Integration and Better Care Fund

Better Care Fund 2025-26 HWB submission

Narrative plan template

	HWB area
HWB	Bournemouth, Christchurch, and Poole
ICB	NHS Dorset

Introduction and guidance –

This is a template for local areas to use to submit narrative plans for the Better Care Fund (BCF). All local areas are expected to submit narrative BCF plans. Although the template is optional, we ask that BCF planning leads ensure that narrative plans cover all headings and topics from this narrative template. Formatted text boxes have been included but these can be removed and a standard text used.

These plans should complement the agreed spending plans and goals for BCF national metrics in your area's Excel BCF Planning Template and intermediate care capacity and demand planning.

Although each Health and Wellbeing Board (HWB) will need to agree a separate Excel planning template and capacity and demand plan, a narrative plan covering more than one HWB can be submitted, where this reflects local arrangements for integrated working. Each HWB covered by the plan will need to agree the narrative as well as their Excel planning template and capacity and demand plan.

Further guidance on completing HWB submission templates can be found on the Better Care Exchange.

Section 1: Overview of BCF Plan

This should include:

- Priorities for 2025-26
- Key changes since previous BCF plan
- A brief description of approach to development of plan and of joint system governance to support delivery of the plan and where required engage with BCF oversight and support process
- Specifically, alignment with plans for improving flow in urgent and emergency care services
- A brief description of the priorities for developing for intermediate care (and other short-term care).
- Where this plan is developed across more than one HWB please also confirm how this plan has been developed in collaboration across HWB areas and aligned ICBs and the governance processes completed to ensure sign off in line with national condition 1.

BCP Council and NHS Dorset have collaboratively developed the Better Care Fund plan for 2025/26. This plan has been shaped through extensive consultation with key stakeholders, heads of service and voluntary organisations, ensuring a comprehensive and collaborative approach to addressing the needs of people in Bournemouth, Christchurch, and Poole.

The plan's development and joint system governance involve approval from the chief executive of BCP Council, NHS Dorset, the Dorset Joint Commissioning Board, and the Bournemouth, Christchurch, and Poole Health and Wellbeing Board. Regular updates on allocation and spending will be provided, with quarterly returns approved through the Health and Wellbeing Board.

Key Priorities for 2025/26

For the 2025/26 priorities, the focus will be on aligning services with the Home First Agenda by reviewing hospital discharge pathways, such as Reablement at Home and Discharge to Assess. This aims to ensure a seamless transition for patients while reducing reliance on legacy social care services like Residential Care. A coordinated approach to intermediate care will be implemented, utilising the Transfer of Care hubs and a multi-disciplinary team to facilitate smooth transitions from hospital to intermediate care.

Efforts will continue to address significant pressures within acute and community hospitals, including mental health services. The deployment of Trusted Assessors in 2024 has boosted care providers' confidence in accepting discharges, and this service will be promoted further in 2025/26 to increase awareness among more care providers in the area. Additionally, there will be an increased utilisation of alternative pathways for urgent and emergency care, such as expanding the use of virtual wards to provide hospital-quality care closer to home.

Reablement services will be evaluated to identify opportunities for earlier interventions before admissions and to support clients in returning home promptly and receiving care at home. Finally, a Prevention Strategy will be developed by BCP Council, due to be completed during 2025/26, to

promote prevention and early intervention which falls under the BCP council adult social care transformation programme

FutureCare Programme

The vision for integrated urgent care in Bournemouth, Christchurch, and Poole is to create a seamless, person-centred system that minimises entry points, reduces fragmentation, and ensures that every individual receives the right care, in the right place, at the right time. By breaking down silos between health and social care, fostering genuine collaboration across all stakeholders, and leveraging data-driven insights, we will deliver a unified, efficient, and responsive urgent care model that meets the diverse needs of our communities, while maintaining the highest standards of safety and quality.

To achieve the vision for integrated urgent care, the Dorset System has embarked on the FutureCare change programme, which includes the following workstreams:

- **Reducing Unnecessary Emergency Department Visits and Admissions**: Aiming to minimise emergency department visits and admissions to acute hospital beds.
- **Reducing Hospital Delays and Length of Stay**: Improving visibility of onward pathway capacity, patient next steps, and discharge decision-making processes.
- **Increasing Proportion of Home-Based Recovery Services**: Ensuring more hospital discharges are supported by home-based recovery services.
- **Minimising Short-Term Care Bed Usage**: Ensuring the length of stay in short-term care beds is minimised through robust processes and eliminating delays to onward care.
- **Improving Intermediate Care Capacity and Effectiveness**: Optimising home and bed-based capacity to reduce long-term social care needs and promote independence.

