

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

1 March 2016

ID	Topic	Question	Answer
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 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?	No. There is an option to record the number of additional admissions that you aim to avoid through your BCF which are not already built into CCG operating plan numbers, on tab 5. Areas are encouraged to be ambitious but realistic in setting all admissions targets. Whether this equates to a year on year reduction will vary from area to area.
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	CCG core activity plans, including non-BCF avoided admissions, will be monitored using MAOR. Through the BCF you will be monitored on any further reductions that you have planned for through this process.

		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.	
PFA Q8	Non-Elective Admissions	The next operational plan submission is due on the 2nd March and will contain different, updated NEA numbers. This means the BCF will not align at submission as these are based on figures submitted 8th Feb. How do we reconcile?	The 2nd March BCF submission will have to be based on the 8th February submitted numbers. Areas should include the actual number of admissions they plan to avoid and note that the NEA plan will change when the template is updated ahead of the second submission.
PFA Q9	Sign off	Does the 2nd March submission need HWB sign off? or is this for the final submission	This is only required for the final submission on 25th April. First and second submissions should be jointly signed off by the Local Authority and CCG(s)
PFA Q10	Disabled Facilities Grant	Tab 3 - I was surprised to see that the Disabled Facilities Grant did not autofill into the Local Authority contributions in Tab 3. Presume the expectation is that 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 Q13	Template errors	I have flagged that one of the CCG minimum allocations is incorrect. any idea when that will be corrected?	Please email england.bettercaresupport@nhs.net . We will do our best to resolve the issue before the first submission, but if we do not then all templates should be submitted, noting any errors or outstanding queries in the appropriate comment boxes.
PFA Q14	Care Act	From which element of the BCF does the funding for implementation	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

		of the Care Act derive?	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 Q19	Disabled Facilities Grant	The pre populated figure on the main summary sheet does not include DFG allocations, do we need to include DFG's in the expenditure plan on sheet 4?	This should be recorded under Local Authority funding contributions on Tab 3 and within your expenditure plan on Tab 4.
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?	We can confirm that this has been ceased, and the DFG has been increased. A letter has gone out from the Department of Health to Local Authorities providing more information
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?	This will depend on local decisions so we expect the level of correlation vary. Where it possible to be consistent then please do so. 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.
PFA Q23	Spending Plan	How do we increase the number of rows?	Please email england.bettercaresupport@nhs.net stating how many rows you require and we will send you an amended template. We will change this for the next iteration.
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 Q25	CCG Planning	The main CCG planning template is also due next week and that has a BCF tab should that return and this one line up and be in agreement?	Yes, these should correlate and we will be working with the teams overseeing that process to ensure that they do.
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 Q28a	Planning template: NHS commissioned out of hospital services	Is the Summary of NHS Commissioned services spend from the MINIMUM BCF	The 'Summary of NHS Commissioned out of hospital services spend from 'MINIMUM BCF Pool' table in the "2.Summary and confirmations" tab is actually summarising the NHS Commissioned out of hospital services spend from both the Minimum

		Pool table correct?	<p>and Additional CCG contributions.</p> <p>This affects cells C44:C50 and will also have a knock-on effect on the 'BCF revenue funding from CCGs ring-fenced for NHS out of hospital commissioned services/risk share' table that is in cells E44:F49.</p> <p>This issue will be resolved in the submission 2 template to be distributed on Wednesday 9th March. Health and Wellbeing Boards should continue to complete the current submission 1 template as best they can and will take into account this issue when assuring the submission 1 template.</p>
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 Q30a	Disabled Facilities Grant	What is the position around the Social Care Capital Grant for 2016-17	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 Q30 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?	<p>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.</p> <p>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.</p>

