Belfast Health and Social Care Trust
caring supporting improving together

FOI/38468

3 November 2026

Stratified Rate Dementia Care Model

Development of the Stratified Rate Dementia Care Model

1. Please provide a copy of the Stratified Rate Dementia Care Model currently being operated by the Trust, together with any associated guidance or assessment criteria. Please also confirm the date on which the Model became operational within the Trust.

The Trust Dementia Stratified Provider Model was implemented for new dementia placements from 17 February 2026. It provided two levels of provision: Entry Level Care and Additional Care Level equating to Amber EPCO, with assessment criteria and associated staffing requirements set out in the staff guidance. The application of the Stratified Rate to new/ad-hoc placements was subsequently paused on 23 September 2026.

The stratified model did not apply to Bespoke Care Arrangements, i.e. those assessed as requiring support equivalent to Red EPCO.

EPCO definitions are attached. Please see Attachment 5.

2. Please provide details of the working group or collaborative responsible for developing the Model, including the organisations represented and a copy of any Terms of Reference.

The HSC Trusts sought to establish a more formal mechanism for working together through the establishment of formal Provider Collaborative arrangements.

This arrangement was seen as a key opportunity for Trusts to work together on their services' most pressing problems for mutual benefit, taking forward agreed priorities, sharing our learning, collective commissioning power and resources to deliver NI-wide improvement on key challenges.

The Care Home Provider Collaborative has been in existence from May 2025. Most of the work has concentrated on identifying barriers to discharge for those requiring a care home placement following a period of hospital or intermediate bed-based care to enable flow through our systems.

The Provider Collaborative workstreams (of which one is Care Homes) are overseen by the Committee in Common (CIC) and work progressed within an Steering Group, which is led by CEO, Executive sponsorship.

CIC Terms of Reference attached. Please see Attachment 2.

3. Please provide copies of any business case, options appraisal, briefing paper or other substantive document setting out the rationale for introducing the Model, the outcomes or benefits it was intended to achieve and the evidence relied upon in its development.

A snapshot audit in September 2025 showed:

- More than 200 patients consistently delayed in acute hospitals awaiting a care home placement; a significant majority of whom were waiting for dementia placements.

- The audit found that 146 patients were assessed as requiring a dementia related placement from acute hospitals, with an average length of stay of 73 days.

- A further 75 patients were delayed in intermediate care beds were awaiting dementia placements, with an average stay of 124 days.

Moreover, a full financial analysis of all Trust systems was undertaken in 2025 across all Programmes of Care into expenditure regionally on care home placements, showed there were 12,569 placements costing £718m. Preliminary findings showed:

- 65% of nursing placements were above tariff
- 70% of Residential placements were above tariff
- On average 65% of all placements were above tariff

Demand and financial analysis concluded that dementia placements should be the first area of focus for the Provider Collaborative.

Acknowledging that a Regional Tariff did not exist for Dementia Placements and that Providers were not accepting the vast majority at existing tariff rates, the Provider Collaborative sought to create capacity through the creation of:

A Stratified Trust Dementia Rate for Entry Level Dementia Nursing and Residential Placements and Additional Care (equivalent to Amber EPCO).

This Rate sought to address the full costs of care with associated suggested staffing levels and negating the need for third-party top ups.

An undertaking to “Block Book” any available beds at the Trust rate to allow the ISP to be assured of an income to enable them to staff accordingly.

4. Please provide details of how the different categories or strata and the rates payable under the Model were determined, together with any costing or financial analysis undertaken in setting those rates.

The financial analysis undertaken was done in two parts:

1. An analysis of what Trusts are currently paying across all 5 trusts for the levels of care required to find out an average bed cost across Dementia service users.

2. Designing a model of care within care homes that would best meets the needs of the service user including staffing requirements and assessed need.

Point 2 was developed with service colleagues and an assessment criterion was designed when doing this to ensure it met the staffing requirements.