The FutureCare programme has detailed benefits realisation plans in place for delivery within 2025/26.

Since the previous Better Care Fund (BCF) plan, significant changes have been implemented to enhance efficiency and effectiveness. Governance processes have been simplified, streamlining operations and improving data collection and monitoring. Dedicated managers in BCP Council and NHS Dorset now oversee the Better Care Fund schemes. The introduction of the FutureCare Programme marks a comprehensive change initiative aimed at improving urgent and emergency care. Additionally, a diagnostic review into the urgent and emergency care pathway was conducted in 2024 to identify areas for improvement, establishing the baseline for the FutureCare Programme.

Collaboration across Health and Wellbeing Board areas and aligned Integrated Care Boards (ICBs) has been crucial in developing this plan. BCP Council, Dorset Council, and NHS Dorset have worked together to ensure the plan meets national conditions and addresses the community's needs effectively.

Section 2: National Condition 2: Implementing the objectives of the BCF

Please set out how your plan will implement the objectives of the BCF: to support the shift from sickness and prevention; and to support people living independently and the shift from hospital to home. This should include:

- A joint system approach for meeting BCF objectives which reflects local learning and national best practice and delivers value for money
- Goals for performance against the three national metrics which align with NHS operational plans and local authority social care plans, including intermediate care demand and capacity plans
- Demonstrating a "home first" approach that seeks to help people remain independent for longer and reduce time spent in hospital and in long-term residential or nursing home care
- Following the consolidation of the Discharge Fund, explain why any changes to shift planned expenditure away from discharge and step-down care to admissions avoidance or other services are expected to enhance UEC flow and improve outcomes.

The Dorset Integrated Care System (ICS) is committed to implementing the objectives of the Better Care Fund for 2025/26, focusing on shifting from sickness to prevention and supporting people to live independently, transitioning from hospital to home.

Joint Integrated System Approach

BCP Council Adult Social Care, and NHS Dorset have collaboratively developed the BCF plan. This plan incorporates local learning and national best practices to ensure value for money.

The Transfer of Care hubs that are being developed are a key focus for the transformation of the urgent and emergency pathway work that is a priority for BCP Council, NHS, and other local health & social care partners. The Transfer of Care hub development work is a focal point for coordinating discharges for individuals with new or increased needs, demonstrates this approach. The hub will manage all complex discharges into intermediate care, reducing handoffs and duplication of efforts, ensuring timely discharges, and preparing for complex cases earlier to minimise delays.

The High Impact Change Model (HICM) principles are being applied to enhance the effectiveness of these initiatives. For example, early discharge planning with integrated discharge teams working within Health & Social Care ensures that planning begins as soon as possible, co-ordinating the best pathway for the person to facilitate timely transitions. Proactive capacity and demand planning utilises data-driven insights to anticipate and manage demand for intermediate care services. Trusted assessors streamline the assessment process, building confidence among care providers and reducing delays. Flexible working patterns ensure care is available when needed, further minimising discharge delays and improving care transitions. These examples from the HICM illustrate how the plan aims to create a seamless, person-centred system that supports timely and appropriate care.

Goals for Performance Against National Metrics

The plan aligns with NHS operational plans and local authority social care plans, setting goals for performance against the three national metrics:

