Department of Health

Department for Communities and Local Government

Local Government Association

NHS England

BCF Planning 2016-17

Approach to regional assurance of Better Care Fund plans

MARCH 2016

The Better Care Fund

Overall approach to assurance: what's different?

- For 2016-17 it has been agreed that the BCF planning and assurance process should be integrated as fully as possible with the core NHS operational planning and assurance process.
- The first stage of the overall assurance of plans will be local sign-off by the relevant local authority and CCG(s).
- The policy framework signals the need for stability in 2016-17, and a reduction in the overall planning and assurance requirements on local areas. This includes a shorter narrative plan requirement, reduced detailed requirements on the scheme level data, and for plan assurance to be owned by NHS England and local government regional teams, rather than through the national assurance and resubmission process that existed for 2015-16.
- There will be no national assurance process for BCF Plans for 2016-17. Instead regional teams will work with the Better Care Support Team to provide assurance to the national Integration Partnership Board (jointly chaired by DH and DCLG whose membership includes NHS England, Local Government Association and the Association of Directors of Adult Social Services) that the above process has been implemented to ensure that high quality plans are in place which meet national policy requirements.
- The regional process will be supported by a cross-regional calibration exercise coordinated by the national team
- A report will be provided to the national Integration Partnership Board, including areas that do not have an approved plan.
- Health and Wellbeing Boards are expected to sign off the final version of plans submitted

This will require DCOs, working with regional LG and NHS teams, with support from Better Care Managers to:

- Agree the process for assuring and moderating plans in line with the guidance and timetable, using the key lines of enquiry and other nationally available materials
- Agree how DCOs and NHS regions will work with LG regional colleagues and over what footprint to avoid duplication, and put in place a timetable for delivery
- It will also require Local Government regional chief executives and directors of adult social services to put in place appropriate additional regional capacity to ensure local government regions are fully undertaking their role in

Plan requirements

The following components are the requirements for Better Care Fund plans in 2016-17:

i. That a BCF Plan, covering a minimum of the pooled Fund specified in the Spending Review, should be signed off by the HWB itself, and by the constituent Councils and CCGs;

ii. A demonstration of how the area will meet the national condition to maintain provision of social care services in 2016-17.

iii. Confirmation of agreement on how plans will support progress on meeting the 2020 standards for seven-day services, to prevent unnecessary non-elective admissions and support timely discharge;

iv. Better data sharing between health and social care, based on the NHS number;

v. A joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional;

vi. Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans;

vii. That a proportion of the area's allocation is invested in NHS commissioned out-of-hospital services, or retained pending release as part of a local risk sharing agreement; and

viii. Agreement on a local action plan to reduce delayed transfers of care.

Local partners will need to develop a joint spending plan that is approved by NHS England as a condition of the NHS contribution to the Fund being released into pooled budgets. In developing BCF plans for 2016-17 local partners will be required to develop, and agree, through the relevant Health and Wellbeing Board:

- A short, jointly agreed narrative plan including details of how they are addressing the national conditions
- Confirmed funding contributions from each partner organisation including arrangements in relation to funding within the BCF for specific purposes
- A scheme level spending plan demonstrating how the fund will be spent
- Quarterly plan figures for the national metrics

Plan elements and assurance approach

The below table sets out where the information to fulfil the above planning requirements will be collected and how it will be assured. These will be the only planning requirements for the Better Care Fund in 2016-17.

Requirement	Collection method	Assurance approach
Narrative plans	Submitted to NHS England regional / DCO teams in an agreed format	Assured by DCO teams, with regional moderation involving the LGA and ADASS
Confirmation of funding contributions	Submitted through CCG Finance Template and through a nationally developed high level BCF planning return (spreadsheet)	Collated and analysed nationally, with feedback provided to DCO teams for regional moderation and assurance process
National Conditions	Detail submitted to NHS England regional / DCO teams through narrative plans (as above), with further confirmations submitted through a nationally developed high level BCF planning return (spreadsheet)	Assured by DCO teams, with regional moderation involving the LGA and ADASS
Scheme level spending plan	Submitted to NHS England regional / DCO teams through a nationally developed high level BCF planning return (spreadsheet)	Collated and analysed nationally, with feedback provided to DCO teams for regional moderation and assurance process
National Metrics	Submitted through UNIFY and through a nationally developed high level BCF template return (spreadsheet)	Collated and analysed nationally, with feedback provided to DCO teams for regional moderation and assurance process

These are the planning requirements for the BCF for 2016-17. The assurance process will focus on ensuring that Better Care Fund plans are set in a manner that supports financial stability in local systems.

Reporting requirements for 2016-17 will be confirmed in due course as part of a refresh of the Operationalisation Guidance for the Better Care Fund, originally published in March 2015.