Breakdown of rates within the DE Stratified Model from 1 April 2026, following application of the 2026/27 interim SPPG uplift:

Care Level	Residential (£)	Nursing (£)
Entry level	1,035	1,130
Additional care	1,450	1,645

5. Please provide details of the process for assessing which category or stratum applies to an individual, including how and when an individual's needs are reassessed, what happens where their needs change and any mechanism for reviewing or challenging the category applied.

EPCO guidance attached as per response to question 1.

6. Please identify the body or person responsible for approving the Model and provide a copy of the recorded decision or approval.

The Strategic Financial Management Group Chaired by the Permanent Secretary initially approved early in 2025, and links were also established at that time to the newly formed Committee in Common.

The Stratified Rate was agreed by all Directors of Finance, Chief Executives and SFMG. It was communicated via eight information sessions during January 2026 across ISP and Trust staff and launched mid-February 2026.

The Trust Rate was applied to Block Bookings and ah-hoc placements from that date until it was paused on 23 September 2026.

This is monitored through Provider Collaborative Steering Group.

7. Please provide copies of any equality screening, Equality Impact Assessment, human rights assessment or other impact assessment undertaken in relation to the development or implementation of the Model.

The regional Equality Screening and Rural Needs Impact Assessment undertaken in relation to the development of the Model are attached, together with the BHSCT Equality Screening undertaken in relation to implementation of the Model.

Consultation and engagement

8. Please provide a copy of the Expression of Interest and/or other consultation documentation issued to care home providers.

The Expression of Interest (EOI) correspondence and associated documentation are attached. Please see Attachment 1, 3, 4, 6, 7 and 8.

Please also confirm:

• The dates of the consultation period;

The EOI was issued on 29 January 2026, with a closing date for submissions of 5pm on 12 February 2026. Clarification queries could be submitted up to 3pm on 6 February 2026.

• The number of care home providers invited to participate; and

All registered care homes were invited to participate, including 72 care homes in the Belfast Trust area.

• The number of responses received.

Belfast Trust received responses from 3 care homes. Of these, 1 care home offered 12 beds, comprising 6 Entry Level and 6 Additional Care beds.

9. Please provide any report or summary of the responses received from care home providers, including details of any concerns raised about the proposed Model or rates and any changes made to the Model following that engagement.

No separate report or summary of the responses received was produced. No variation to the EOI was made as a result of the responses received.

10. Please provide details of any consultation or engagement undertaken generally and specifically with older people, people living with dementia, their families and/or unpaid carers in the development of the Model. This should include details of how the engagement took place, any organisations representing older people, people living with dementia or carers which were involved and any report or summary of the feedback received.

The project did not undertake engagement with users of these services or their families as there was no change to meeting professionally assessed needs.

11. Please provide details of any changes made to the Model as a result of engagement with older people, people living with dementia, their families or carers. Where no such engagement took place, please confirm this and provide any recorded information setting out the reason why.

No such engagement took place. Please refer to the response to Question 10.

Contracts, rates and provider participation

12. Please provide a copy of any new or amended standard contractual terms or agreements introduced for care home providers operating under the Model.

Where contractual terms were agreed with a Provider as a result of the Expression of Interest a sample of paperwork to support the agreement is attached.

13. Please provide details of the rates payable under each category or stratum of the Model and the equivalent rate or rates payable immediately prior to its introduction.

2025/26 Regional Tariff rates immediately prior to introduction of the DE Stratified Rate:

Programme of Care	Residential (£)	Nursing (£)
Physical Disability	909	1,063
Elderly	811	990
Mental Illness (including drug/alcohol dependence)	811	990
Learning Disability	811	990

Note: The Regional Tariff rates shown above do not necessarily reflect the actual rates charged by individual care home providers, which varied from the Regional Tariff.