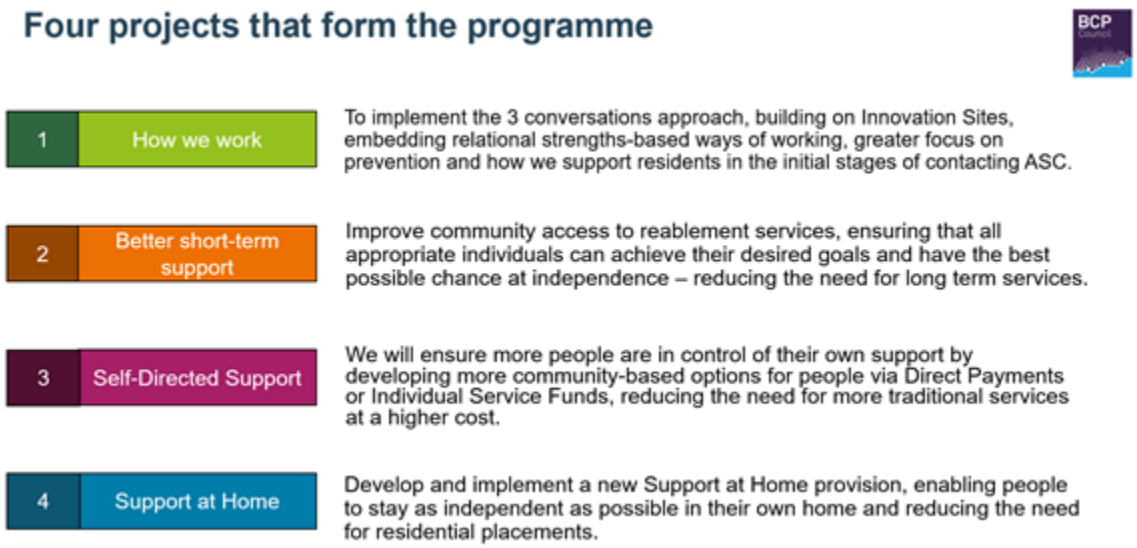
Emergency Admissions: The mission in the FutureCare programme is that every person in Dorset is cared for at home, not in hospital, when that is the best choice for them. We are committed to giving all patients the best outcome and optimum independence – whatever that means for them – through the right specialist support, services that meet demand, faster decision making and the ability to quickly step care up or down. By working together, with a more integrated system and radical collaboration between NHS and social care staff, the voluntary and community sector, patients and families, we can, and we will achieve this.

Discharge Delays: The Dorset Integrated Care System is in the process of developing a Dorset Transfer of Care hub approach which will be a focal point for coordinating discharge for people with new or increased needs who require post-discharge health and/or social care and support (in other words, those on discharge pathways one, two and three). All complex discharges into intermediate care will therefore be managed by hubs based in the acute hospital and the community. The benefits of the Hub will be to direct the person more appropriately to the care they require with less handoffs and duplications of effort. It will ensure that the person is discharged promptly once deemed medically fit and ready to leave hospital. There will also be earlier discussions and preparations for the more people with complex needs to be discharged so that there is less delay and time waiting for discharge when ready.

The Integrated Community Equipment Service (ICES) will continue working with prescribers to have the necessary equipment available to support hospital admission avoidance and enable supported discharge, with "on the day" delivery options available.

Residential Admissions: Several initiatives will be in place during 2025/26 to further reduce over reliance on people entering residential care. These include using the Disabled Facilities Grant, to build and install adaptations into people's homes so they can live independently.

BCP Council has embarked on an ambitious Adult Social Care Transformation programme – the Fulfilled Lives programme. The programme has four areas of focus, highlighted below:



There is an emphasis on new ways of working that embed strengths-based practice and a shift to commissioning services that support a more proactive approach to prevention, increasing the range

of options available to people to design more bespoke forms of care and support—such as Individual Service Funds—and stimulating the market through the creation of Community Micro-Enterprises. In addition, we expect to see a shift towards increased use of short-term support that reduce or delay people's need for long-term services.

As part of the wider transformation agenda, an Adult Social Care Prevention Strategy is being developed to prevent, reduce, or delay long-term conditions requiring acute services. This strategy will outline current processes, including carers services and care technology, and plans to shift resources upstream. Currently, six commissioned services focus on prevention, showing positive outcomes. However, four are funded by the non-recurring Ageing Well Programme. Without long-term funding, these schemes may be decommissioned, increasing reliance on costly adult social care. A prevention strategy is crucial to sustain this approach.

Home First Approach

The plan emphasises a Home First approach, aiming to help people remain independent for longer and reduce time spent in hospitals and long-term residential or nursing home care. Key initiatives include:

- **Reablement Services**: Reablement and ongoing assessments via the D2A model ensure the clients journey focuses on goals and outcomes around better independence levels and will invest in the core offer for these services being available and accessible. The focus of reablement services will be to identify opportunities for earlier interventions before admissions as well as supporting clients to return home in a timely manner and receive care at home.

