



Version 1.5		

# Please Note:

- The BCF planning template is categorised as 'Management Information' and data from them will be published in an aggregated form on the NHS England website and gov.uk. This will include any narrative section. Some data may also be published in non-aggregated form on gov.uk. 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 Better Care Exchange) 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 (MHCLG, DHSC, NHS England) 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.

### Governance and Sign off

Health and Wellbeing Board:	Bournemouth, Christchurch and Poole	
Confirmation that the plan has been signed off by Health and Wellbeing Board ahead of		
submission - Plans should be signed off ahead of submission.	Yes	
If no indicate the reasons for the delay.		
If no please indicate when the HWB is expected to sign off the plan:		

Submitted by:	Scott Saffin
Role and organisation:	Better Care Fund Manager - BCP Council
E-mail:	scott.saffin@bcpcouncil.gov.uk
Contact number:	01202 126204
Documents Submitted (please select from drop down)	
In addition to this template the HWB are submitting the following:	
	Narrative
	C&D Local Template

#### Complete:

Com	plete:
Υ	'es
Υ	'es
Υ	'es
Υ	'es

Yes	
Yes	
Yes	
Yes	
Yes	
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		Professional				
	Role:	Title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:	Organisation
	Health and Wellbeing Board Chair	CIIr	David	Brown	David.Brown@bcpcouncil. gov.uk	
Health and wellbeing board chair(s) sign off	Health and Wellbeing Board Chair					
	Local Authority Chief Executive	Mr	Graham	Farrant	graham.farrant@bcpcoun	
	ICB Chief Executive 1	Ms	Patricia	Miller	cil.gov.uk patricia.miller@nhsdorset .nhs.uk	NHS Dorset
Named Accountable person	ICB Chief Executive 2 (where required)				.III3.UK	
	ICB Chief Executive 3 (where required)					
		i.				
	LA Section 151 Officer	Mr	Adam	Richens	adam.richens@bcpcouncil .gov.uk	
Finance sign off	ICB Finance Director 1	Mr	Rob	Morgan	rob.morgan@nhsdorset.n hs.uk	NHS Dorset
Finance sign oπ	ICB Finance Director 2 (where required)					
	ICB Finance Director 3 (where required)					
	Local Authority Director of Adult Social Services	Ms	Zena	Dighton	zena.dighton@bcpcouncil .gov.uk	
Area assurance contacts	DFG Lead	Ms	Kelly	Deane	kelly.deane@bcpcouncil.g ov.uk	
	ICB Place Director 1	Ms	Becky	Whale	becky.whale@nhsdorset. nhs.uk	NHS Dorset
ase add any additional key contacts who have n responsible for completing the plan	ICB Place Director 2 (where required)					
	ICB Place Director 3 (where required)					

# Assurance Statements

National Condition One: Plans to be jointly agreed  National Condition Two: Implementing the objectives of the BCF	Assurance Statement The HWB is fully assured, ahead of signing off that the BCF plan, that local goals for headline metrics and supporting documentation have been robustly created, with input from all system partners, that the ambitions indicated are based upon realistic assumptions and that plans have been signed off by local authority and ICB chief executives as the named accountable people.  The HWB is fully assured that the BCF plan sets out a joint	Yes/No Yes	If no please use this section to explain your response
of the BCF	The HWB is fully assured that the BCF plan sets out a joint		
	system approach to support improved outcomes against the two BCF policy objectives, with locally agreed goals against the three headline metrics, which align with NHS operational plans and local authority adult social care plans, including intermediate care capacity and demand plans and, following the consolidation of the Discharge Fund, that 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.		
		Yes	
and funding conditions, including maintaining the NHS minimum contribution to adult social care	The HWB is fully assured that the planned use of BCF funding is in line with grant and funding conditions and that funding will be placed into one or more pooled funds under section 75 of the NHS Act 2006 once the plan is approved		
	71 100 1	Yes	
	The ICB has committed to maintaining the NHS minimum contribution to adult social care in line with the BCF planning requirements.	Yes	
and support processes	The HWB is fully assured that there are appropriate mechanisms in place to monitor performance against the local goals for the 3 headline metrics and delivery of the BCF plan and that there is a robust governance to address any variances in a timely and appropriate manner	Yes	