PFA Q31	Non-Elective Admissions	As the HWB metrics tab is pulling figures from the CCG activity submission (which is due for re-submission also on 2nd March) thus will alter the figures pre-populated on the BCF template therefore would it be possible to push the initial BCF submission deadline back a few days so the template reflects the most up to date activity submission?	Unfortunately this is not possible. However we accept that for this element of the first submission there is likely to be a lot of change. For this reason the focus for the first submission will be on funding contributions and the opportunity to flag up any aspect of the requirement which you anticipate having difficulties meeting by the time of the final submission in April.
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 amend this 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 2nd 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 use currencies that we don't contract in, count data from differing sources to that used elsewhere by NHSE e.g. MAR v SUS and in cludes resident population attendances rather than registered as in our contracts. we have to do additional work to service this template in this format using these currencies etc. which doesn't appear intuitive to what we are trying to achieve?	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.
PFA Q38	Non-Elective Admissions	Kent has 7 contributing CCGs outside of our HWB area (14 on the list in total). We cannot collect NEA data for these CCGs to provide data to populate our Quarterly returns, and we have struggled with this throughout 2015/16. How do we collect ongoing	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.

		NEA data for CCGs outside of Kent during 2016/17? Will this be provided by NHS England? We couldn't get it provided for 15/16.	
PFA Q39	Metrics	Our metrics mainly seem to be incorrect compared to the versions we hold. I have reported to our area lead in NHSE. When will get a response and will we be expected to submit with incomplete default data?	Please email england.bettercaresupport@nhs.net . We will do our best to resolve the issue before the first submission, 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 because we will have submitted our final activity submissions on the 11th?	Yes. We will confirm the date for this shortly.
PFA Q42	Metrics	Some metrics are predicated upon contract negotiations to conclude and 2nd March is too early - what is your advice - my preference is to leave incomplete at the 2nd March and only complete when the contracts are agreed?	Please complete as much of the template as you can for the 2nd March submission. We expect this data to change over the three stages of BCF planning as contracts are finalised.
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-contingency for the NHS out-of hospital services?	Yes this is the default approach where a risk share is being put in place, as set out in the guidance.
PFA Q47	Templates	Could you confirm if there is a separate narrative plan template?	No, we are not currently planning to issue a narrative template
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 Q49	Risk sharing	If you haven't agreed whether to have a risk share or not how would you answer?	For the purpose of this first submission select the more likely option; there be an opportunity to change this.
PFA Q50	Delayed Transfers Of Care (DTC)	It is unlikely that local areas will be able to come up with local DTC target by 2 March . Are we allowed to confirm plan with final submission on 21 March?	We are looking for an early indication of your target at this stage, accepting that this will change as the plan is developed.
PFA Q51	Non-Elective Admissions	Is there an expectation that we will need to update cell c43 and c49 for next weeks BCF submission given that the revised operational plans are due to be submitted on the same day 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 future submissions.

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' ?	There is no requirement for an overall reduction in the BCF guidance. Instead the requirement is to set ambitious but realistic ambition which takes account of the number of admissions you plan to avoid through BCF schemes. This may or may not equate to a net reduction.
PFA Q53	Templates	Can we leave the submission incomplete for the 2nd?	We encourage to complete the whole template, accepting that information will change through the planning process
PFA Q54	Reablement	Apparently 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 (DTC)	Planning guidance asks for detailed analysis of current DTC performance. This is unlikely to be achievable in the short timescales for submission. When is the latest that gap analysis etc. action planning around DTCs has to take place.	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.
PFA Q57	Non-Elective Admissions	If the default 16/17 plans for NEA are calculated using the CCG's Operating Plans with the % CCG registered population that has resident population in our borough equation applied are we required to apply the same	NEAs monitoring for the BCF in 2016-17 will be reported nationally using SUS and the mapping used through the planning process.

		equation when reporting actual NEA data in 2016/17 or do we just have to report the figures reported, through SUS, by our local CCG?	
PFA Q58	National Conditions	The guidance does not match the questions on tab 6	This is an oversight. Please refer to the policy framework and planning guidance for the full definitions of the national conditions. This will be corrected in the next version of the template.
PFA Q59	Delayed Transfers Of Care (DTC)	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 (DTC)	Do NHSE require sight of the DTC 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.
PFA Q62	Local metrics	One of our local metrics is PHOF indicator on falls. There is a sign time delay in availability of this data. Is there an opportunity to change the local metric potentially (e.g., First Consultant episodes relating to injuries from falls)?	Yes, your current local metrics are pre-populated within the template but the cells are unlocked so that these can be changed.