  One of the main provider of reablement is now occupational therapy (OT) led, and this will create better outcomes for users of the service as there is no delay to receiving the professional therapy input towards realistic goals.

- **Integrated Community Equipment Service (ICES)**: BCP Council is the lead Commissioner for the Pan-Dorset Equip for Living Service Partnership that also includes NHS Dorset and Dorset Council. The equipment service plays a pivotal role in facilitating discharge; hospital admission avoidance; end of life care at home; supporting independent living for Adults and Children and supporting prevention at scale. The service is provided by NRS Healthcare, a leading provider of Integrated Community Equipment Services.

  BCP Council will continue to provide system leadership in the future developments of the service and the Pan-Dorset Partnership. In close partnership with NRS Healthcare, future developments include working in partnership to improve the consistency in the use of service capacity to improve hospital discharge and flow whilst supporting enhanced reablement and preventative services.

  ICES is a key service in enabling people to stay independent and in their own homes with a long-term approach to avoid hospital admission and increase preventative measures, thereby enabling people to remain in their own homes.

- **Care Technology**: BCP council adult social care new care technology offer has a key role to play in promoting independence and allowing people to live independently at home for as long as possible. As part of a full-service transformation, we are now delivering a single care technology offer across Bournemouth, Christchurch and Poole at the forefront of Adult Social Care Services. The new operating model for the care technology service was implemented in December 2024 and supports a wider range of people in personalised ways to meet their outcomes. The next phase of the transformation will look at expanding the offer to reach more

people and to work innovatively with providers to pilot technology that delays reduces or prevents the need for long term care and support.

Disabled Facilities Grant

BCP Council Housing will continue to maximise the usage of the Disabled Facilities Grant (DFG) in 2025-26. In 2024-25, 175 homes were adapted to meet people's needs, enabling them to maintain their independence for longer. The Department of Housing provided an in-year uplift to further enhance these efforts. This funding is particularly beneficial in the Bournemouth, Christchurch, and Poole area, where many homes require adaptations such as improved mobility access and the installation of ramps and rails to facilitate easier movement both inside and outside the home.

Impact of Discharge Fund Consolidation

BCP Council and NHS Dorset are contributing at least the minimum amounts set by the DHSC. However, a £329,000 shortfall has been identified due to the annual inflationary uplift given by NHS Dorset being less than anticipated for the BCP Council's Medium Term Financial Plan. BCP Councils assumptions, were based on market intelligence of current cost pressures faced by Providers. The minimum contribution from NHS Dorset does not meet these pressures.

Following the consolidation of the Discharge Fund, the schemes that are funded through the ASC and ICB Discharge Fund were reviewed. *__Requires outcome__*

Services funded previously through the Discharge Fund such as Apex Rapid Response will continue to allow us to remain committed to continuing our efforts in the Discharge to Assess (D2A) pathways from hospital discharge. By enabling patients to leave the hospital as soon as they are medically stable, we reduce the risk of hospital-acquired infections and free up beds for others in need. Our approach ensures that patients receive ongoing care and assessments in more suitable environments, enhancing their recovery and accurately identifying their long-term needs. With coordinated support from health and social care teams, we improve patient flow and provide cost-effective care, ultimately promoting better health outcomes and independence for our patients.

Conclusion

The BCF plan for 2025/26, developed by BCP Council and NHS Dorset, reflects a joint system approach, aligning with national best practices and local learning. It sets clear goals for performance against national metrics, demonstrates a Home First approach, and working towards enhanced UEC flow and improved outcomes. This comprehensive plan aims to support the shift from sickness to prevention and help people live independently, reducing reliance on hospital and long-term care.

Please describe how figures for intermediate care (and other short-term care) capacity and demand for 2025-26 have been derived, including:

- how 2024-25 capacity and demand actuals have been taken into account in setting 2025-26 figures (if there was a capacity shortfall in 2024-25 what mitigations are in place to address that shortfall in 2025-26)
- how capacity plans take into account therapy capacity for rehabilitation and reablement interventions

We are working thorough our capacity and demand plans for 2025/26. This aspect of the plan will be updated and included in the 31 March submission.

