

**Updated July 2014**

## Better Care Fund planning template – Part 1

Please note, there are two parts to the Better Care Fund planning template. Both parts must be completed as part of your Better Care Fund Submission. Part 2 is in Excel and contains metrics and finance.

Both parts of the plans are to be submitted by 12 noon on 19<sup>th</sup> September 2014. Please send as attachments to [bettercarefund@dh.gsi.gov.uk](mailto:bettercarefund@dh.gsi.gov.uk) as well as to the relevant NHS England Area Team and Local government representative.

To find your relevant Area Team and local government representative, and for additional support, guidance and contact details, please see the Better Care Fund pages on the NHS England or LGA websites.

### 1) PLAN DETAILS

#### a) Summary of Plan

Local Authority	<Name of Local Authority>
Clinical Commissioning Groups	<CCG Name/s>
	<CCG Name/s>
	<CCG Name/s>
	<CCG Name/s>
	<CCG Name/s>
Boundary Differences	<Identify any differences between LA and CCG boundaries and how these have been addressed in the plan>
Date agreed at Health and Well-Being Board:	<dd/mm/yyyy>
Date submitted:	<dd/mm/yyyy>
Minimum required value of BCF pooled budget: 2014/15	£0.00
2015/16	£0.00
Total agreed value of pooled budget: 2014/15	£0.00
2015/16	£0.00

**b) Authorisation and signoff**

<b>Signed on behalf of the Clinical Commissioning Group</b>	<Name of ccg>
<b>By</b>	<Name of Signatory>
<b>Position</b>	<Job Title>
<b>Date</b>	<date>

<Insert extra rows for additional CCGs as required>

<b>Signed on behalf of the Council</b>	<Name of council>
<b>By</b>	<Name of Signatory>
<b>Position</b>	<Job Title>
<b>Date</b>	<date>

<Insert extra rows for additional Councils as required>

<b>Signed on behalf of the Health and Wellbeing Board</b>	<Name of HWB>
<b>By Chair of Health and Wellbeing Board</b>	<Name of Signatory>
<b>Date</b>	<date>

<Insert extra rows for additional Health and Wellbeing Boards as required>

**c) Related documentation**

Please include information/links to any related documents such as the full project plan for the scheme, and documents related to each national condition.

<b>Document or information title</b>	<b>Synopsis and links</b>

## 2) VISION FOR HEALTH AND CARE SERVICES

a) Drawing on your JSNA, JHWS and patient and service user feedback, please describe the vision for health and social care services for this community for 2019/20

b) What difference will this make to patient and service user outcomes?

c) What changes will have been delivered in the pattern and configuration of services over the next five years, and how will BCF funded work contribute to this?

### **3) CASE FOR CHANGE**

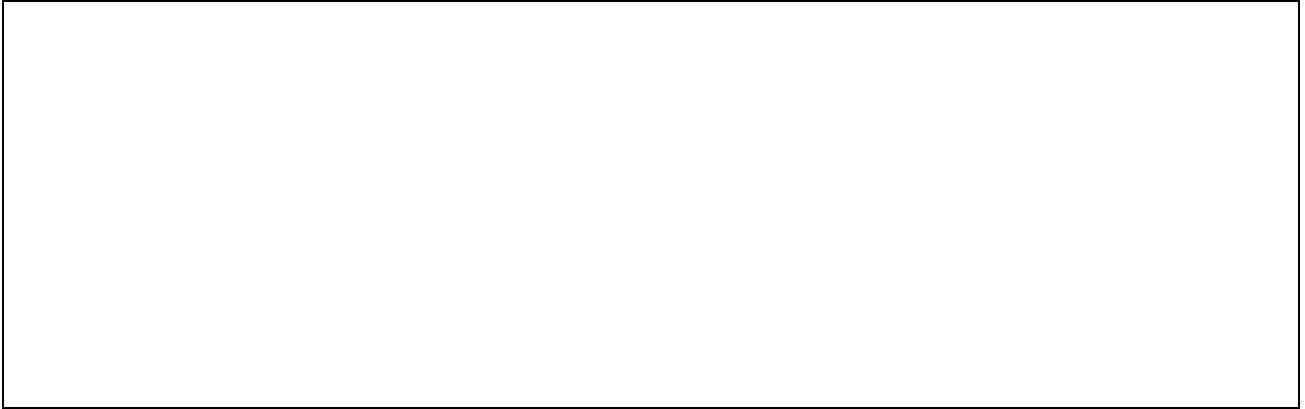
**Please set out a clear, analytically driven understanding of how care can be improved by integration in your area, explaining the risk stratification exercises you have undertaken as part of this.**

