

Frequently Asked Questions: Better Care Fund 2016-17 planning template

16 March 2016

ID	Topic	Question	Answer
New FAQs added ahead of second submission on 21 March			
	Template	What is the level of detail required in the narrative submission due back on 21 March?	We are not setting a national level narrative this year. You should check with your regional Better Care Manager whether they have specific expectations for the narrative template. Those assuring the plans will require enough detail to demonstrate compliance with the Key Lines of Enquiry as set out here: https://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/
	DTOC	Does DTOC include mental health?	Yes.
	NHS Commissioned Out Of Hospital Services	What does NHS commissioned out of hospital services mean?	Please refer to the policy framework and guidance for a detailed definition. It includes all services that are delivered out of the hospital setting, and are commissioned by the NHS. It would not include services funded by the NHS where they are commissioned by a non-NHS body.
	Jointly commissioned services	How should we account for jointly commissioned services?	The template asks for spend to be identified by its source, regardless of how they are commissioned, so if they are joint funded they should be split accordingly. If the provider of the service is not relevant to these circumstances then 'other' should be chosen.
	Template errors	There is an error with the information in the template for my area.	Please email england.bettercaresupport@nhs.net . We will do our best to resolve the issue before the submission date, but if we do not then all templates should be submitted, noting any errors or queries in the appropriate comment boxes.
	Template	Please can you let me know when the BCF template version 2 will be released?	The second submission template was released on 10 March 2016. This was sent to the named contacts on all of the first submissions, as well as regional Better Care Managers. Please contact england.bettercaresupport@nhs.net if you have not received the updated template and believe you should have done.
	Template	Can I access the updated template via the NHSE website or Better Care Exchange?	No, the revised template will not be shared on the internet due to the data included in the spreadsheet. Please contact england.bettercaresupport@nhs.net if you have not received the updated template and

			believe you should have done.
	CCG operation plans and data	The next CCG operational plan submission is due on 18 March and will contain updated NEA numbers. Will the BCF template be updated again before 21 March submission deadline to include these updated figures?	No, the BCF template for submission 2 will remain as is. There will be a further template ahead of submission 3 which will include data from finalised CCG plans.
	Delayed Transfers of Care	How does the DTOC measure and target chosen for BCF planning relate to other DTOC targets?	In some parts of the country, NHS England regional teams are tracking DTOC performance based on a 3.5% target which was described as part of the 8 'high impact changes' from the Urgent and Emergency Care Review. Going forward, the only nationally required target will be the BCF target for DTOC. The BCF DTOC measure is based on population rate and the footprint is at Health and Wellbeing Board level. Where areas are working across a wider footprint, local areas are expected to work out a methodology to ensure alignment between different planning footprints.
	Protection of social care	How will the national condition around protection of social care be assessed and assured?	<ul style="list-style-type: none"> • The guidance is clear that the definition of how social care is supported should be agreed locally. The plan will be assessed against this agreement. • As a minimum, the mandatory minimum element of the pooled budget (3.9bn nationally) must provide at least the same level of protection to social care in 2016-17 as it did in 2015/16. • Regional assurers will be provided with figures extracted from BCF Planning Return submissions and compared with figures 2015-16 plans, and will be expected to use this data as a prompt for further investigation with local areas to confirm that the level of investment in social care is jointly agreed. • Local areas will also be asked to confirm that they have identified funding for the Care Act as part of their narrative plans. • Failure to meet any of the national conditions, including agreeing a plan, will result in a non-approved plan.
	Non Elective Admissions target	Are local areas required to set a reduction as their non elective	BCF plans are required to include an agreed non-elective activity plan. There is no nationally set target for the reduction of non-elective activity. Locally agreed targets must be aligned with CCG

		admissions target?	operational plans. They should be set at a level that the system feels can be achieved.
	New or existing schemes	When the template asks whether a scheme is new or existing, and for the 15/16 spend, does this mean new to the BCF, or a new scheme that the organisation is starting? Our plan will include things we are already doing, but which we are including in the BCF for the first time next year.	Existing schemes that were not part of the BCF in 2015-16 should be treated as 'new' schemes for the purposes of the BCF template, and therefore we do not need to know historic spend.

