lengths of stay in acute and community spaces. We are anticipating having passed the peak of flu demand now but there is significant work to do to recover the position to acceptable levels. To achieve this, we need to improve flow and reduce delays in exiting community beds and intermediate care spaces. This is a key priority in Q4

As part of 2025/26 BCF planning we are looking at the breadth of our intermediate care offer across home and bed-based care to address known gaps in our D2A model e.g. patient with dementia

3. Where actual demand exceeds capacity, what is your approach to ensuring that people are supported to avoid admission or to enable discharge? Please describe how this improves on your approach for the last reporting period.

Our demand and capacity are broadly in line with our 2024/25 plan (based on corrected assumption - see Q1) but we experience peaks in demand that do not always align to when capacity is available, and this causes peaks in delays. Part of our response to this is working with partners with intention to smooth flow over 7 days and reduce unwarranted variation. This relies on proactive capacity management of our intermediate care providers and better use of EDDs/DRDs as part of early discharge planning. This is a key part of our Transfers of Care workstream.

4. Do you have any specific support needs to raise for Q4? Please consider any priorities for planning readiness for 25/26.

Nothing specific to raise at this time. We are currently waiting for publication of BCF Planning Framework and NHS Operating Plan Guidance to provide framework for 2025/26 planning. Building on the outputs of the BCF Support offer, Dorset has commenced on a large-scale transformation programme, working in partnership with Newton Europe, to redesign our urgent and emergency care, and intermediate care model. The Future Care programme is expected to deliver significant benefits to hospital flow and long-term outcomes for people requiring intermediate care as part of step-up and step-down models of care. Key areas of focus are: Preventing Admissions, Transfers of Care, Home and Bed -Based Intermediate care underpinned by system visibility of key data and further development of our system change capability.

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

Checklist

Yes

Yes

Yes

Yes

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

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

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

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To Add New Schemes

6. Expenditure

Selected Health and Wellbeing Board: Bournemouth, Christchurch and Poole

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

Comments if income changed

Required Spend

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

	2024-25		
	Minimum Required Spend	Expenditure to date	Balance
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£10,381,020	£16,992,566	£0
Adult Social Care services spend from the minimum ICB allocations	£14,202,380	£10,710,759	£3,491,621

Checklist	Column complete:	Yes	Yes
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Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Planned Outputs for 2024-25	Outputs delivered to date (Number or NA if no plan)	Units	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Previously entered Expenditure for 2024-25 (£)	Expenditure to date (£)	Discontinue (if scheme is no longer being carried out in 24-25, i.e. no money has been spent and will be spent)	Comments
1	Integrated Health and Social Care locality schemes	Moving on from hospital living	Community Based Schemes	Other	LD campus reprovion		33		Community Health	0	NHS			Private Sector	Minimum NHS Contribution	£ 7,428,193	£5,571,145		Moving on from hospital living project. Information provided by Pawel.
2	Integrated Health and Social care	Integrated health and social care locality schemes	Community Based Schemes	Other	other		NA		Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	£ 10,480,335	£7,860,251		Various contracts. We could put the number of people referred to UCR that is a part of this funding - 3223 (incl 25%
3	Maintaining Independence	Dorset Integrated Community Equipment Service	Community Based Schemes	Other	Integrated community equipment		7712		Community Health		NHS			Private Sector	Minimum NHS Contribution	£ 2,906,542	£2,618,919		ICES Performance for NHS Dorset (roughly split 50/50 with DC)
4	Maintaining Independence	Advocacy, information, front door	Care Act Implementation Related Duties	Other	Early help and Learning Disabilites		879		Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contribution	£ 233,509	£175,132		SWAN Advocacy. Number of new referrals between April - December 24.
5	Maintaining Independence	Voluntary organisations schemes	Prevention / Early Intervention	Other	Voluntary sector		946		Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contribution	£ 193,358	£145,019		Outputs reflects proportion of people with support from voluntary sector.
6	Maintaining Independence	High cost placements	Residential Placements	Learning disability		3	3	Number of beds	Social Care		LA			Private Sector	Minimum NHS Contribution	£ 598,615	£448,961		Gathering details into what makes these so expensive - Siobain. Most expensive bed is £3318 p/week
7	Maintaining Independence	Dementia Placements	Residential Placements	Care home		38	38	Number of beds	Social Care		LA			Private Sector	Minimum NHS Contribution	£ 2,537,301	£1,902,976		