### **4) PLAN OF ACTION**

a) Please map out the key milestones associated with the delivery of the Better Care Fund plan and any key interdependencies

b) Please articulate the overarching governance arrangements for integrated care locally

c) Please provide details of the management and oversight of the delivery of the Better care Fund plan, including management of any remedial actions should plans go off track

A large, empty rectangular box with a thin black border, intended for the user to provide details of the management and oversight of the delivery of the Better care Fund plan, including management of any remedial actions should plans go off track.

**d) List of planned BCF schemes**

Please list below the individual projects or changes which you are planning as part of the Better Care Fund. Please complete the *Detailed Scheme Description* template (Annex 1) for each of these schemes.

Ref no.	Scheme
1	
2	
3	
4	
5	
6	
etc	

**5) RISKS AND CONTINGENCY**

**a) Risk log**

Please provide details of the most important risks and your plans to mitigate them. This should include risks associated with the impact on NHS service providers and any financial risks for both the NHS and local government.

<b>There is a risk that:</b>	<b>How likely is the risk to materialise?</b> <i>Please rate on a scale of 1-5 with 1 being very unlikely and 5 being very likely</i>	<b>Potential impact</b> <i>Please rate on a scale of 1-5 with 1 being a relatively small impact and 5 being a major impact</i>  <i>And if there is some financial impact please specify in £000s, also specify who the impact of the risk falls on)</i>	<b>Overall risk factor</b> <i>(likelihood *potential impact)</i>	<b>Mitigating Actions</b>

**b) Contingency plan and risk sharing**

Please outline the locally agreed plans in the event that the target for reduction in emergency admissions is not met, including what risk sharing arrangements are in place i) between commissioners across health and social care and ii) between providers and commissioners

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## 6) ALIGNMENT

a) Please describe how these plans align with other initiatives related to care and support underway in your area

b) Please describe how your BCF plan of action aligns with existing 2 year operating and 5 year strategic plans, as well as local government planning documents

c) Please describe how your BCF plans align with your plans for primary co-commissioning

- For those areas which have not applied for primary co-commissioning status, please confirm that you have discussed the plan with primary care leads.

## 7) NATIONAL CONDITIONS

Please give a brief description of how the plan meets each of the national conditions for the BCF, noting that risk-sharing and provider impact will be covered in the following sections.

### a) Protecting social care services

i) Please outline your agreed local definition of protecting adult social care services (not spending)

ii) Please explain how local schemes and spending plans will support the commitment to protect social care

iii) Please indicate the total amount from the BCF that has been allocated for the protection of adult social care services. (And please confirm that at least your local proportion of the £135m has been identified from the additional £1.9bn funding from the NHS in 2015/16 for the implementation of the new Care Act duties.)

iv) Please explain how the new duties resulting from care and support reform set out in the Care Act 2014 will be met

v) Please specify the level of resource that will be dedicated to carer-specific support

vi) Please explain to what extent has the local authority's budget been affected against what was originally forecast with the original BCF plan?



**b) 7 day services to support discharge**

Please describe your agreed local plans for implementing seven day services in health and social care to support patients being discharged and to prevent unnecessary admissions at weekends

**c) Data sharing**

i) Please set out the plans you have in place for using the NHS Number as the primary identifier for correspondence across all health and care services

ii) Please explain your approach for adopting systems that are based upon Open APIs (Application Programming Interface) and Open Standards (i.e. secure email standards, interoperability standards (ITK))

Please explain your approach for ensuring that the appropriate IG Controls will be in place. These will need to cover NHS Standard Contract requirements, IG Toolkit requirements, professional clinical practice and in particular requirements set out in Caldicott2.