DE Stratified Rates introduced on 17 February 2026:

DE Level	Rate (£)
Entry Level Residential	1,000
Entry Level Nursing	1,100
Additional Care Residential	1,400
Additional Care Nursing	1,600

14. Please provide the number of care home providers invited to participate in the model and the number which:

The DE Stratified Rate applied to new ad-hoc dementia placements across care homes. Separately, as part of the Belfast Trust EOI for block-booked placements, all registered care homes were invited to participate, including 72 care homes within the Belfast Trust area.

• are participating in the Model;

The number of care home providers participating through ad-hoc placements is not centrally recorded.

• declined to participate; and

The number of care home providers that declined to participate is not recorded. In accordance with Section 1 of the Freedom of Information Act 2000, we are unable to provide the information requested as it is not held.

• Initially participated but subsequently withdrew.

The Trust is not aware of any care home provider that initially participated and subsequently withdrew from the Model.

Where this information is centrally recorded, please also provide the number of dementia nursing beds represented by providers in each of the above categories.

This information is not centrally recorded. In accordance with Section 1 of the Freedom of Information Act 2000, we are unable to provide the information requested as it is not held.

15. Please provide details of any concerns raised by providers regarding the operation of the Model or the rates payable under it, together with details of any steps taken by the Trust to address those concerns.

Several meetings were convened with independent sector providers. Whilst significant numbers of providers have worked with Trusts in accepting or indeed benefiting from the Trust Rate there have been some who have resisted and cited that whilst higher than the Regional Tariff it was insufficient to meet true costs. The IHCP have cited that an open market had been closed, a tariff imposed and intimated that legal proceeding would be inevitable.

The inability of the Trust Rate to allow third party-top-up has also been cited as inhibiting choice. (It should also be noted that up to 80% of those who undertake to pay the additional third-party top in revert to Trusts soon after, with no real redress).

Additionally, there had been complaints received by RQIA with respect to the Trust Rate. RQIA in their role as Mental Health Commissioner, met with the Chief Executive and Project Lead, they indicated that further consultation and communication was required with families impacted by the Trust's agreed dementia rate. They had concerns that it was inhibiting choice and causing delays for some clients. They also advised that there was concern across the system regarding the dementia rate.

In terms of mitigating concerns, The Care Home Collaborative did recognise early into the application of the Trust Rate that choice was being compromised and

therefore sought to mitigate by proposing to implement the Risk Assessment element of the 2010 Circular, (Care Management, Provision of Services and Charging Guidance), (Updated 2026).

The aim was to work at pace to implement the "risk assessment" element, hence allowing the ability to pay third-party top ups and citing redress where this failed. The befits of implementation would be to manage public funds appropriately and not to inhibit choice for families who wished to pay a contribution. Moreover, as it would apply to all Programmes of Care, the Dementia Trust Rate would no longer be required.

Whilst this policy was written in 2010, it was never implemented and actions required to invoke took longer than anticipated, therefore the Trust Rate was paused on 23 September 2026.

Dementia nursing bed capacity and access to placements

For the questions below, please provide figures for the most recent date for which information is available immediately prior to implementation of the Model and the most recent date for which information is available following implementation. Please identify the dates used.

16. Please provide:

• The total number of dementia nursing beds within the Trust area;

The information you have requested is exempt from disclosure under Section 21 of the Freedom of Information Act 2000, as it is reasonably accessible to you by other means. The information can be obtained from the RQIA website Register | Regulation and Quality Improvement Authority

• The number of those beds available for placement;

Bed availability varies day by day; operational experience is that demand is always higher than capacity available.

• The number of people awaiting a dementia nursing placement; and,

There are several caseloads in each Trust, all of whom will be assessed as requiring a dementia placement:

1. Those in their home environment (community caseloads)
2. Those in acute hospital settings
3. Those in acute mental health hospitals
4. Those in intermediate care bed-based facilities

Only those in acute hospital settings are coded reliably to capture demand.

• The number of people remaining in hospital awaiting a suitable dementia nursing placement.