8	Maintaining Independence	Home care	Home Care or Domiciliary Care	Domiciliary care packages		64250	48188	Hours of care (Unless short-term in which case it is packages)	Social Care		LA				Private Sector	Minimum NHS Contribution	£ 1,602,862	£1,202,147		
9	Maintaining Independence	Support to self funders	Prevention / Early Intervention	Other	social work support		131		Social Care		LA				Local Authority	Minimum NHS Contribution	£ 64,453	£48,340		Scheme is 16% of self funders budget. Outputs is number of assessments.
10	Maintaining Independence	Dementia Placements	Care Act Implementation Related Duties	Other	Residential care	660	13		Social Care		LA				Private Sector	Minimum NHS Contribution	£ 811,000	£608,250		We have 667 dementia placements but this scheme doesn't fund all of those.
11	Early supported hospital discharge	Residential, dementia and mental health placements	Residential Placements	Care home		32	32	Number of beds	Social Care		LA				Private Sector	Minimum NHS Contribution	£ 2,096,000	£1,572,000		
12	Early supported hospital discharge	Residential and dementia placements	Care Act Implementation Related Duties	other	Residential care		47		Social Care		LA				Private Sector	Minimum NHS Contribution	£ 60,226	£45,170		47 weeks of residential placement for D2A.
13	Early supported hospital discharge	Hospital discharge and CHC teams	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning		0	NA		Social Care		LA				Local Authority	Minimum NHS Contribution	£ 2,200,000	£1,650,000		
14	Early supported hospital discharge	Intermediate care	Personalised Care at Home	other	rapid/crisis response		7700		Social Care		LA				Private Sector	Minimum NHS Contribution	£ 127,849	£95,887		11% BCF allocation towards Apex RR D2A. Total RR hours - 70,000
15	Early supported hospital discharge	Reablement and rehabilitation	Home-based intermediate care services	Reablement at home (accepting step up and step down users)		115	86	Packages	Social Care		LA				Private Sector	Minimum NHS Contribution	£ 1,586,751	£1,190,063		
16	Early supported hospital discharge	Reablement and rehabilitation	Bed based Intermediate Care Services (Reablement,	Bed-based intermediate care with reablement accepting step up and step		10	36	Number of placements	Social Care		LA				Private Sector	Minimum NHS Contribution	£ 562,260	£421,695		Health paid beds - Figbury. Asks for placements, so the figure reflects that. Scheme pays for 10 IC block beds.
17	Early supported hospital discharge	Intermediate care	Bed based Intermediate Care Services (Reablement,	Bed-based intermediate care with reablement accepting step up and step		0.8	39	Number of placements	Social Care		LA				Private Sector	Minimum NHS Contribution	£ 53,887	£40,415		Total placements in this period is 52, but split between the 2 to show what each scheme contributed. I've measured
18	Early supported hospital discharge	Support to self funders	Other		social work support		197		Social Care		LA				Local Authority	Minimum NHS Contribution	£ 96,151	£72,113		Scheme is 24% of self funders budget. Outputs is number of financial assessments.