Updated FAQs from 1 March 2016

PFA Q1	Risk sharing	Do we need to put in plan a risk sharing arrangement that covers Non-Elective Admissions (NEAs)?	No. The guidance sets out that this is an option for all areas in meeting national condition 7. Where an area has not achieved their targets for reducing NEAs in 2015-16 they are required to consider whether a risk sharing arrangement is appropriate, and this will need to be demonstrated through the full submission on 21 March.
PFA Q2	Risk sharing	Do we need to put in plan a risk sharing arrangement that covers Delayed Transfers of Care?	No. the guidance on the new DTOC condition sets out a wide range of things that areas need to consider in developing their DTOC plan. This includes, for areas who are experiencing over performance, demonstrating that all options have been considered.
PFA Q3	Non-Elective Admissions	Do we have to plan for a decrease in NEAs again?	BCF plans are required to include an agreed non-elective activity plan. There is no nationally set target for the reduction of non-elective activity. Locally agreed targets must be aligned with CCG operational plans. They should be set at a level that the system feels can be achieved.
PFA Q4	Engagement	How do we engage all parts of the system on our plans in the time given?	You should aim to demonstrate engagement from the outset but it is acceptable to plan to have only fully completed required engagement by the final submission on 25th April.

PFA Q5	Care Act	How do we know how much funding we need to allocate to implementation of the Care Act in 2016-17?	Please refer to the LGA Care Act ready Reckoner for 2016/17. You can access it here: http://www.local.gov.uk/documents/10180/5572443/Care+Act+funding+ready+reckoner/fdb361f8-8a98-49a0-afbe-5e1bf43f9901
PFA Q6	Timetable	What is the submission date for the third submission? In the guidance it says 25th April whilst in the template it says 29th April.	The third submission is due on 25th April 2016. The reference to the 29th in the template is an error.
PFA Q7	Non-Elective Admissions	Given BCF template is pre-populated by MAOR return, which I think shouldn't include BCF NEA planned deflections, what figures will we be monitored on? MAOR won't contain the totality of our NEA plan if we have to split out the BCF deflections.	CCG core activity plans, including non-BCF avoided admissions, will be monitored using Secondary Uses Service (SUS). Through the BCF you will be monitored on any further reductions that you have planned for through this process. Further information on the planning guidance can be found here - https://www.england.nhs.uk/ourwork/futurenhs/deliver-forward-view/
PFA Q9	Sign off	Does the 2 March submission need HWB sign off?	This is only required for the final submission on 25 April. First and second submissions should be jointly signed off by the Local Authority and CCG(s).
PFA Q10	Disabled Facilities Grant	Tab 3 - the Disabled Facilities Grant did not autofill into the LA contributions in Tab 3. Should DFG should be included in this template?	Yes, DFG should be included under Local Authority contributions. Figures should be taken from the BCF Allocations Spreadsheet. These will be checked through the assurance process.
PFA Q14	Care Act	From which element of the BCF does the funding for implementation of the Care Act derive?	From the BCF Policy Framework for 2016-17: Within the Better Care Fund allocation to Clinical Commissioning Groups is £138m to support the implementation of the Care Act 2014 and other policies (£135m in 2015-16). Funding previously earmarked for reablement (over £300m) and for the provision of carers' breaks (over £130m) also remains in the allocation

PFA Q15	Funding Contributions	Is the DFG the only mandatory funding from the LA?	Yes. All other mandatory funding elements are included within the CCG allocations for the BCF.
PFA Q17	Risk sharing	Should the figure in the summary sheet in cell F48 equal to the value of non-elective admissions that BCF plans aimed to avoid in 2015-16	Yes.
PFA Q18	Email address	Where should we send queries in relation to the template or our data?	england.bettercaresupport@nhs.net
PFA Q20	Social Care Capital Grant	Is there any guidance about the cessation of the Social Care Capital Grant. Has this been transferred to the DFG funding?	In order to maximise value for money of central funding, the Department of Health has removed social care capital grant funding from 2016-17 onwards and is concentrating its funding on the Disabled Facilities Grant, which will grow to over £500m per annum by 2019-20. Research suggests that these often simple adaptations can support people to remain independent in their own homes – reducing or delaying the need for care and support, and improving the quality of life of residents.
PFA Q20 b	Disabled Facilities Grant	What does this mean for the upper tier authorities? Can they use some of the DFG funding for social care capital projects?	Following the approach taken in 2015-16, the Disabled Facilities Grant (DFG) will again be allocated through the Better Care Fund (BCF). This is to encourage areas to think strategically about the use of home aids/adaptations, use of technologies to support people in their own homes, and to take a joined-up approach to improving outcomes across health, social care and housing. BCF plans should be developed on the basis of local requirements and agreed with local housing authorities, as stipulated in the national conditions contained in the BCF Policy Framework for 2016-17.
PFA Q21	Spending Plan	What happens if your scheme covers more than one of those scheme types?	You can use multiple rows in this instance, but using the same 'Scheme Name' so that it is clear it all comes under one scheme.