BCF Assurance timetable

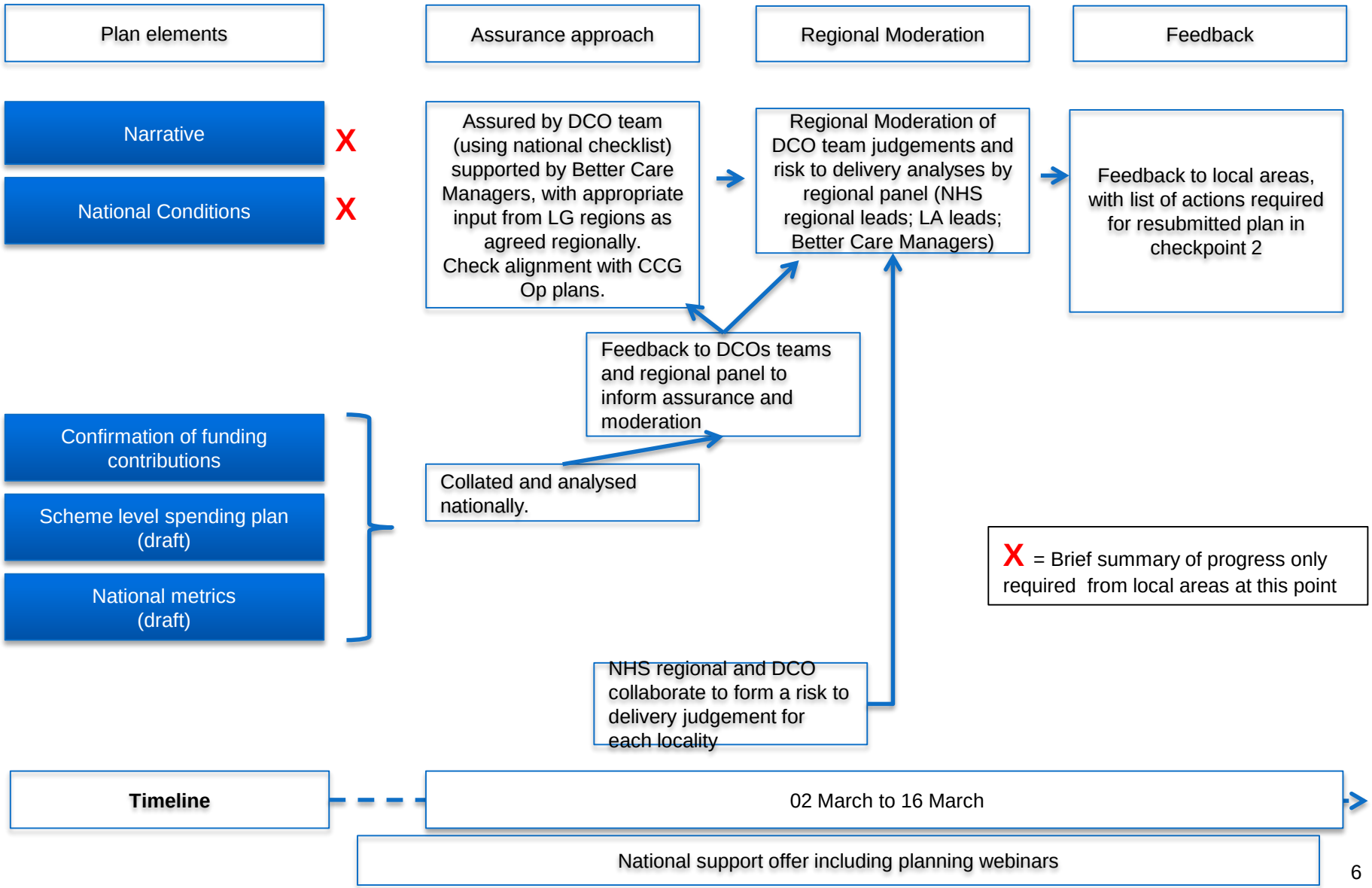
Proposed timeline	Dates (all 2016)
Planning guidance and planning template issued	22 February
Submission 1 BCF Planning Return submitted by HWB areas to DCO teams, copied to the national team. This will detail the technical elements of the planning requirements, including funding contributions, a scheme level spending plan, national metric plans, and any local risk sharing agreement.	**2nd March**
National team provide analysis of BCF planning returns in a single spreadsheet and send to DCOs and BCMs, highlighting any potential issues in the information provided	7th March
Feedback from regions, DCOs and BCMs to the national team on any outstanding issues or support needs arising from the first submission. To be coordinated regionally.	16 March
Submission 2 Full BCF plan submitted by HWBs to DCO teams, including BCF Planning Return version 2, which is to be copied to the national team for analysis	**21st March**
National team provide analysis of BCF planning returns in a single spreadsheet and send to DCOs and BCMs, highlighting any potential issues in the information provided	24th March
Deadline for regional confirmation of draft assurance ratings for all BCF plans to the **national team**	6th April
National calibration exercise carried out across regions to ensure consistency	7th – 8th April
Deadlines for feedback from DCO teams and BCMs **to local area**s to confirm draft assurance status and actions required	11th April
Submission 3 Final plans submitted, having been formally signed off by HWBs	**25th April**
Deadline for regional confirmation of final assurance rating to BCST and local area	13th May
Deadline for signed Section 75 agreements to be in place in every area	30th June

Key: Action for regions, DCO teams and BCMs | Action for local systems | Action for the Better Care Support Team