#### 3. Summary

Selected Health and Wellbeing Board: Bournemouth, Christchurch and Poole

#### Income & Expenditure

### Income >>

Funding Sources	Income	Expenditure	Difference
DFG	£4,365,654	£4,365,600	£54
NHS Minimum Contribution	£40,466,631	£14,758,031	£25,708,600
Local Authority Better Care Grant	£16,578,901	£16,578,901	£0
Additional LA Contribution	£2,182,000	£2,182,000	£0
Additional ICB Contribution	£0	£0	£0
Total	£63,593,186	£37,884,532	£25,708,654

#### Expenditure >>

### Adult Social Care services spend from the NHS minimum contribution

	2025-26
inimum required spend	£14,759,838
annod spond	£12 AAO 959

Planned spend £12,440,858 Planned spend is less than the minimum required spend

#### Metrics >>

# **Emergency admissions**

	Apr 25 Plan	May 25 Plan	Jun 25 Plan	Jul 25 Plan	Aug 25 Plan		Oct 25 Plan		Dec 25 Plan	Jan 26 Plan	Feb 26 Plan	
Emergency admissions to hospital for people aged 65+ per 100,000 population	1,849	1,983	1,720	1,837	1,699	1,715	1,883	1,849	1,883	1,821	1,732	1,816

### Delayed Discharge

	Apr 25 Plan	May 25 Plan	Jun 25 Plan	Jul 25 Plan	Aug 25 Plan	Sep 25 Plan	Oct 25 Plan	Nov 25 Plan	Dec 25 Plan	Jan 26 Plan	Feb 26 Plan	
Average length of discharge delay for all acute adult patients	0.88	0.85	1.14	1.17	0.88	0.92	1.08	0.99	0.93	0.97	1.01	1.01

## **Residential Admissions**

	2024-25 Estimated	2025-26 Plan Q1	2025-26 Plan Q2		2025-26 Plan Q4
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	499.3	124.8	121.4	121.4	119.2

# 4. Income

Selected Health and Wellbeing Board:

Bournemouth, Christchurch and Poole

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Bournemouth, Christchurch and Poole	£4,365,654
DFG breakdown for two-tier areas only (where applicable)	
Total Minimum LA Contribution (exc Local Authority BCF Grant)	£4,365,654

Local Authority Better Care Grant	Contribution
Bournemouth, Christchurch and Poole	£16,578,901
Total Local Authority Better Care Grant	£16,578,901

Are any additional LA Contributions being made in 2025-26? If	
yes, please detail below	Yes

		Comments - Please use this box to clarify any specific
Local Authority Additional Contribution	Contribution	uses or sources of funding
Bournemouth, Christchurch and Poole	£2,182,000	Moving on From Hospital Living Campus
Total Additional Local Authority Contribution	£2,182,000	

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NHS Minimum Contribution	Contribution
NHS Dorset ICB	£40,466,631
Total NHS Minimum Contribution	£40,466,631

Are any additional NHS Contributions being made in 2025-26? If yes, please detail below

<Please Select>

		Comments - Please use this box clarify any specific
Additional NHS Contribution	Contribution	uses or sources of funding
Total Additional NHS Contribution	£0	
Total NHS Contribution	£40,466,631	

	2025-26
Total BCF Pooled Budget	£63,593,186

No

#### 5. Expenditure

Selected Health and Wellbeing Board:

Bournemouth, Christchurch and Poole

<< Link to summary sheet

	2025-26			
Running Balances	Income	Expenditure	Balance	
DFG	£4,365,654	£4,365,600	£54	
NHS Minimum Contribution	£40,466,631	£14,758,031	£25,708,600	
Local Authority Better Care Grant	£16,578,901	£16,578,901	£O	
Additional LA contribution	£2,182,000	£2,182,000	£O	
Additional NHS contribution	01	£0	£0	
Total	£63,593,186	£37,884,532	£25,708,654	

#### Required Spend

This is in relation to National Conditions 3 only. It does NOT make up the total NHS Minimum Contribution (on row 10 above).