PFA Q22	Spending Plan	Are you expecting to see a correlation between previous BCF schemes and 16/17 schemes?	<p>This will depend on local decisions so we expect the level of correlation vary. Where it possible to be consistent then please do so.</p> <p>In general, we expect that areas will have reviewed the effectiveness of their schemes and as a result some will be continued as they are, so will be continued but amended, and others will be stopped. The spending plan tab asks for 15-16 spend on continued schemes so that we can track which are continuing and how much is planned to be spent across the two years.</p>
PFA Q24	Spending Plan	What if a scheme is being delivered by more than one type of provider?	You can use multiple rows in this instance, but using the same 'Scheme Name' so that it is clear it all comes under one scheme.
PFA Q26	Spending Plan	Why do you require every element of fund to be split between minimum contribution etc.?	We are required to collect the information necessary to offer assurance to national partners that the policy framework is being delivered, and that conditions relating to the use of the fund are being met nationally. This template represents the minimum data collection required for that purpose.
PFA Q27	Spending Plan	When entering the 2015-16 spend on a scheme that is continuing in 2016-17, should we use the original plan submission figures or our latest forecast outturn figures?	Please use the forecast outturn position.
PFA Q28	Spending Plan	How do you record if it is an acute provider, providing a service in the community?	You can select 'Community Health' in the 'Area of Spend' column, and then 'NHS Acute Provider' in the 'Provider type' column.
PFA Q30	Disabled Facilities Grant	Can the DFG grant be used for minor adaptations and works as long as they support prevention, promote independence and delayed transfers of care	Yes – research suggests that these simple adaptations can support people to remain independent in their own homes – reducing or delaying the need for care and support, and improving the quality of life for residents.

PFA Q32	Non-Elective Admissions	Last year the NEA metric was based on MAR. Will we need to restate the 15/16?	No you will not need to restate your 2015-16 position for this submission template. However as part of your overall plan submission on 21st March you will want to demonstrate how you have reached your NEA plan for 2016-17, and for this purpose you may wish to set out what your 2015-16 target would have been using the same definitions.
PFA Q33	Non-Elective Admissions	Last year NEAs were monitored on calendar year. This year is it on financial year?	Yes.
PFA Q34	Non-Elective Admissions	Tab 5 divides our CCG NEL activity between our two HWB based on resident registered popn, however the actual NEL activity does not neatly divide on this basis. One HWB has a higher rate of NEL admissions and therefore we would like to amend these cells?	For the purpose of the national data collection we need to ensure that a consistent methodology is followed. Please use the current approach for your 21st March submission and then this can be picked up through the assurance process.
PFA Q35	Non-Elective Admissions	Why do you show the CCG flows not in the H&W Board footprint? It complicates reporting for no added value.	The template should only include CCGs whose flow contributes to the HWB footprint. Their full NEA plan is shown in order to show how the template has calculated the HWB NEA plan so that there is transparency.
PFA Q36	Non-Elective Admissions	Presume we exclude BCF NEA deflections from the MAOR, otherwise they'll be counted twice?	Any admissions that you aim to avoid should only be counted in one place. Therefore if they are record as part of your BCF NEA plan then yes, they should not already be included within your CCG operating plan figures.
PFA Q37	Non-Elective Admissions	The metrics sheet uses currencies that we don't contract in/counts data from differing sources to that used elsewhere by NHSE e.g. MAR v SUS/includes resident population attendances rather	The definition of the BCF NEA metric for 2016-17 is the same as the definition being used across the NHS Shared Planning process. Please see the technical guidance for more information. There is a commitment to using common currencies within planning this year. The resident population is used for BCF planning because the footprint is based on HWBs and Local Authorities.