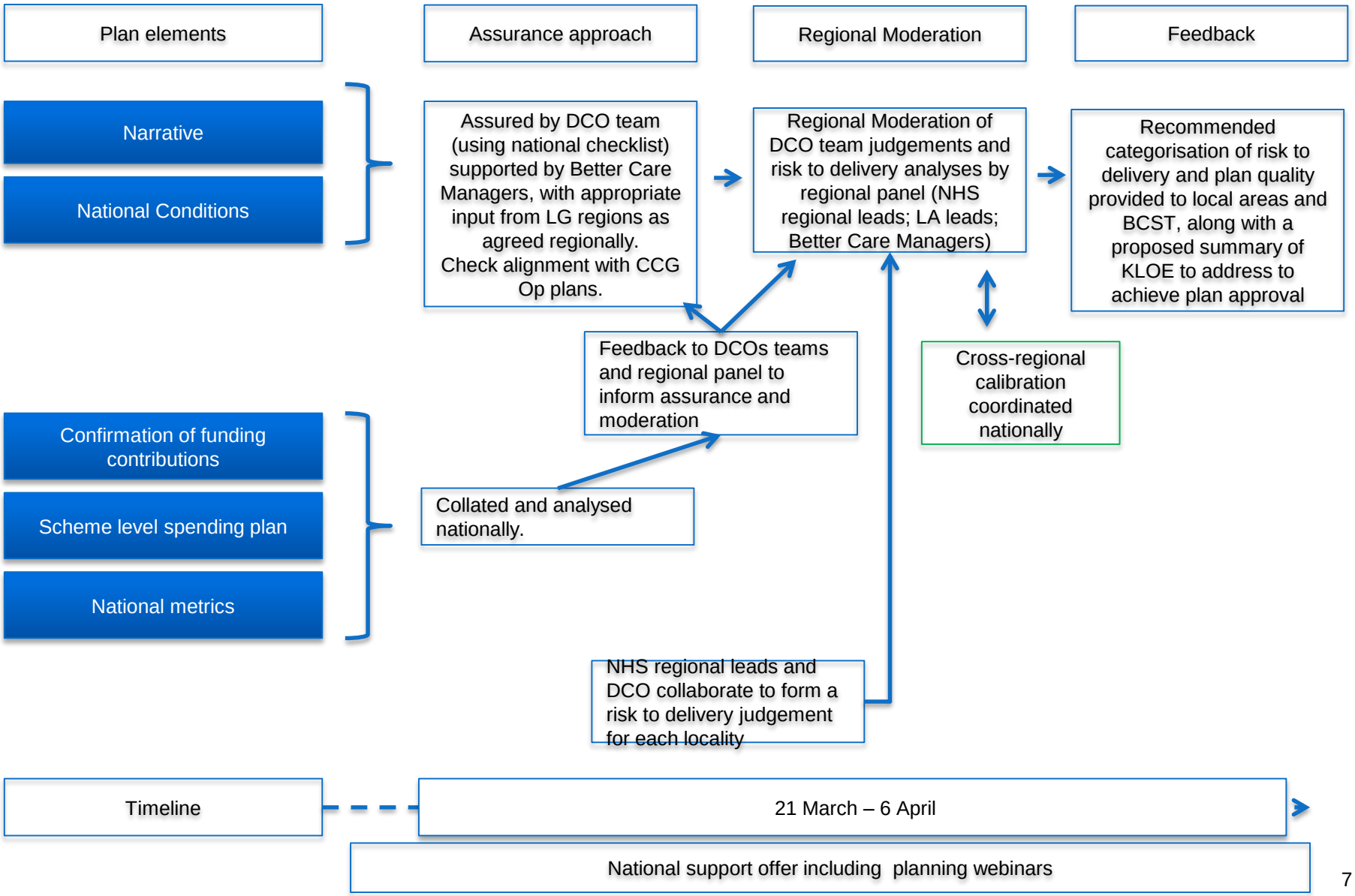
Key regional assurance activities

Date	Action
By 19 February	• National assurance approach and key lines of enquiry for assurance shared with DCOs, BCMs, NHS England and LG regional teams to support assurance process
Before 19 February	Regional LG leads and NHS England DCOs to • Agree their roles in moderation and assurance of finance plans, and key milestones • Identify local areas that may need support with the development of their plans
02 March to 20 March	• **Stage 1** regional assurance arrangements operational for first BCF submission • National team provide analysis of first submissions to identify areas for follow up • DCO teams and BCMs follow up with individual systems where issues appear and identify areas requiring further support • Regional level return to the national team setting out any areas of concern and support needs, using template provided • High level summary report from the national team to the Integration Partnership Board and NHS England leadership
21 March to 24 April	• **Stage 2** regional assurance and moderation operational • National team provide analysis of the BCF planning returns and identify areas for follow up • DCO teams, BCMs and LG leads review plans and give each plan a draft assurance rating • Regional moderation of draft assurance ratings and identification of support needs, ensuring financial stability is maintained through BCF plans. Submission to national team using template provided • Nationally coordinated calibration exercise across regions, with any proposed adjustments to draft assurance ratings confirmed back to regions, DCOs and BCMs • Full feedback provided by DCOs and BCMs to local areas on assurance ratings and actions required to address KLOEs and move to fully approved, where necessary • High level summary report to the national Integration Partnership Board and NHS England leadership
25 April to 13th May	• **Stage 3:** Final plans signed off by Health and Wellbeing Boards and submitted to DCOs and national team • National team provide analysis of final planning return submission to regions, DCOs and BCMs • All plans assigned an assurance category following review of progress made from last submission • Formal escalation to the national Integration Partnership Board for any plans not approved

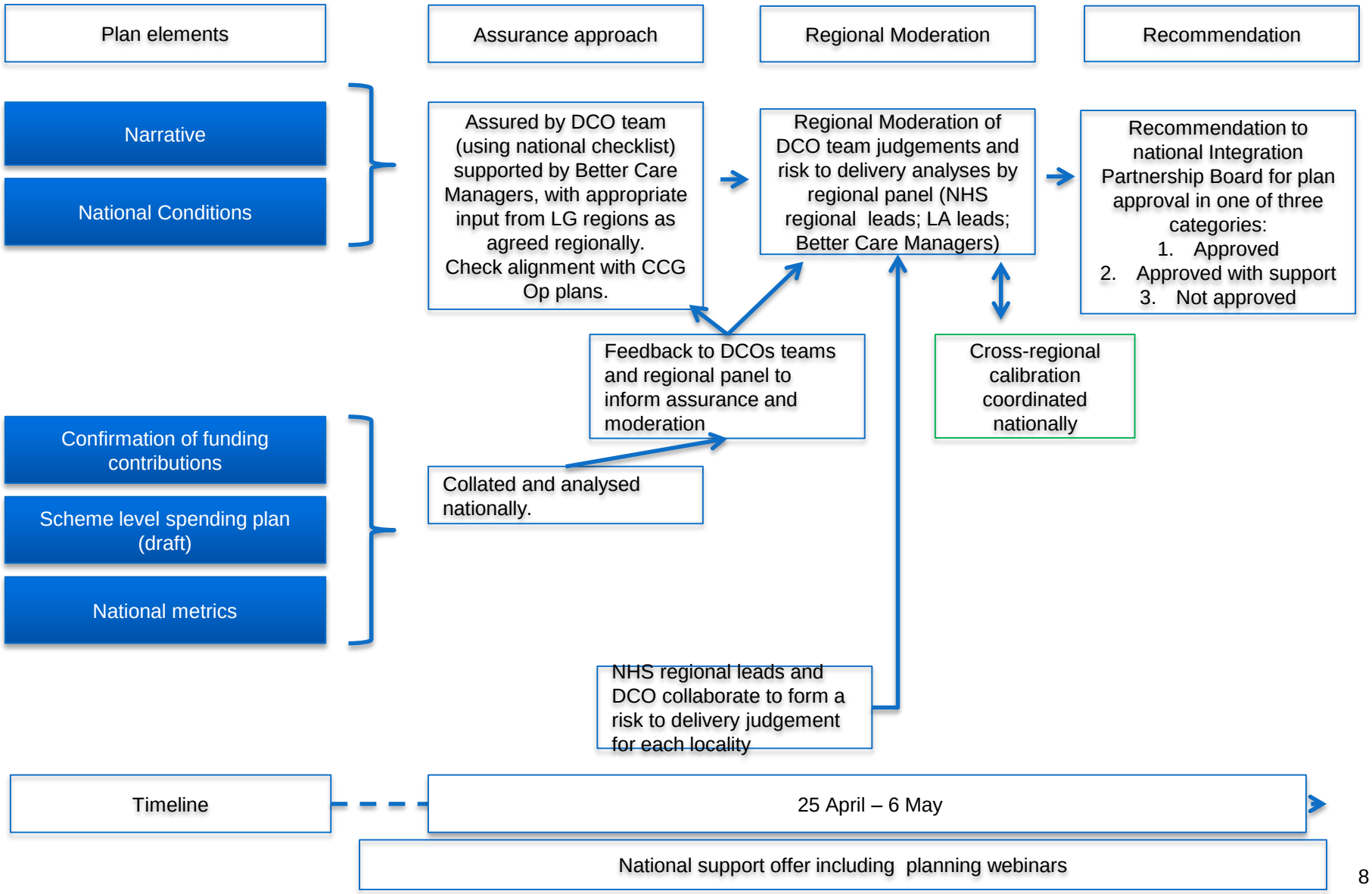
Assurance: Checkpoint 1 (2nd March)



Assurance: Checkpoint 2 (21st March)