	2025-26				
	Minimum Required Spend Planned Spend Unallocated				
Adult Social Care services spend from the NHS minimum allocations	£14,759,838	£12,440,858	£2,318,980		

olumn com								
	No	Yes	No	Yes	Yes	Yes	No	
cheme ID	Activity	Description of Scheme	Primary Objective	Area of Spend	Provider	Source of Funding	Expenditure for 2025-26 (£)	Comments (optional)
:	1 Long-term residential/nursing home care	Moving on From Hospital Living	Proactive care to those with complex needs	Social Care	Private Sector	NHS Minimum Contribution		24/25 £7,428,193
:	2	*Community based schemes Needs updating*		Community Health	NHS Community Provider	NHS Minimum Contribution		24/25 £10,480,335
;	3 Assistive technologies and equipment	Integrated Community Equipment Service	2. Home adaptations and tech	Community Health	Private Sector	NHS Minimum Contribution		24/25 £2,906,542
	4 Wider local support to promote prevention and independence	Advocacy, information, and front door.	Proactive care to those with complex needs	Social Care	Charity / Voluntary Sector	NHS Minimum Contribution	f 241,338	
!	5 Wider local support to promote prevention and independence	Voluntary Organisation Schemes	Proactive care to those with complex needs	Social Care	Charity / Voluntary Sector	NHS Minimum Contribution	f 199,841	
	6 Long-term residential/nursing home care	High Cost Placements	Proactive care to those with complex needs	Social Care	Private Sector	NHS Minimum Contribution	f 618,686	
	7 Long-term residential/nursing home care	Dementia Placements	Proactive care to those with complex needs	Social Care	Private Sector	NHS Minimum Contribution	£ 2,622,374	
	8 Long-term home-based social care services	Home Care	6. Reducing the need for long term residential care	Social Care	Private Sector	NHS Minimum Contribution	f 1,656,604	
,	9 Evaluation and enabling integration	Support to Self Funders *combine Scheme 9 + 18*	Proactive care to those with complex needs	Social Care	Local Authority	NHS Minimum Contribution	f 165,989	Wrapped 2 previous Self funder schemes together
1	O Long-term residential/nursing home care	Dementia Placements	Proactive care to those with complex needs	Social Care	Private Sector	NHS Minimum Contribution	f 838,192	
1	1 Long-term residential/nursing home care	Residential, Dementia, and Mental Health Placements	5. Timely discharge from hospital	Social Care	Private Sector	NHS Minimum Contribution	f 2,166,277	
1	2 Long-term residential/nursing home care	Residential, and Dementia Placements	5. Timely discharge from hospital	Social Care	Private Sector	NHS Minimum Contribution	£ 62,245	