Snapshot Taken as of 19 October 2026			
Hospital Site	**DE Placement**	**DE 1:1**	**Total**
RVH	11	7	18
Mater	12	<5	14
Belfast City Hospital	5	0	5
Antrim	13	<5	14
Causeway	9	0	9
Ulster	20	<5	21
Lagan Valley	5	<5	7
Downe	0	<5	<5
Craigavon	<5	0	<5
Daisy Hill	<5	0	<5
Altnagelvin	23	0	23
South West Acute	19	0	19
Total	121	14	135

Where numbers are low we have indicated <5 rather than give the exact figure. We feel that providing the exact figure has the potential to make people identifiable and so that information is exempt from release under Section 40(2) of the Freedom of Information Act 2000.

17. For the period between implementation of the Model and the most recent date for which information is held, please provide the number of people assessed as requiring dementia nursing care who were placed outside the Trust area because an appropriate placement was not available locally.

This was not highlighted as an issue as a direct result of the DE Stratified Rate. The information requested is not centrally recorded. In accordance with Section 1 of the Freedom of Information Act 2000, we are unable to provide the information requested as it is not held.

Please also provide the equivalent figure for a period of the same duration immediately prior to implementation of the Model.

As above.

18. Where this information is routinely recorded by the Trust, please provide the average waiting time between a determination that a person requires a dementia nursing placement and admission to an appropriate placement for:
• The period since implementation of the Model; and
• An equivalent period immediately prior to implementation.

The information requested is not routinely recorded. In accordance with Section 1 of the Freedom of Information Act 2000, we are unable to provide the information requested as it is not held.

19. For the same comparative periods, please provide the number of delayed hospital discharges recorded as being attributable, wholly or partly, to the absence of a suitable dementia nursing placement, where this information is centrally recorded.

Please see snapshot above in response to question 16 –this is a familiar trend. Operational, unvalidated information on delayed discharges in hospital settings is held by the Regional Coordination Centre.

Impact on older people

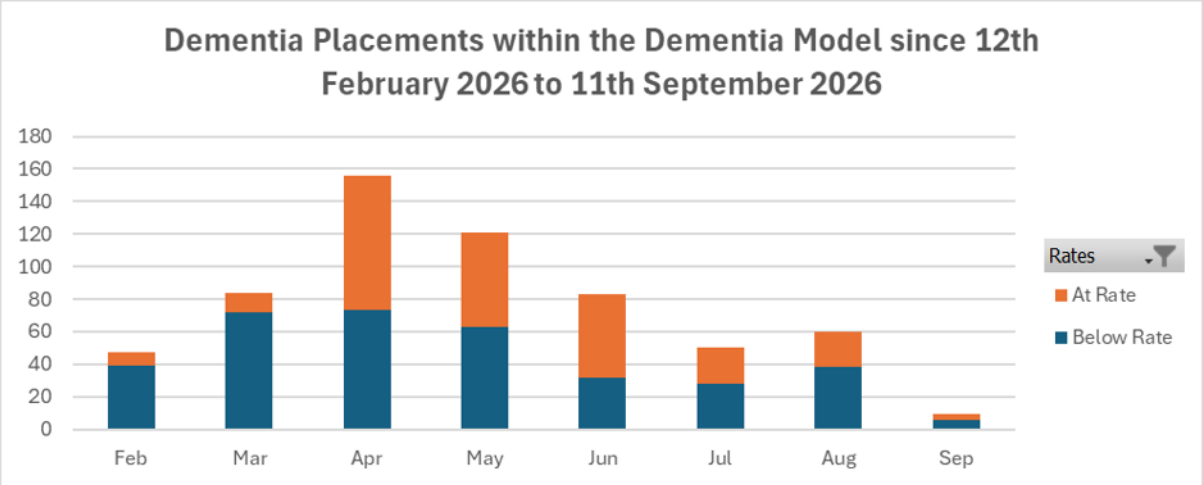
20. Please provide details of how the potential impact of the Model on older people living with dementia was considered prior to its implementation, including any identified benefits, risks or potential adverse impacts.