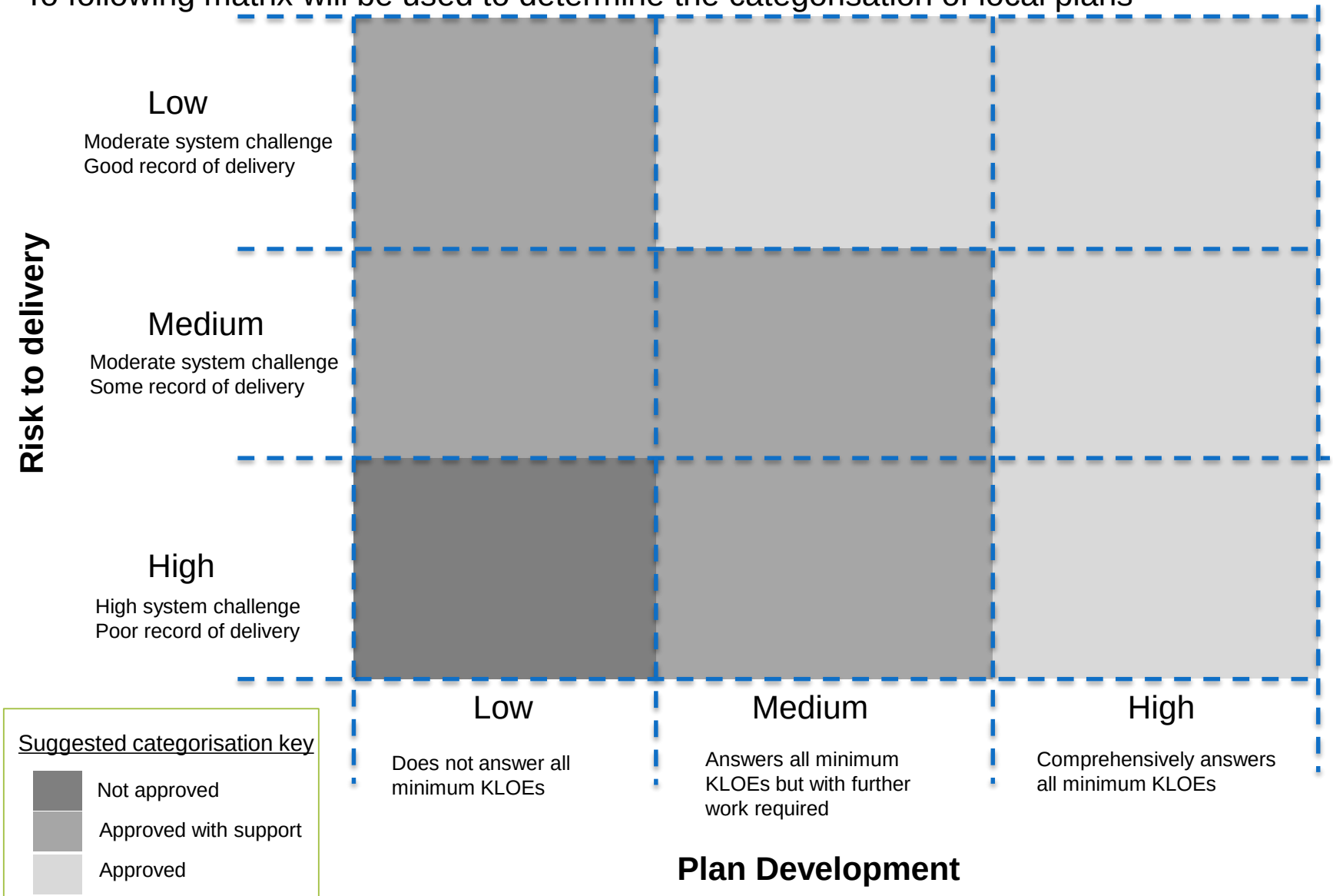


Assurance: Checkpoint 3 (25th April)



Moderation matrix and assurance categories

To following matrix will be used to determine the categorisation of local plans



Assessing delivery risk for moderation

To support regional moderation and feedback to local systems, regions are encouraged to consider risks to delivery alongside plan quality ratings, using a moderation matrix (see previous slide). This will be used to determine whether a plan is recommended.

In addition to plan quality, based on the key lines of enquiry, an assessment of risk to delivery should review, and make a judgement of

- Commissioner and provider financial and quality performance
- BCF Quarterly reporting risks
- Other local/regional intelligence

The assessment of delivery risk **should be:**

- An opportunity to assess the delivery context within which a BCF plan sits
- An opportunity to be clear about the delivery challenges faced locally
- An assessment built on existing measures that provides a fair and agreed view of risk across health and social care in a local area

The assessment of delivery risk **should not be:**

- A judgment on the quality of the plan itself
- An attempt to pass a new judgment on the health and social care system in a local area
- A reflection of the level of partnership working in an area

Assessing plan development

As part of the regional assurance, moderation, and feedback to local systems, regions will need to consider the level of development of the plan.

In order to ensure consistency a national set of key lines of enquiry (KLOE) have been developed (see Appendix 1) to support the assessment for each of the plan elements (set out on slide 3). Where appropriate, these are consistent with both the 'risk assessment checklist' used by reviewers during the nationally consistent review of plans, and the 'what good looks like' criteria set out in for BCF planning guidance for 2015-16. These have been updated and revised to take account of changes to policy and context.

In a departure from the framework used last year the plan quality assessment will no longer be based on an assessment of risk represented by the quality of the plan. Instead, the assessment will focus on the degree to which the KLOEs have been met. As follows:

- High – answers all the minimum requirement KLOEs comprehensively and addresses the further requirement KLOEs;
- Medium quality – answers the minimum requirement KLOEs for all plan elements, but with further work required to strengthen these and/or meet further KLOEs;
- Low – fails to answer some or all of the minimum requirement KLOEs for one or more of the plan elements.

A template beencreated to aid both the delivery risk and plan development assessments.

Ensuring consistency

Whilst the assurance process for 2016-17 BCF planning is to be regionally run and owned, there is a need for consistency in the assessment of plans and the placing of those plans into an assurance category. This is a government requirement.

The assurance framework described within this pack sets out to achieve this through:

- The agreement of a consistent approach to assurance across regions;
- Agreement on the criteria used for the assessment of delivery risk within a system;
- Development of a standard set of questions (KLOEs) which underpin the assessment of a plan's development;
- Agreement of a common approach to how each plan is categorised based on the basis of its delivery risk and plan development rating.

This will be reinforced through the development of a standard template to be used in assessing an individual plan. This has been developed nationally but completed and owned by DCO teams. This should also form the basis of consistent feedback to local areas.

In addition, to check that there is consistency in the regional interpretation of the framework, the national team will facilitate a calibration exercise. This will include:

- Aa template, to be completed regionally, which will provide an overview of assurance ratings for individual plans in the region, and a summary of how they have been reached;
- The coordination of a teleconference with leads from each region to compare scores for a selection of areas within each assurance category
- Scrutiny of assurance outcomes for systems identified as high risk.

Roles and responsibilities

NHS England Directors of Commissioning Operations (DCOs)

- Work with LG regions and BCMs to agree and deliver the approach to assurance
- Ensure that the BCF assurance template is completed for each Health and Wellbeing Board within their area

Regional Local Government Leads (Directors and/or Chief Executives)

- To oversee the LG input to BCF plan assurance and moderation, working with DCOs, BCMs and NHS England regions
- To ensure that additional operational capacity is provided to LG leads to deliver the approach to assurance and moderation from a local government perspective

Better Care Managers (BCMs)

- To provide additional capacity to DCOs and LG regional leads as agreed to support the overall approach to assurance and moderation across both health and social care

NHS England regional leads

- To work with LG regional leads to provide a moderated view of BCF plans which aligns with wider moderation of NHS plans for 2016-17
- To coordinate and submit regional level returns providing an overview of plan assurance outcomes for each HWB in the region

The Better Care Support Team

- To develop a consistent framework for assurance and moderation agreed by partners
- To develop a HWB level BCF assurance template to aid consistency
- To develop a regional level return template and collate these when submitted to establish a national picture of plan assurance

Appendices

Appendix 1 – Key Lines Of Enquiry for assessing plan quality

Appendix 2 – Framework for assessing the risk to delivery

Appendix 3 – Overview of planning support materials and guidance [to follow]

Appendix 1

BCF Planning 2016-17:

Key lines of enquiry for use in the regional assurance of BCF plans

Introduction

This document sets out the content to be covered in Better Care Fund plans for 2016-17. This should be read in conjunction with the BCF Policy Framework for 2016-17 published by the Department of Health and Department of Communities and Local Government, and Annex 4 of the NHS Technical Planning Guidance: 'BCF Planning Requirements 2016-17' published by NHS England.