13	Discharge support and infrastructure	Hospital Discharge and CHC Teams	5. Timely discharge from hospital	Continuing Care	Local Authority	NHS Minimum Contribution	£ 2,273,764	
14	Home-based intermediate care (short-term home-based rehabilitation, reablement and	Apex Rapid Response	5. Timely discharge from hospital	Social Care	Private Sector	NHS Minimum Contribution	f 132,136	
15	Home-based intermediate care (short-term home-based rehabilitation, reablement and	Reablement at Home (Step Up and Step Down Users) - Tricuro	5. Timely discharge from hospital	Social Care	Private Sector	NHS Minimum Contribution	£ 1,639,953	
16	Bed-based intermediate care (short- term bed-based rehabilitation, reablement and recovery services)	Bed Based Intermediate Care - Coastal Lodge *Combine schemes 16 & 17*	5. Timely discharge from hospital	Social Care	Private Sector	NHS Minimum Contribution	£ 634,999	Wrapped 2 Coastal Lodge schemes
17	Support to carers, including unpaid carers	Support to Carers - Officers	3. Supporting unpaid carers	Social Care	Local Authority	NHS Minimum Contribution	f 168,172	
18	Support to carers, including unpaid carers	Support to Carers - Activities, Respite. *Combine schemes 20 + 21*	3. Supporting unpaid carers	Social Care	Local Authority	NHS Minimum Contribution	£ 1,294,052	Wrapped 2 Carer schemes
19	Other	Community Therapy	4. Preventing unnecessary hospital admissions	Community Health	NHS Community Provider	NHS Minimum Contribution		24/25 £1,256,334
20	Other	District Nursing	4. Preventing unnecessary hospital admissions	Community Health	NHS Community Provider	Additional NHS Contribution		24/25 £5,292,192
21	End of life care	Pallative Care - District Nurse	Proactive care to those with complex needs	Community Health	NHS Community Provider	Additional NHS Contribution		24/25 £43,165
22	End of life care	Generalist Pallative Care	Proactive care to those with complex needs	Community Health	NHS Community Provider	Additional NHS Contribution		24/25 £1,483,828
23	Home-based intermediate care (short-term home-based rehabilitation, reablement and	General Intermediate Care	6. Reducing the need for long term residential care	Community Health	NHS Community Provider	Additional NHS Contribution		24/25 £6,230,515
24	Evaluation and enabling integration	BCP Council Better Care Fund Manager	6. Reducing the need for long term residential care	Other	Local Authority	NHS Minimum Contribution	£ 43,409	
25	Disabled Facilities Grant related schemes	Integrated Community Equipment Service	2. Home adaptations and tech	Community Health	Private Sector	DFG	f 1,971,000	
26	Disabled Facilities Grant related schemes	Housing Adaptations - Disabled Facilities Grant	2. Home adaptations and tech	Social Care	Private Sector	DFG	£ 2,394,600	
27	Long-term residential/nursing home care	Moving on From Hospital Living	Proactive care to those with complex needs	Social Care	Private Sector	Additional LA Contribution	£ 2,182,000	
28	Assistive technologies and equipment	Lifeline	2. Home adaptations and tech	Social Care	Local Authority	Local Authority Better Care Grant	£ 35,000	
29	Long-term residential/nursing home care	Residential Placements	Proactive care to those with complex needs	Social Care	Private Sector	Local Authority Better Care Grant	£ 4,143,748	
30	Long-term home-based social care services	Home Care	6. Reducing the need for long term residential care	Social Care	Private Sector	Local Authority Better Care Grant	f 6,049,000	
31	Evaluation and enabling integration	Targeted Community Social Workers	Proactive care to those with complex needs	Social Care	Local Authority	Local Authority Better Care Grant	f 189,000	
32	Evaluation and enabling integration	Occupational Therapists	Proactive care to those with complex needs	Social Care	Local Authority	Local Authority Better Care Grant	£ 68,000	
33	Discharge support and infrastructure	DOLS Best Interest Assessors *Combine schemes 36 & 55*	5. Timely discharge from hospital	Social Care	Local Authority	Local Authority Better Care Grant	£ 375,000	Wrapped 2 DoLS schemes
	Discharge support and	Brokerage Services	5. Timely discharge from hospital	Social Care	Local Authority	Local Authority	£ 58,000	
	infrastructure Discharge support and infrastructure	Hospital Discharge and CHC Teams	5. Timely discharge from hospital	Continuing Care	Local Authority	Better Care Grant Local Authority Better Care Grant	£ 288,000	
	Bed-based intermediate care (short- term bed-based rehabilitation, reablement and recovery services)		5. Timely discharge from hospital	Social Care	Private Sector	Local Authority Better Care Grant	£ 550,000	
37	Home-based intermediate care (short-term home-based rehabilitation, reablement and	Tricuro Reablement at Home	6. Reducing the need for long term residential care	Social Care	Private Sector	Local Authority Better Care Grant	£ 210,000	
	Bed-based intermediate care (short- term bed-based rehabilitation, reablement and recovery services)		5. Timely discharge from hospital	Social Care	Private Sector	Local Authority Better Care Grant	£ 21,000	
	Long-term residential/nursing home care  Discharge support and	High Cost Placements  Rapid Financial Assessments	Proactive care to those with complex needs     Timely discharge from hospital	Social Care	Private Sector  NHS	Local Authority Better Care Grant Local Authority	£ 1,195,000	
	infrastructure  Evaluation and enabling integration		Timely discharge from hospital     Proactive care to those with	Social Care Social Care	Local Authority	Better Care Grant  Local Authority	£ 72,000	
	Discharge support and	7 Days a Week - Brokerage Services	complex needs	Social Care	Local Authority	Better Care Grant  Local Authority	£ 57,000	
	infrastructure  Home-based intermediate care	Apex Rapid Response	5. Timely discharge from hospital	Social Care	Private Sector	Better Care Grant  NHS Minimum		24/25 £1,006,940
44	(short-term home-based rehabilitation, reablement and Bed-based intermediate care (short-	Coastal Lodge	5. Timely discharge from hospital	Social Care	Private Sector	Contribution  NHS Minimum		24/25 £1,988,379
45	term bed-based rehabilitation, reablement and recovery services) Short-term home-based social care	Intermediate Care Schemes	5. Timely discharge from hospital	Social Care	Private Sector	NHS Minimum		24/25 £505,454
46	(excluding rehabilitation, reablement or recovery services) Discharge support and infrastructure	Support to Self Funders	5. Timely discharge from hospital	Social Care	Local Authority	Contribution  Local Authority  Better Care Grant	£ 251,000	
47	Bed-based intermediate care (short-	Figbury Lodge - Residential and Intermediate Beds	5. Timely discharge from hospital	Social Care	Private Sector	Local Authority	£ 2,782,153	
	term bed-based rehabilitation, reablement and recovery services)	intermediate Beds				Better Care Grant		