Please refer to the attached regional Equality Screening and Rural Needs Impact Assessment relating to the development of the Model, together with the BHSCT Equality Screening relating to implementation of the Model.

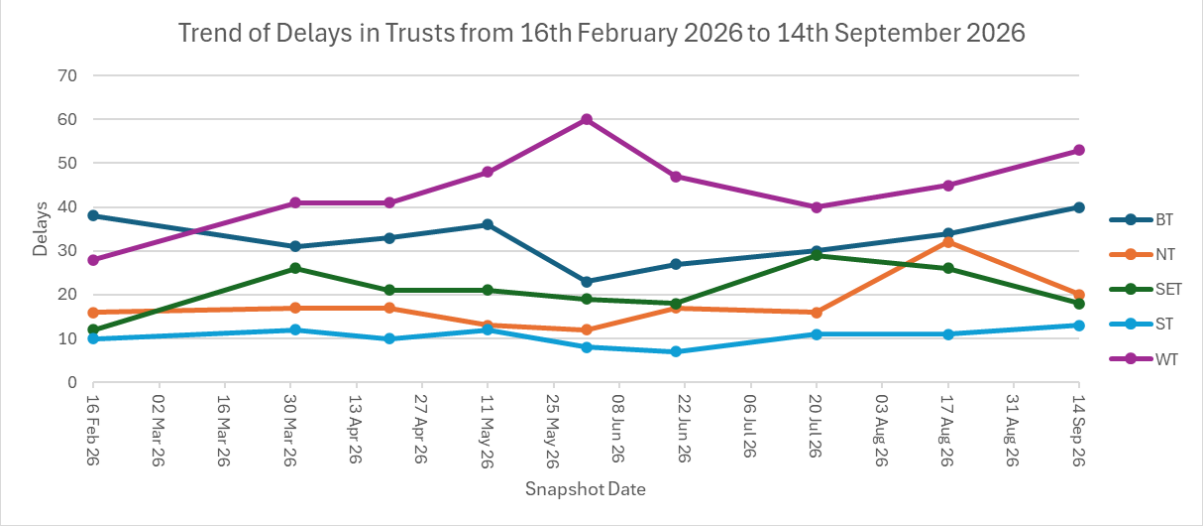
21. Please provide details of how the Trust is monitoring the impact of the Model on older people who require dementia nursing care.

Local and regional monitoring in place in terms of delays/ placements/ processes. Regional subgroups with contracts finance and operational reps.

Monitored through Provider Collaborative Steering Group and attendance at regional ISP group.



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22. Please provide any information, report, review or assessment held by the Trust since implementation of the Model concerning its impact on older people. In particular, where this information is held or routinely monitored, please include any identified impact on:

• Access to an appropriate dementia nursing placement;

Daily operational processes apply.

• The length of time older people wait for an appropriate placement;

Please refer to response in Question 3 –this information is not routinely held. In accordance with Section 1 of the Freedom of Information Act 2000, we are unable to provide the information requested as it is not held.

• The length of time older people remain in hospital while awaiting placement;

Please refer to response in Question 3 –this information is not routinely held. In accordance with Section 1 of the Freedom of Information Act 2000, we are unable to provide the information requested as it is not held.

• The ability of older people to obtain a placement within their local area or close to family and existing support networks;

Every effort is made to ensure that locality is considered, however there are occasions when this cannot be guaranteed due to lack of availability. This is not as a result of the DE rate –this is normal business in securing appropriate placements.

• The choice of suitable care home placements available to older people;

This is normal business in securing a suitable placement.

• Continuity of care, including whether older people have had to move from an existing care home;

There have been no cases of a person needing to move care home directly as a result of implementation of the Trust Rate –this was applied at a point in time and existing contractual arrangements were honoured.

• Whether placements are able to meet the older person's assessed needs; and

Any placement agreed will be required to meet the needs of the individual.

• The experience of older people living with dementia and their families or carers.