The 'Key Lines Of Enquiry' (or KLOE) set out here are intended as a guide to local areas in developing their plans, as well as to the teams that will be carrying out the assurance of BCF plans for 2016-17. This assurance will be led regionally, with the aim of reducing the burden of national bureaucracy borne by local areas during planning for the BCF in 2015-6. As part of this, the KLOEs set out in this document will provide a single, transparent set of requirements for local areas in approaching BCF planning.

The KLOEs will then provide the framework for the review of plans at a regional level, with assurance based on the degree to which they are met (alongside a view of the level of risk delivery posed by the context within which the plan sits). Feedback will then be provided to local areas following their first full plan submission on any KLOEs that requires further action to meet. By the end of the assurance process all plans will need to demonstrate that they are meeting, or have plans in place to meet, the minimum requirement in order to be approved and therefore gain access of the Better Care Fund.

The KLOEs here are drawn from the BCF policy framework, planning guidance and the criteria used within the national assurance of plans for 2015-16. The minimum KLOEs are those which all local areas will need to answer through the assurance process for 2016-17.

The further KLOE are providing a guide for going beyond the minimum.

Answering Key Lines of Enquiry

The approach to BCF planning for 2016-17 seeks to simplify the requirement for local areas, whilst still ensuring that the conditions of access to the fund are met and local plans for furthering the integration of health and social care services through the use of the fund are in place.

In light of this it is important to note that it is not a requirement to confirm, describe or demonstrate compliance with all KLOEs within a single planning document. Instead, plans submitted by Health and Wellbeing Boards should either include the information required to meet each KLOE or set out where this information is already available within existing strategies or documents.

Within this plans will be expected to build on those already in place for 2015-16. Where appropriate signposting to the existing plan whilst providing any updates required will also be a suitable approach to answering the KLOEs.

No set template is to be issued nationally for BCF plans for 2016-17 but in order to simplify both the planning and the assurance processes the structure of this document can be used as a guide. A template has been issued for a BCF Planning Return in excel format to provide key information for analysis at a national level. This is not intended as a planning template or plan in itself but the information provided within it will need to match back to information provided within BCF plan submissions. In cases where a KLOE should be met by information provided within the BCF Planning Return template then this is indicated.

Compliance checks

Requirement	Source	Minimum KLOE	Further KLOE
1. Narrative plan submitted for assurance at a regional level	✓ Narrative plan submission ✓ Supporting documents submitted	i. First submission of narrative plan to the DCO team on date requested ii. Submission signed by the local CCG(s) and local authority iii. Final submission of narrative plan to the DCO team on date requested iv. Submission signed off by local CCG(s), local authority, and the Health and Wellbeing Board	
2. BCF planning return template submitted to the national team	✓ BCF Planning Return Submission	i. First submission of planning return template to national team on date requested ii. Submission signed by the local CCG(s) and local authority iii. Final submission of planning return template on date requested iv. Submission signed by the local CCG(s) and local authority	

A. Confirmation of funding contributions

Requirement	Source	Minimum KLOE	Further KLOE
1. All minimum funding contributions met	✓ BCF Planning Return Submission ✓ Narrative plan submission	Does the BCF planning return confirm that the local area has met its minimum contributions for: i. CCG minimum contributions ii. Disabled Facilities Grant iii. Care Act 2014 Monies iv. Former Carers' Breaks funding v. Reablement funding Full BCF allocations have been published here: https://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/	Does the narrative plan also: vi. Set out how each element of the minimum funding contributions which has a specific purpose is being used? vii. Include an agreed plan for use of DFG monies across both tiers of local government (where applicable), that meets both the statutory requirements of housing authorities and those of the BCF plan??
2. Detail provided of any additional funding contributions	✓ BCF Planning Return Submission	Does the BCF planning return confirm: i. Any additional local authority contributions to the pooled budget? ii. Any additional CCG contributions to the pooled budget?	Does the narrative plan also: iii. Set out the additional contributions for 2016-17 in the context of those provided for 2015-16, articulating the impact of any changes?
3. Local agreement on funding arrangements	✓ BCF Planning Return Submission ✓ Narrative plan submission	i. Has the BCF planning return template been signed off by all parties? ii. Has the narrative plan submission been signed off by all parties? iii. Does the narrative plan provide a full overview of funding contributions for 2016-17? iv. Does this set out any changes from funding levels in 2015-16, and how these have been agreed? v. Does this include an assessment of the impact of these changes on services?	vi. Does the assessment of the impact of any changes include an immediate and medium term view of the impact on patients and service users? vii. Have any changes to funding arrangements been set within the context of longer term integration, sustainability and transformation plans?

B. Narrative plan requirements

Requirement	Source	Minimum KLOE	Further KLOE
1. The local vision for health and social care services	✓ Narrative plan submission ✓ Supporting documents submitted	Does the narrative plan include? i. A clear articulation of the local vision for health and social care services, including changes to patient and service user experience and outcomes? ii. A description of how the BCF plan contributes to the local implementation of the vision of the Five Year Forward View and the move towards fully integrated health and social care services by 2020? iii. A description of the aspects of the change the local area is intending to deliver using the BCF?	iv. Is there reference to the JSNA and JHWS, and any other locally relevant strategic plans? v. Does it describe how these changes effectively respond to changes to the local public health needs and the broader demographic, and socio-economic changes in the local area? vi. Is there evidence of the input of service users and public engagement? vii. Does it describe a set of concrete changes to service delivery that will help to bring about this vision for the future? viii. Reference to the relationship between the BCF plan for 2016-17 and longer term Sustainability and Transformation Plans? ix. Does it describe how BCF plans will contribute to the ongoing delivery of the aims and changes set out in the Care Act 2014?
2. An evidence base supporting the case for change;	✓ Narrative plan submission ✓ Supporting documents submitted	Does this local area's case for change include: i. A clear and quantified understanding of the precise issues that the BCF will be used to address in the local area? ii. Identification of the opportunity to improve quality and reduce costs, based on segmented risk stratification? iii. A narrative that is bespoke to the local area and articulates how integration will be used to improve the issues identified? iv. Data that supports the case for change, including quantifying levels of unmet need, issues of service quality, and inefficiencies in service delivery?	There are no further KLOEs for this section.