### 6. Metrics for 2025-26

Selected Health and Wellbeing Board: Bournemouth, Christchurch and Poole

# 8.1 Emergency admissions

		Apr 24 Actual	May 24 Actual	Jun 24 Actual	Jul 24 Actual	Aug 24 Actual	Sep 24 Actual	Oct 24 Actual	Nov 24 Actual	Dec 24 Actual	Jan 25 Actual	Feb 25 Actual	Mar 25	Rationale for how local goal for 2025-26 was set. Include how learning and performance to date in 2024-25 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.
	Rate	1,884	2,020	1,753	1,873	1,731	1,748	1,918	1,884	n/a	n/a	n/a	n/a	Using Data from 2023 - 2025 we have calculated an average
	Number of													rate of admissions and factored a reduction. The
	Admissions 65+	1660	1,780	1,545	1,650	1,525	1,540	1,690	1,660	n/a	n/a	n/a		calculations include seasonal variation and the FutureCare expected benefit assumptions from alternatives to
Emergency admissions to hospital for people aged	Population of 65+*	88,115	88,115	88,115	88,115	88,115	88,115	88,115	88,115	n/a	n/a	n/a		admission workstreams.
65+ per 100,000 population		Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26	
F-:/ F-F-::-		Plan	Plan											
	Rate	1,849	1,983	1,720	1,837	1,699	1,715	1,883	1,849	1,883	1,821	1,732	1,816	
	Number of													
	Admissions 65+	1629	1747	1516	1619	1497	1511	1659	1629	1659	1605	1526	1600	
	Population of 65+	88,115	88,115	88,115	88,115	88,115	88,115	88,115	88,115	88,115	88,115	88,115	88,115	

Source: https://digital.nhs.uk/supplementary-information/2025/non-elective-inpatient-spells-at-english-hospitals-occurring-between-01-04-2020-and-30-11-2024-for-patients-aged-18-and-65

Supporting Indicators		Have you used this supporting indicator to inform your goal?
Unplanned hospital admissions for chronic ambulatory care sensitive conditions. Per 100,000 population.	Rate	Yes
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Rate	Yes

Complete:

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Yes

Yes

# 8.2 Discharge Delays

_	"Dec Actual onwards are not available at time of publication												
	Apr 24 Actual	May 24 Actual	Jun 24 Actual	Jul 24 Actual	Aug 24 Actual	Sep 24 Actual	Oct 24 Actual	Nov 24 Actual	Dec 24 Actual	Jan 25 Actual	Feb 25 Actual	Mar 25	Rationale for how local goal for 2025-26 was set. Include how learning and performance to date in 2024-25 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.
Average length of discharge delay for all acute adult patients (this calculates the % of patients discharged after their DRD, multiplied by the average number of days)	n/a	n/a	n/a	n/a	n/a	1.16	0.99	1.06	n/a	n/a	n/a	n/a	Calculations are based on national DRD data. National data differs to local data with the local data showing a slightly lower average number of days between DRD date and
Proportion of adult patients discharged from acute hospitals on their discharge ready date	n/a	n/a	n/a	n/a	n/a	86.7%	85.6%	87.3%	n/a	n/a	n/a	n/a	We have chosen to use national data as this forms the
For those adult patients not discharged on DRD, average number of days from DRD to discharge	n/a	n/a	n/a	n/a	n/a	8.7	6.9	8.3	n/a	n/a		n/a	basis of BCF reporting. The year end position links to the expected benefits from the FutureCare programme.  Please note FutureCare benefits have been calculated
	Apr 25 Plan	May 25 Plan	Jun 25 Plan	Jul 25 Plan	Aug 25 Plan	Sep 25 Plan	Oct 25 Plan	Nov 25 Plan	Dec 25 Plan	Jan 26 Plan	Feb 26 Plan	IVIAI 20	using local data for DRD and local reporting will show a greater benefit.
Average length of discharge delay for all acute adult patients	0.88	0.85	1.14	1.17	0.88	0.92	1.08	0.99	0.93	0.97	1.01	1.01	
Proportion of adult patients discharged from acute hospitals on their discharge ready date	87.4%	87.8%	87.3%	85.4%	87.5%	88.5%	86.5%	87.6%	88.4%	86.2%	87.4%	87.4%	
For those adult patients not discharged on DRD, average number of days from DRD to discharge	7.00	7.00	9.00	8.00	7.00	8.00	8.00	8.00	8.00	7.00	8.00	8.00	