19	Carers	Support to carers various schemes	Care Act Implementation Related Duties	Other	Carers support		3		Social Care		LA				Private Sector	Minimum NHS Contribution	£ 162,716	£122,037		Number of carer officers funded via BCF.
20	Carers	Carers support	Carers Services	Other	Carers support	6500	7744	Beneficiaries	Social Care		LA				Local Authority	Minimum NHS Contribution	£ 227,169	£170,377		Tim Branson provided number of carers that are acknowledged by the BCP Carers Service
21	Carers	Support to carers various schemes	Carers Services	Other	Various schemes including	6500	7744	Beneficiaries	Social Care		LA				Private Sector	Minimum NHS Contribution	£ 1,024,902	£768,677		Tim Branson provided number of carers that are acknowledged by the BCP Carers Service
22	Integrated Health and Social care	Integrated health and social care locality schemes	Community Based Schemes	Other	other		NA		Community Health		NHS				NHS Community Provider	Minimum NHS Contribution	£ 1,256,334	£942,251		Community Therapy.
23	Integrated Health and Social Care locality schemes	Integrated Health and Social Care locality schemes	Community Based Schemes	Other	Other		35		Community Health		NHS				NHS Community Provider	Additional NHS Contribution	£ 5,292,192	£3,969,144		District Nursing - 75% of total comes from BCF. (47 district nursing teams in BCP)
24	Integrated Health and Social Care locality schemes	Integrated Health and Social Care locality schemes	Community Based Schemes	Other	Other		1		Community Health		NHS				NHS Community Provider	Additional NHS Contribution	£ 43,165	£32,374		District Nurse - Palliative Care
25	Integrated Health and Social Care locality schemes	Integrated Health and Social Care locality schemes	Community Based Schemes	Other	Other		2153		Community Health		NHS				NHS Community Provider	Additional NHS Contribution	£ 1,483,828	£1,112,871		Generalist palliative care. Output referring to number of people on the palliative care register.
26	Integrated Health and Social Care locality schemes	Integrated Health and Social Care locality schemes	Community Based Schemes	Other	Other		NA		Community Health		NHS				NHS Community Provider	Additional NHS Contribution	£ 6,230,515	£4,672,886		Intermediate care. Number of people accessing intermediate care services.
27	Maintaining Independence	Market shaping	Prevention / Early Intervention	Other	market shaping	1	1		Social Care		LA				Local Authority	Minimum NHS Contribution	£ 42,000	£31,500		BCP Council BCF Manager
28	Maintaining Independence	Housing schemes	DFG Related Schemes	Discretionary use of DFG		3348	3868	Number of adaptations funded/people	Social Care		LA				Private Sector	DFG	£ 1,593,000	£1,235,600		35% of BCP ICES contribution
29	Maintaining Independence	Housing schemes	DFG Related Schemes	Adaptations, including statutory DFG grants		175	112	Number of adaptations	Social Care		LA				Private Sector	DFG	£ 2,244,600	£850,000		A further £649k is committed but not yet complete.