Section 3: Local priorities and duties

Local public bodies will also need to ensure that in developing and delivering their plans they comply with their wider legal duties. These include duties:

- to have due regard to promoting equality and reducing inequalities, in accordance with the Equality Act 2010 public sector equality duty.
- to engage or consult with people affected by the proposals. For ICBs, trusts and foundation trusts this includes their involvement duties under the NHS Act 2006.
- for ICBs, to have regard to the need to reduce inequalities in access to NHS services and the outcomes achieved by NHS services.
- for ICBs, to have regard to the duty to support and involve unpaid carers in line with the Health and Care Act 2022

Please provide a short narrative commentary on how you have fulfilled these duties

BCP Council and NHS Dorset are committed to promoting equality and reducing inequalities in accordance with the Equality Act 2010. The Pan-Dorset Health Inequalities Group, a multi-agency group, oversees efforts to address health inequalities. This group supports raising awareness, creating learning and development opportunities, and encouraging innovative service delivery to reduce health disparities. Workshops addressing themes such as health inequality and health literacy are conducted in collaboration with Our Dorset.

In developing the BCF plans, extensive consultation has been conducted with various groups, forums, providers, user groups, and voluntary organisations. This ensures that the voices of those affected by the proposals are heard and considered. For Integrated Care Boards, trusts, and foundation trusts, this includes fulfilling their involvement duties under the NHS Act 2006.

One way we will be doing that throughout 2025-26, is with the BCP Adult Social Care Co-Production Development Group, which aims to enhance equality, diversity, and inclusion in co-production. This involves recognising who is included and identifying those who are missing, welcoming under-represented groups, and addressing power imbalances. The group plans to co-design and deliver a Co-Production Board/Advisory/Reference Panel, which will provide information, advice, and guidance before, during, and after projects commence. Additionally, they will develop a Co-Production Toolkit/Guidance Tool to support and encourage co-production across BCP Adult Social Care.

BCP Council and NHS Dorset prioritise reducing inequalities in access to NHS services and improving outcomes. Services benefiting from the BCF, such as those supporting timely hospital discharge, maintaining independence, and assisting carers, are accessible to all protected characteristic groups. The focus is on older people with increased frailty and those with long-term conditions, including chronic respiratory disease, cancer, and hypertension, as identified in the CORE20PLUS5 clinical priority areas.

Data and intelligence for the region can be accessed via the Dorset Information & Intelligence Service (DiiS) to understand populations from a health and wellbeing and health inequalities perspective. This information enables place-based gap analysis to inform commissioning priorities.

Colleagues from BCP Council and NHS Dorset have collaborated closely developing the Better Care Fund 2025-26 plan and narrative, offering their perspectives on governance, priorities, and outcomes of their respective service. This collective input has been crucial in developing a plan that addresses the needs effectively, aligns with the national objectives, and supports the shift from sickness to prevention.

Any changes to BCF schemes are subject to an Equality Impact Assessment to ensure that they do not disproportionately affect any protected characteristic groups.

The BCP Carer Support Service is BCP Council's in house carers service offering information, advice and guidance for carers supporting people who lives in Bournemouth, Christchurch or Poole. The service regularly hosts activities and events for carers and the people they care for and offers short breaks through the beach hut and holiday lodge schemes. Additionally, BCP Council commissions several services that aim to support carers such as:

- Bridgit, an online carers assessment and self-help tool
- The LD Carers Representation Service, that provides a network of support for carers of someone with a learning disability and enables effective co-production
- The Care Free Choir
- Befriending and Mentoring

BCP Council, in partnership with Dorset Council, commissions the Dorset Carers Card, Counselling services, and Carers Advocacy. The Pan Dorset Carers Steering Group, facilitated by Dorset Healthcare, co-produced the Pan Dorset Carers Strategy which brings both BCP and Dorset Council's carers strategies together to enhance a unified approach. Further to this, the Dorset Carers Partnership Group is co-chaired between BCP and Dorset Council and helps develop and promote awareness events, resources, and practitioner guidance. These services, along with care technology, support carers in continuing their roles and maintaining their wellbeing, reducing the need for formal long-term care. Throughout 2025-26, BCP Council aims to continue to deliver on its strategic aims outlined in the BCP and Pan Dorset Carers Strategy by working in partnership with the key stakeholders, improving information and advice and identifying ways to enhance our carers offer.