There was no impact on the older person living with dementia as appropriate placements were sought. 24 out of 487 placements negotiated during the period of the DE Rate, did raise concerns regarding ability to pay 3rd party payments where the care home rate exceeded the DE Rate. When DE Rate was paused there were 2 remaining individuals still in hospital who have since discharged.

23. Please provide details of how the views and experiences of older people living with dementia and their families or carers are being gathered following implementation of the Model, together with any report or summary of feedback received to date.

The information requested is not centrally recorded. In accordance with Section 1 of the Freedom of Information Act 2000, we are unable to provide the information requested.

24. Please provide details of any concerns, adverse impacts or unintended consequences for older people which have been identified since implementation of the Model and any action taken or proposed by the Trust in response.

Concerns were raised regarding the potential impact of the Model on patient choice. The DE Stratified Rate was subsequently paused on 23 September 2026.

Measuring the success and impact of the Model

25. Please provide details of the outcomes or objectives the Trust expected the Model to achieve when it was introduced and how the Trust intends to measure whether these have been achieved.

Aims of Provider Collaborative DE Rate Proposal:

- To provide safe and effective care and support to individuals with Dementia, or, if no firm diagnosis, a probable/ likely diagnosis of Dementia as outlined in RQIA guidance June 2023
- To create additional capacity for Dementia (DE) across the care home sector, initially to respond to discharges from acute hospitals and from intermediate care bed-based service.

- To offer Care Homes blocked bed terms for DE categories of care.
- To offer Care Homes a Trust Provider Rate, stratified based on the needs of the service users and associated staffing model.

26. Please provide details of any measures or indicators being used by the Trust to monitor the success or effectiveness of the Model and the most recent information held against those measures.

The Stratified Rate was agreed by all Directors of Finance, Chief Executives and SFMG. It was communicated via eight information sessions during January 2026 across ISP and Trust staff and launched mid-February 2026.

The Trust Rate was applied to Block Bookings and Ad-Hoc placements from that date.
Since the regional model was implemented, 487 people have been placed: 62% in nursing care and 38% in residential care. Fifty-eight per cent of placements were secured below the agreed Trust rate.

Delays related to Dementia care have continued, but there has been a marginal downward trend in the demand for full 1:1 care, for patients requiring dementia care on exiting hospitals.

One of the original aims to increase dementia availability has not been met.

27. Please provide copies of any review, evaluation, audit, monitoring report or other assessment undertaken since implementation which considers the operation, effectiveness or impact of the Model.

Where this information is held or routinely monitored, this should include the impact of the Model on:

• Dementia nursing bed availability;

Continues within normal business within each Trust.

• The number of providers offering dementia nursing placements;

The information you have requested is exempt from disclosure under Section 21 of the Freedom of Information Act 2000, as it is reasonably accessible to you by other means. The information can be obtained from the RQIA website Register | Regulation and Quality Improvement Authority

• waiting times for an appropriate placement;

Model paused on 23 September 2026.

• The number of people remaining in hospital while awaiting a suitable placement;

Model paused on 23 September 2026.

• delayed hospital discharge;

Please refer to response in question 16.

• The use of placements outside the Trust area; and

As above.

• Continuity of care.

Not impacted by DE Rate -Model paused on 23 September 2026.

Provider non-participation and continuity of care

28. Please provide a copy of any policy, protocol, risk assessment or contingency plan dealing with circumstances where a care home provider declines to participate in, or withdraws from, the Model, including arrangements for existing residents affected by provider non-participation.

No specific policy, protocol, risk assessment or contingency plan of the type requested is held. Existing contractual arrangements remained in place for existing residents, as the DE Stratified Rate applied to new placements only.

29. Since implementation of the Model, please provide the number of existing residents who have been required to move to another care home, or for whom an alternative placement has been sought, where the provider's participation or non-participation in the Model or the rate payable under the Model was recorded as a reason. This information is requested only where it is centrally recorded.

No existing residents were required to move for this reason, as the DE Stratified Rate applied to new placements only.