30	Integrated Health and Social Care locality schemes	Moving on from hospital living	Community Based Schemes	Other	LD campus reprovion		32		Social Care		LA			Private Sector	Additional LA Contribution	£ 2,182,000	£1,636,500		Moving on from hospital living project. Information provided by Pawel.
31	Maintaining Independence	Staffing for lifeline/AT	Personalised Care at Home	Physical health/wellbeing			1873		Social Care		LA			Local Authority	IBCF	£ 35,000	£26,250		1001 callouts linked to falls. BCF funds 1 FTE.
32	Maintaining Independence	Care home placements	Residential Placements	Care home		64	64	Number of beds	Social Care		LA			Private Sector	IBCF	£ 4,143,749	£3,107,812		
33	Maintaining Independence	Packages of home care	Home Care or Domiciliary Care	Domiciliary care packages		243000	182250	Hours of care (Unless short-term in which case it is packages)	Social Care		LA			Private Sector	IBCF	£ 6,049,000	£4,536,750		
34	Maintaining Independence	Social Work	Other		targeted community social work		5		Social Care		LA			Local Authority	IBCF	£ 189,000	£141,750		
35	Maintaining Independence	Independent Living	Personalised Care at Home	Physical health/wellbeing			2		Social Care		LA			Local Authority	IBCF	£ 68,000	£51,000		2 Occupational Therapists home visits to assess somebody's home to make it suitable for independence.
36	Early supported hospital discharge	DOLS BIAs	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning			309		Social Care		LA			Local Authority	IBCF	£ 268,000	£201,000		BCF percentage 19%. Number of DOLS requests completed April - December.
37	Early supported hospital discharge	Brokerage services	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning			2		Social Care		LA			Local Authority	IBCF	£ 58,000	£43,500		Brokerage officer avg salary £28k.
38	Early supported hospital discharge	Hospital discharge and CHC teams	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning			NA		Social Care		LA			Local Authority	IBCF	£ 288,000	£216,000		
39	Early supported hospital discharge	Hospital to home	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with reablement (to support discharge)		9	48	Number of placements	Social Care		LA			Private Sector	IBCF	£ 550,000	£412,500		Previous output figure refers to beds, now asking for placements hence the difference.
40	Early supported hospital discharge	reablement	Home-based intermediate care services	Reablement at home (to support discharge)		26	26	Packages	Social Care		LA			Private Sector	IBCF	£ 210,000	£157,500		Tricuro.
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	Number of placements	Social Care		LA			Private Sector	IBCF	£ 21,000	£15,750		8 weeks per bed per week.
42	Early supported hospital discharge	Intensive packages, extended protected hours	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning			5		Social Care		LA			Private Sector	IBCF	£ 1,195,000	£896,250		Information from Pawel. Intended to fund some expensive beds.
43	Early supported hospital discharge	rapid financial assessments	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning			NA		Social Care		LA			NHS	IBCF	£ 72,000	£54,000		CHC Financial Assessment. Undertaken by NHS Dorset.
44	Early supported hospital discharge	social workers	Integrated Care Planning and Navigation	Care navigation and planning			6		Social Care		LA			Local Authority	IBCF	£ 235,000	£176,250		Funding for social workers.
45	Early supported hospital discharge	7 day working	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning			2		Social Care		LA			Local Authority	IBCF	£ 57,000	£42,750		7 day Brokerage to facilitate weekend hospital discharges.
51	Early supported hospital discharge	Intermediate care	Personalised Care at Home	Other	rapid/crisis response		35000		Social Care		LA			Private Sector	ICB Discharge Funding	£ 1,006,940	£755,205		Apex D2A RR - BCF Value = 50% of contract value. Outputs are hours.
52	Early supported hospital discharge	Intermediate care	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with reablement (to support discharge)		18	69	Number of placements	Social Care		LA			Private Sector	ICB Discharge Funding	£ 1,988,379	£1,491,284		Coastal Lodge. 18 is the beds, but outputs is asking for placements.
54	Early supported hospital discharge	Intermediate care	Community Based Schemes	Other	24/25 additl funding to be agreed		404		Social Care		LA			Private Sector	ICB Discharge Funding	£ 505,454	£379,091		Correction from Q1 as all intermediate care patients were counted, rather than percentage of scheme value.
55	Early supported hospital discharge	DOLS BIAs	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning	0	0	1		Social Care	0	LA	0		Local Authority	Local Authority Discharge	£ 107,000	£80,250		7.5% DOLS total. 78 BIAs have been completed through this scheme. Funding being used to recruit 1 FTE and increase
56	Early supported hospital discharge	Support for self funders	Other	0	Social Work Support	0	493		Social Care	0	LA	0		Local Authority	Local Authority Discharge	£ 251,000	£188,250		Scheme is 60% of self funders budget. Outputs is financial assessments.
57	Early supported hospital discharge	Residential, dementia and mental health placements	Residential Placements	Care home	0	20	36	Number of beds	Social Care	0	LA	0		Private Sector	Local Authority Discharge	£ 2,782,153	£2,086,615		Figbury Lodge. This scheme equates to 45% of the contract.