B. Narrative plan requirements

Requirement	Source	Minimum KLOE	Further KLOE
3. A coordinated and integrated plan of action for delivering that change;	✓ Narrative plan submission ✓ Supporting documents submitted	Does the local area's plan of action include: i. A description of the specifics of the overarching governance and accountability structures in place locally to support integrated care? ii. A description of the specifics of the management and oversight in place to support the delivery of the BCF plan? iii. An articulation of the arrangements in place to support joint working? iv. Key milestones associated with the delivery of the plan of action in 2016-17? v. A fully populated and comprehensive risk log, with evidence that it has been developed in partnership with all stakeholders and a description of how risks will be managed operationally?	Does the local area's plan of action also include: vi. How governance and accountability structures support joint accountability? vii. The level at which strategic issues will be dealt with within structures? viii. Diagrams to explain structures for decision making and governance? ix. A process for regular monitoring of performance of schemes and issue resolution?
4. A clear articulation of how they plan to meet each national condition;	✓ Narrative plan submission	See section C.	See section C.
5. An agreed approach to financial risk sharing and contingency.	✓ Narrative plan submission ✓ Supporting documents submitted	Does the local area's risk sharing plan include: i. Quantification of what proportion of the pooled funding is 'at risk', if any, and how this has been calculated? ii. An agreed approach to sharing risk on NEAs and DTOCs in line with national conditions 7 and 8? iii. An articulation of any other risks associated with not meeting BCF targets in 2016-17? iv. An articulation of the risk sharing arrangements in place across the health and care system, and how these are reflected in contracting and	Does the local area's risk sharing plan also include: v. A clear articulation of how CCG plans have been set, and how these relate to BCF risk sharing arrangements? vi. An agreed plan for how any funding that is released will be spent, including: • What services or development will be funded? • Which quarter the fund will be received and the implications this has for how it might be used? • How the Health and Wellbeing Board will be consulted on this plan and made aware of the

C. Narrative plan – national conditions

Requirement	Source	Minimum KLOE	Further KLOE
1. Plans to be jointly agreed	✓ Narrative plan submission ✓ Supporting documents submitted	Does the area's plan demonstrate that: i. The BCF Plan, covering a minimum of the pooled Fund specified in the Spending Review, and potentially extending to the totality of the health and care spend in the HWB area, is signed off by the HWB itself, and by the constituent Councils and CCGs? ii. In agreeing the plan, CCGs and local authorities have engaged with health and social care providers likely to be affected by the use of the Fund in order to achieve the best outcomes for local people? iii. The implications for local providers have been set out clearly for HWBs so that their agreement for the deployment of the Fund includes recognition of the service change consequences? iv. As the Disabled Facilities Grant (DFG) will again be allocated through the BCF, local housing authority representatives have been involved in developing and agreeing the plan, in order to ensure a joined-up approach to improving outcomes across health, social care and housing?	v. There is joint agreement across commissioners and providers as to how the BCF will contribute to a longer term strategic plan? vi. This includes an assessment of future capacity and workforce requirements across the system?

C. Narrative plan – national conditions

Requirement	Source	Minimum KLOE	Further KLOE
2. Maintain provision of social care services	✓ Narrative plan submission ✓ Supporting documents submitted ✓ BCF Planning Return Template	Does the planning return template confirm: i. The total amount from the Better Care Fund that has been allocated for supporting of adult social care services? ii. That the total amount allocated for social care from the mandated BCF minimum allocation has been, as a minimum, maintained in real terms compared to 15/16 iii. That at least the local proportion of the £138m for the implementation of the new Care Act duties has been identified? iv. The amount of funding that will be dedicated to carer-specific support from within the BCF pool? Does the narrative plan demonstrate that: i. Local adult social care services will continue to be supported within their plans in a manner consistent with 2015-16? ii. The definition of support has been agreed locally and, as a minimum, maintains in real terms the level of protection as provided through the mandated minimum element of local BCF agreements of 2015-16? iii. In setting the level of protection for social care the local area has ensured that any change does not destabilise the local social and health care system as a whole? iv. The local area has included a comparison to the approach and figures set out in 2015-16 plans? v. The approach is consistent with the 2012 Department of Health guidance to NHS England on the funding transfer from the NHS to social care in 2013-14?	Does the local area's plan also include: vi. An explanation of how the proposed local schemes and spending will support this commitment, and how this will achieve the desired outcome of supporting social care services? vii. A demonstration that the local area has considered how local demographic change will impact upon social care demand? viii. A quantified allocation within Better Care Fund which is for the implementation of the Care Act? ix. An articulation of what the requirements of the Care Act mean in terms of changes to the delivery of local services? x. An articulation of any interdependencies between this work stream and the delivery of the Better Care Fund plan? xi. An articulation of how funding dedicated for carer-specific support will be used to support improved outcomes for carers, including: • A reflection on the effectiveness of services commissioned in 2015-16? • Confirmation of services being commissioned in 2016-17, and how these will impact on the experience of carers? vi. Evidence based consideration of how carer support will impact on patient level outcomes?

C. Narrative plan – national conditions

Requirement	Source	Minimum KLOE	Further KLOE
3. Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective (physical and mental health) admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate.	✓ Narrative plan submission ✓ Supporting documents submitted	Does the area's plan demonstrate that: i. They will provide, or have a plan in place to provide, 7-day services (throughout the week, including weekends) across community, primary, mental health, and social care? ii. This approach will prevent unnecessary non-elective admissions (physical and mental health) through provision of an agreed level of infrastructure across out of hospital services 7 days a week? iii. Their approach will support the timely discharge of patients, from acute physical and mental health settings, on every day of the week, where it is clinically appropriate to do so, avoiding unnecessary delayed discharges of care? iv. The approach is underpinned by a delivery plan for the move to seven-day services, which includes key milestones and priority actions for 2016-17.	Does the local area's plan also include: v. Evidence of progress towards implementation of the four key 7DS standards locally during 2016/17 as set out in the Service Development and Improvement Plan section of NHS local contracts between CCG and providers? vi. An indication of how local partners will work together to ensure that NHS providers meet the milestones for inclusion of the Clinical Standards for 7DS in 2014/15, 2015/16 and 2016/17? vii. Detail of any risks relating to the move to seven day services?

C. Narrative plan – national conditions

Requirement	Source	Minimum KLOE	Further KLOE
4. Better data sharing between health and social care, based on the NHS number	✓ Narrative plan submission ✓ Supporting documents submitted	Does the area's plan demonstrate that: i. That the right cultures, behaviours and leadership are demonstrated locally, fostering a culture of secure, lawful and appropriate sharing of data to support better care? ii. They are using the NHS Number as the consistent identifier for health and care services, and if they are not, that they have a plan to do so? iii. They are pursuing interoperable Application Programming Interfaces (APIs) (i.e. systems that speak to each other) with the necessary security and controls? iv. They have the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott principles and guidance made available by the Information Governance Alliance (IGA), and if not, when they plan for it to be in place? v. They have ensured that local people have clarity about how data about them is used, who may have access and how they can exercise their legal rights (In line with the recommendations from the National Data Guardian review)? vi. How these changes will impact upon the integration of services?	Does the local area's plan also include: vii. An articulation of the progress made to date in relation to the use of the NHS number as the primary identifier, based on either real time retrieval or timely batch processing? viii. Plans to use the NHS number as early as possible in the clinical process / care pathway as opposed to solely at end for payment purposes? ix. Details of the remaining key phases of work required to ensure that this becomes part of business as usual, including x. Key milestones associated with this xi. Priority actions and next steps to ensure progress can be made xii. Detail of the risks relating to using move to the use of the NHS number as the primary identifier? xiii. Evidence of the progress made to date in adopting Open APIs and Open Standards, and how close to delivery of this the local area is? xiv. The remaining key phases of work required to ensure that this becomes part of business as usual, including: xv. Key milestones xvi. Priority actions and next steps to ensure progress can be made xvii. Highlighting any risks relating to using Open APIs and Open Standards and ensure that these are cross referenced in the risk log alongside appropriate mitigating actions [Continued on next slide]

C. Narrative plan – national conditions

Requirement	Source	Minimum KLOE	Further KLOE
4. Better data sharing between health and social care, based on the NHS number (continued)	✓ Narrative plan submission ✓ Supporting documents submitted		xviii. Demonstrating commitment within the scope of the plan (be it procured/developed) that: • systems will provide interfaces that are accessible to those that need to use them? • all significant business functionality provided by the host system should be available via an API? • to clearly publish and document their provided interfaces? xix. An articulation of the progress made to date in developing and implementing appropriate IG controls, include documentation demonstrating local IG protocols and agreements are in place? xx. Details of the remaining phases of work (particularly in relation to procurement of technical systems, development of guidance and protocols, delivery of training) to ensure IG controls are observed? xxi. Detail of any risks relating to IG controls? xxii. A declaration of compliance?