		than registered as in our contracts.	
PFA Q38	Non-Elective Admissions	We have a number of contributing CCGs outside our HWB area. How do we collect ongoing NEA data for CCGs outside our LA area during 2016/17? Will this be provided by NHS England? We couldn't get it provided for 15/16.	Yes, because of the change from locally reported mixed currencies to use a standard definition, we will be able to report NEA data nationally in 2016-17. So there will no longer be a need to do this locally.
PFA Q39	Metrics	Our metrics mainly seem to be incorrect compared to the versions we hold.	Please email england.bettercaresupport@nhs.net . We will do our best to resolve the issue before the submission date, but if we do not then all templates should be submitted, noting any errors or outstanding queries in the appropriate comment boxes.
PFA Q40	Timetable	Will a third BCF template be released after 11th April before 25th April deadline (we will have submitted our final activity submissions on the 11 th)?	Yes. We will confirm the date for this shortly.
PFA Q43	Risk sharing	If we didn't meet admission targets in 15/16 are we basically obliged to have a risk share?	No. The guidance sets out that where an area has not achieved their targets for reducing NEAs in 2015-16 they are required to consider whether a risk sharing arrangement is appropriate, and this will need to be demonstrated through the full submission on 21 March.
PFA Q44	Local metrics	Does a locality need to use the same locally defined measures in 2016/17 that it did in 2015/16?	No. Your current metrics are pre-populated within the template but the cells are unlocked so that these can be changed.
PFA Q46	Risk sharing	Will the cost calculated for additional NELs form the basis of the risk share-	Yes this is the default approach where a risk share is being put in place, as set out in the guidance.

		contingency for the NHS out-of hospital services?	
PFA Q47	Templates	Could you confirm if there is a separate narrative plan template?	No, we are not planning to issue a national narrative template. You should check with your regional Better Care Manager whether they have specific expectations for the narrative template. A full list of contacts can be found here - https://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/
PFA Q48	Risk sharing	Is the risk share on tab 5 the same as the one on tab 2?	Yes, these should be the same unless there is an agreement to put in place a risk sharing arrangement that delivers value to the NHS to meet national condition 7, which isn't entirely based on NEAs.
PFA Q51	Non-Elective Admissions	Is there an expectation that we will need to update the BCF submission again given that revised operational plans are still due to be submitted and are likely to change NEL figures in this template?	Please complete based on your current understanding of the position: there will be an opportunity to amend this in the third submission.
PFA Q52	Non-Elective Admissions	Credible Ask is suggesting a 0.4% increase in NEA. BCF guidance outlines the need for reductions - how do we square off this opposing guidance?	BCF plans are required to include an agreed non-elective activity plan. There is no nationally set target for the reduction of non-elective activity. Locally agreed targets must be aligned with CCG operational plans. They should be set at a level that the system feels can be achieved.
PFA Q54	Reablement	The Local Authority requirement is only to report annually on the reablement target which makes it difficult to give a 15/16 forecast and set a 16/17 plan. What do you advise?	This is correct. You should use available national data (up to 2014-15) and any local intelligence you have to set the plan. The key will be to articulate the methodology used.
PFA Q56	Delayed Transfers Of Care (DTOC)	Detailed analysis of current DTOC performance is unlikely to be achievable in time	This will need to be completed by the time that final plans are submitted on 25th April. However, we would expect submissions on 21st March to set out how and when this will be in place if it is not included at that point.

		for this submission. When is the latest that gap analysis etc. action planning around DToCs has to take place.	
PFA Q57	Non-Elective Admissions	Will we be required to report NEA data in 2016/17 or will you use the SUS figures reported by our local CCG?	NEAs monitoring for the BCF in 2016-17 will be reported nationally using SUS and the mapping used through the planning process.
PFA Q59	Delayed Transfers Of Care (DToC)	Is a written DToC plan required to tick yes at this stage?	Yes. If not you should record 'No In Development' and then update throughout the process. If this will not be in place by the time the plan is due to be signed off then it will need to continue to be marked as in development.
PFA Q60	Delayed Transfers Of Care (DToC)	Do NHSE require sight of the DToC local plan or just assurance that one is in place?	Before the completion of the assurance process both NHSE and local government reps involved in that process will need to be assured that the plan that is in place meets the requirements that are set out in the guidance. For this reason, yes, it is anticipated that they will need to see the plan.
PFA Q61	NHS Commissioned Out Of Hospital Services	Can we have some clarification about what the agreement to invest in NHS commissioned out of hospital services means?	Please refer to the relevant sections of the policy framework and planning guidance where this is explained.

New FAQs added ahead of second submission on 21 March

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