**d) Joint assessment and accountable lead professional for high risk populations**

i) Please specify what proportion of the adult population are identified as at high risk of hospital admission, and what approach to risk stratification was used to identify them

ii) Please describe the joint process in place to assess risk, plan care and allocate a lead professional for this population

iii) Please state what proportion of individuals at high risk already have a joint care plan in place

## 8) ENGAGEMENT

### a) Patient, service user and public engagement

Please describe how patients, service users and the public have been involved in the development of this plan to date and will be involved in the future

### b) Service provider engagement

Please describe how the following groups of providers have been engaged in the development of the plan and the extent to which it is aligned with their operational plans

i) NHS Foundation Trusts and NHS Trusts

ii) primary care providers

iii) social care and providers from the voluntary and community sector

### **c) Implications for acute providers**

Please clearly quantify the impact on NHS acute service delivery targets. The details of this response must be developed with the relevant NHS providers, and include:

- What is the impact of the proposed BCF schemes on activity, income and spending for local acute providers?
- Are local providers' plans for 2015/16 consistent with the BCF plan set out here?

Please note that CCGs are asked to share their non-elective admissions planned figures (general and acute only) from two operational year plans with local acute providers. Each local acute provider is then asked to complete a template providing their commentary – see Annex 2 – Provider Commentary.

# ANNEX 1 – Detailed Scheme Description

For more detail on how to complete this template, please refer to the Technical Guidance

<b>Scheme ref no.</b>
<b>Scheme name</b>
<b>What is the strategic objective of this scheme?</b>
<b>Overview of the scheme</b> Please provide a brief description of what you are proposing to do including: <ul style="list-style-type: none"><li>- What is the model of care and support?</li><li>- Which patient cohorts are being targeted?</li></ul>
<b>The delivery chain</b> Please provide evidence of a coherent delivery chain, naming the commissioners and providers involved
<b>The evidence base</b> Please reference the evidence base which you have drawn on <ul style="list-style-type: none"><li>- to support the selection and design of this scheme</li><li>- to drive assumptions about impact and outcomes</li></ul>
<b>Investment requirements</b> Please enter the amount of funding required for this scheme in Part 2, Tab 3. HWB Expenditure Plan
<b>Impact of scheme</b> Please enter details of outcomes anticipated in Part 2, Tab 4. HWB Benefits Plan Please provide any further information about anticipated outcomes that is not captured in headline metrics below
<b>Feedback loop</b> What is your approach to measuring the outcomes of this scheme, in order to understand what is and is not working in terms of integrated care in your area?
<b>What are the key success factors for implementation of this scheme?</b>

## ANNEX 2 – Provider commentary

For further detail on how to use this Annex to obtain commentary from local, acute providers, please refer to the Technical Guidance.

<b>Name of Health &amp; Wellbeing Board</b>	
<b>Name of Provider organisation</b>	
<b>Name of Provider CEO</b>	
<b>Signature (electronic or typed)</b>	

**For HWB to populate:**

<b>Total number of non-elective FFCEs in general &amp; acute</b>	<b>2013/14 Outturn</b>	
	<b>2014/15 Plan</b>	
	<b>2015/16 Plan</b>	
	<b>14/15 Change compared to 13/14 outturn</b>	
	<b>15/16 Change compared to planned 14/15 outturn</b>	
	<b>How many non-elective admissions is the BCF planned to prevent in 14-15?</b>	
	<b>How many non-elective admissions is the BCF planned to prevent in 15-16?</b>	

**For Provider to populate:**

	<b>Question</b>	<b>Response</b>
1.	<b>Do you agree with the data above relating to the impact of the BCF in terms of a reduction in non-elective (general and acute) admissions in 15/16 compared to planned 14/15 outturn?</b>	
2.	<b>If you answered 'no' to Q.2 above, please explain why you do not agree with the projected impact?</b>	
3.	<b>Can you confirm that you have considered the resultant implications on services provided by your organisation?</b>	