C. Narrative plan – national conditions

Requirement	Source	Minimum KLOE	Further KLOE
5. Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional	✓ Narrative plan submission ✓ Supporting documents submitted	Does the area's plan demonstrate that: i. Identify which proportion of the local population will be receiving case management and named care coordinator? ii. Identify dementia services as a particularly important priority for better integrated health and social care services, supported by care coordinators (for example dementia advisors)? iii. A description of plans for health and social care teams to use a joint process to assess and plan care? iv. A plan with milestones demonstrating how and when this condition will be fully complied with?	Does the local area's plan also include: v. A description of any action being taken to remove barriers to joint assessments and planning? vi. A description of the role of accountable lead professional as it is envisaged, such that the patient knows who to contact when they need to and can get timely decisions about their care? vii. How GPs will be supported in being accountable for co-ordinating patient centred care for older people and those with complex needs? viii. Consideration of the impact of these systems for people with Dementia and mental health problems?
6. Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans	✓ Narrative plan submission ✓ Supporting documents submitted ✓ Signed provider return	Does the area's plan demonstrate that: i. The impact of local plans has been agreed with relevant health and social care providers? ii. There has been public and patient and service user engagement in this planning, as well as plans for political buy-in? iii. These align to provider plans and the longer term vision for sustainable services? iv. Mental and physical health are considered equal, and plans aim to ensure these are better integrated with one another, as well as with other services such as social care? v. Demonstration of clear alignment between the overarching BCF plan, CCG Operating Plans, and the provider plans?	Does the local area's plan also include: vi. Confirmation of detailed and meaningful provider involvement in the development of the plans? vii. Triangulation to provide reassurance that any projected reductions in planned emergency activity are feasible? viii. Confirmation that this provider is implementing their own risk management and action plans to respond to any planned change in activity? ix. Demonstration of a shared understanding of the critical path to successful delivery? x. An articulation of local risks and how these are being managed / shared?

C. Narrative plan – national conditions

Requirement	Source	Minimum KLOE	Further KLOE
7. Agreement to invest in NHS commissioned out of hospital services, which may include a wide range of services including social care	✓ Narrative plan submission ✓ Supporting documents submitted ✓ BCF Planning Return Template	Does the area's plan demonstrate that: i. The local area has agreed how they will use their full share of the £1 billion that had previously been used to create the payment for performance element of the fund, in line with the national condition guidance? ii. This is clearly set out within the summary and expenditure plan tabs of their BCF planning return template? iii. In reaching agreement they have considered whether a local risk sharing arrangement is required, supported by analysis of the likely risk of unplanned activity in the area based on their track record of performance? iv. This analysis is data driven and includes consideration of the long term trend in admissions and the successful of schemes implemented to date? v. Where a risk sharing arrangement has been agreed this is, where appropriate, consistent with guidance? vi. NHS commissioned out-of-hospital services and services that were previously paid for from funding made available as a result of achieving their non-elective ambition, continue in a manner consistent with 15-16.?	Does the local area's plan also include: vi. An analysis of the value of NHS Commissioned Out of Hospital Services in 2015-16, compared to plans for 2016-17? vii. An analysis of the impact of any changes to the level of investment in NHS Commissioned Out of Hospital Services? viii. An analysis of P4P performance in 2015-16 and a clear articulation of how this has been used to drive the local decision on how to use this portion of the fund?

C. Narrative plan – national conditions

Requirement	Source	Minimum KLOE	Further KLOE
8. Agreement on local action plan to reduce delayed transfers of care (DTOC)	✓ Narrative plan submission ✓ BCF Planning Return ✓ Supporting documents submitted	Does the area's plan demonstrate that: i. The local area has developed a local action plan for managing DTOC? ii. The local area has established their own stretching local DTOC target - agreed between the CCG, Local Authority and relevant acute and community trusts? iii. The plan is within the context of the System Resilience Group plan for improving patient flow and as a result performance, acknowledging action is required by all partners both in hospital and in the community (e.g. reducing avoidable admissions, effective in-hospital management, and timely and safe discharge)? iv. This target is reflected in CCG operational plans? v. The local area has considered the use of local risk sharing agreements with respect to DTOC, with clear reference to existing guidance and best practice? vi. In agreeing the plan, CCGs and local authorities have engaged with the relevant acute and community trusts and are able to demonstrate that the plan has been agreed with the providers? vii. Clear lines of responsibility, accountabilities, and measures of assurance and monitoring? viii. They have taken account of national guidance and best practice, including the eight 'high impact interventions' that were agreed by ECIP ix. There has been engagement with the independent and voluntary sector providers?	Does the local area's plan also include: x. A situation analysis which includes: • Detailed analysis of current performance , trends, and the causes of delays? • An assessment of current schemes in place to reduce delays and improve patient flow across the system, and how effective these are? • A gap analysis comparing local measures to the best practice interventions (see below)? • A consideration of whether additional measures are required where rates of delay are very high, including whether a risk sharing arrangement may be appropriate? xi. A Target and Action Plan, that includes: • A clear articulation of how the target has been set, with reference to the situation analysis? • A trajectory for reducing the number of delays, which is aligned to CCG plans? • A set of clear actions to deliver improvement that builds both on successful local initiatives and on the nationally agreed best practice interventions? xii. Detailed accountability arrangements, with all actions clearly owned, so the plan sets out lines of responsibility and accountability for delivering each element of the plan? xiii. Read across to other local plans which will improve patient flow and support local performance? [continued on next slide)

C. Narrative plan – national conditions

Requirement	Source	Minimum KLOE	Further KLOE
8. Agreement on local action plan to reduce delayed transfers of care (DTOC) [Continued]	✓ Narrative plan submission ✓ BCF Planning Return ✓ Supporting documents submitted		Does the local area's plan also include: xiii. Analysis of local capacity and requirements? xiv. Analysis of how that capacity can best be used across health and social care to minimise DTOC and meet evolving need? Including a joint commissioning approach between health and care and consideration of the long-term sustainability of the market for both health and social care? xv. Consideration of the role that the voluntary and community sector can play in supporting patients to remain in their own home or return there more quickly following a period in hospital? xvi. Consideration of what measures are proportionate to address local levels of performance. Including demonstrating, where DTOCs are high and rising, how they have considered all options for addressing this, including the potential use of risk sharing arrangements? xvii. If there is local agreement that a risk sharing arrangement is appropriate, that the local area has: • Considered the use of existing mechanisms? • Confirmed their approach takes account of the legal framework on payments set out in the Care Act and that they are content that they are not acting in any way which goes against current legislation? • Agreed collectively on the approach and assured themselves that it will lead to resources being spent in the best interest of the local population and with a positive impact on the performance of the local health and care system?