Source: https://www.england.nhs.uk/statistics/statistical-work-areas/discharge-delays/discharge-ready-date/

Supporting Indicators		Have you used this supporting indicator to inform your goal?
Patients not discharged on their DRD, and discharged within 1 day, 2-3 days, 4-6 days, 7-13 days, 14-20 days and 21 days or more.	Number of patients	Yes
Local data on average length of delay by discharge pathway.	Number of days	Yes

Yes

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Yes

Yes

Long-term admissions to residential care homes and nursing homes for people aged 65+ per 100,000 population are based on a calendar year using the latest available mid-year estimates.

Supporting Indicators		Have you used this supporting indicator to inform your goal?
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence		Yes
The proportion of people who received reablement during the year, where no further request was made for ongoing support	Rate	Yes

Yes





### Better Care Fund 2025-26 Update Template

7: National Condition Planning Requirements

Health and wellbeing board

Bournemouth, Christchurch and Poole

National Condition	Planning expectation that BCF plan should:	Where should this be completed		Where the Planning requirement is not met, please note the actions in place towards meeting the requirement	Timeframe for resolution
1. Plans to be jointly agreed	Reflect local priorities and service developments that have been developed in partnership across health and care, including local NHS trusts, social care providers, voluntary and community service partners and local housing authorities	Planning Template - Cover sheet Narrative Plan - Overview of Plan	Yes		
	Be signed off in accordance with organisational governance processes across the relevant ICB and local authorities  Must be signed by the HWB chair, alongside the local authority and ICB chief executives —	Planning Template - Cover sheet  Planning Template - Cover sheet	Yes		
	this accountability must not be delegated	Tulining reinpute Cover steet	Yes		
2. Implementing the objectives of the BCF	Set out a joint system approach for meeting the objectives of the BCF which reflects local learning and national best practice and delivers value for money	Narrative Plan - Section 2	Yes		
	Set goals for performance against the 3-headline metrics which align with NHS operational plans and local authority adult social care plans, including intermediate care capacity and demand plans	Planning Template - Metrics	Yes		
	Demonstrate a 'home first' approach and a shift away from avoidable use of long-term residential and nursing home care	Narrative Plan - Section 2	Yes		
	Following the consolidation of the previously ring-fenced Discharge Fund, specifically explain why any changes to the use of the funds compared to 2024-25 are expected to enhance urgent and emergency care flow (combined impact of admission avoidance and reducing length of stay and improving discharge)	Narrative Plan - Section 2			
	reducing length of stay and improving discharge)		Yes		
3. Complying with grant and funding conditions, including maintaining the NHS minimum contribution to adult social	Set out expenditure against key categories of service provision and the sources of this expenditure from different components of the BCF	Planning Template - Expenditure	Yes		
care (ASC)	Set out how expenditure is in line with funding requirements, including the NHS minimum contribution to adult social care		Tes		
. Complying with oversight and support processes	Confirm that HWBs will engage with the BCF oversight and support process if necessary, including senior officers attending meetings convened by BCF national partners.	Planning Template - Cover	Yes		
	Demonstrate effective joint system governance is in place to: submit required quarterly reporting, review performance against plan objectives and performance, and change focus and resourcing if necessary to bring delivery back on track	Narrative Plan - Executive Summary	Yes		