D. Scheme level spending plan

Requirement	Source	Minimum KLOE	Further KLOE
1. Scheme level spending plan provided	✓ BCF Planning Return Template ✓ Narrative plan submission ✓ Supporting documents submitted	i. Has a scheme level spending plan been submitted as part of the BCF Planning Return template? ii. Does this plan account for the use of the full value of the budgets pooled through the BCF? iii. Have all columns of the spending plan template been completed for every scheme? iv. Has confirmation been provided on the summary tab of the planning return of the amount identified for the protection of social care, with any variance from the automatic calculation from the spending plan explained?	vi. Does the narrative plan provide sufficient assurance that detailed plans are in place for each of the schemes set out in the spending plan? vii. Does this include reference to how these plans are aligned with, and included in, CCG operating plans for 2016-17?

E. National Metrics

Requirement	Source	Minimum KLOE	Further KLOE
1. Non-elective admissions (General and Acute)	✓ BCF Planning Return Template ✓ Narrative plan submission	i. Has a target been set for this metric as part of the BCF Planning Return template? ii. Does the narrative plan include an explanation for how this target has been reached? iii. Does this include an analysis of previous performance and a realistic assessment of the impact of BCF initiatives on performance in 2016-17? iv. Is there demonstration of triangulation with other plans – e.g. acute contracts and CCG plans?	v. Has this analysis been supported by a view of longer terms trend? vi. Does this include consideration of service change and demographic factors that are likely to impact on performance?
2. Admissions to residential and care homes;	✓ BCF Planning Return Template ✓ Narrative plan submission	i. Has a target been set for this metric as part of the BCF Planning Return template? ii. Does the narrative plan include an explanation for how this target has been reached? iii. Does this include an analysis of previous performance and a realistic assessment of the impact of BCF initiatives on performance in 2016-17?	iv. Has this analysis been supported by a view of longer terms trend? v. Does this include consideration of service change and demographic factors that are likely to impact on performance?
3. Effectiveness of reablement;	✓ BCF Planning Return Template ✓ Narrative plan submission	i. Has a target been set for this metric as part of the BCF Planning Return template? ii. Does the narrative plan include an explanation for how this target has been reached? iii. Does this include an analysis of previous performance and a realistic assessment of the impact of BCF initiatives on performance in 2016-17?	iv. Has this analysis been supported by a view of longer terms trend? v. Does this include consideration of service change and demographic factors that are likely to impact on performance?
4. Delayed transfers of care;	✓ BCF Planning Return Template ✓ Narrative plan submission	i. Has a target been set for this metric as part of the BCF Planning Return template? ii. Does the narrative plan include an explanation for how this target has been reached? iii. Does this include an analysis of previous performance and a realistic assessment of the impact of BCF initiatives on performance in 2016-17? iv. Is there demonstration of triangulation with other plans – e.g. acute contracts and CCG plans?	v. Has this analysis been supported by a view of longer terms trend? vi. Does this include consideration of service change and demographic factors that are likely to impact on performance?

Appendix 2

BCF Planning 2016-17:

Framework for assessing delivery risk

Introduction

Rationale / Purpose for assessing delivery risk

Assurance of BCF plans must be done within the local context that each plan is seeking to address. As a result, the qualitative review of the plans needs to be accompanied with a view of how challenging the local context is.

Assumptions

- Plans are only deliverable if they are appropriate to their local context
- The most telling and measurable contextual factor that impacts a local area's ability to deliver is the financial stability of the local health and social care economy
- A commissioner or provider in financial difficult will find it more difficult to deliver the changes required by BCF plans
- There may also be other local factors that influence the delivery risk, and these should be considered too
- The knowledge required to make these assessments (financially and otherwise) will be held by NHS England, Local Government, TDA and Monitor colleagues at an DCO and Regional Team level.
- There will be a clear link in plans between the level of risk identified here and the approach to risk sharing

Principles for assessing delivery risk

- The measures are simple and easy to understand
- They are built on pre-existing information in the system
- They are agreed by NHS, Local Government, Monitor and TDA colleagues

Objectives in assessing delivery risk

1. To review health commissioner stability now and for the duration of the plan
2. To review social care commissioner stability now and for the duration of the plan
3. To review local provider stability now and for the duration of the plan
4. To consider any other evidence that impacts on delivery risk

Approach

- Joint assessment by NHS England Regions and Local Government regional leads working with partners from TDA and Monitor.
- Data-based assessments will be conducted on health and social care commissioner and provider stability to generate an automated guideline risk rating.
- Narrative assessment to be conducted to establish of there are any other factors that affect this risk rating
- Based on guideline rating and narrative assessment, NHS England Regional and Local Government regional leads should determine the riskiness of the local health and social care context for the HWB.

Methodology

NHS Commissioners: weighting 0.25	✓ Assessors are asked to include all CCGs that are part of the BCF plans. ✓ The responses for each CCG are weighted equally in generating a rating for NHS Commissioners. The questions are also weighted equally. ✓ If the CCGs exert different levels of influence over the plans, this should be recorded in the narrative assessment and the end risk rating adjusted accordingly ✓ A link should be demonstrated between the level of commissioner risk indicated here and the approach to risk sharing described in the plan.
Local Authority Commissioners: weighting 0.25	✓ Assessors are asked to include all Local Authorities that are part of the BCF plans. ✓ Each Local Authority is equally weighted in calculating the level of social care commissioning risk. The questions are also weighted equally. ✓ If the LAs exert different levels of influence over the plans, this should be recorded in the narrative assessment and the end risk rating adjusted accordingly
Provider finances: weighting 0.25	✓ Assessors are asked to include those trusts that are most affected by a reduction in Emergency admissions or otherwise likely to be impacted by BCF plans. Do not include providers who have a negligible or insignificant share of provision, unless they exert a significant influence on plans in another way. ✓ Each provider is weighted equally in calculating the provider financial risk. If the providers exert different levels of influence over the plans, this should be recorded in the narrative assessment and the end risk rating adjusted accordingly
Special measures and licence breaches: weighting 0.25	✓ If there are any Trusts that are either FTs in breach of their licence conditions or NHS Trusts in Special Measures, this should be recorded here.
Automatically generated guideline risk score	Based on answers to the above four sections, an automatically generated guideline score will be produced. This is based on an equal weighting across the four sections and an equal weighting of questions within each section. If there are any commissioners or providers that exert a particular influence this should be noted in the narrative section and the score moderated to reflect this
Moderated risk score	Assessors are asked to complete the narrative section identifying any other factors that influence the overall delivery risk for the local health and social care economy. If these factors are material enough to adjust the risk score, this should be done in the Proposed Risk Rating section of the template.