

Report of the Chair to the meeting of Bradford and Airedale Health and Wellbeing Board to be held on 28th March 2017

T

Subject:

The Health and Wellbeing Chair's highlight report summarises business conducted between Board meetings

Summary statement:

**Updates from Bradford Health and Care Integrated Commissioners Group and the Integration and Change Board.
Better Care Fund Quarter 3 performance and 2017-18 planning update.**

Councillor Susan Hinchcliffe
Chair – Bradford and Airedale Health
and Wellbeing Board

Report Contact: for overall report
Angela Hutton
Health and Wellbeing Programme
Manager
Phone: (01274) 437345
E-mail: angela.hutton@bradford.gov.uk

Portfolio:

Health and Wellbeing

Overview & Scrutiny Area:

Health and Social Care



1. SUMMARY

The Health and Wellbeing Board Chair's highlight report summarises business conducted between meetings: where for example reporting or bid deadlines fall between Board meetings or business conducted at any meetings not held in public where these are necessary to consider material that is not yet in the public domain.

Reporting through a highlight report means that any such business is discussed and formally minuted in a public Board meeting.

The report also brings updates from the Health and Wellbeing Board sub groups – the Bradford Health and Care Commissioners meeting and the Integration and Change Board unless issues are covered in greater by a business item on the agenda.

The March report covers:

- Better Care Fund - Quarter 3 Performance and update on development of the 2017-18 Better Care Fund Plan
- Business conducted at meetings of the Bradford Health and Care Integrated Commissioners Group, and the Integration and Change Board.

It was agreed at the January Board meeting that the next update from the Healthy Weight Board would be in July 2017.

2. BACKGROUND

As the Chair's report addresses multiple issues in brief, the background to each issue is included with the main report in section 3 below and the report contact for each issue is indicated here also.

3. OTHER CONSIDERATIONS

3.1 Better Care Fund

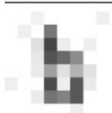
3.1.1 Better Care Fund – Quarter 3 Performance

Please see the report at Appendix 1 for the performance summary.

3.1.2 Better Care Fund Plan 2017-2019

The main issue for the Board to note is that delay in publication of the Planning Guidance for Better Care Fund 2017-2019 means that the planning process cannot be completed until publication of the guidance.

Draft guidance includes a set of Key Lines of Enquiry which local areas will be required to meet. The draft guidance indicates that the following aspects shall be requirements of the BCF Plan 2017/19:



- The local vision for health and social care services
- The evidence base supporting the case for change
- A coordinated and integrated plan for delivering change
- Approach towards managing risk
- Funding contribution levels including mandated elements

The following national metrics shall be included:

- non-elective admissions
- admissions to residential homes and care homes (how you intend to reduce residential admissions)
- effectiveness of reablement (how you intend to increase reablement)
- Delayed Transfers of Care - including a description of how BCF schemes will help meet the ambition set out in the local A&E improvement plan.

Appendix 1 provides a full update on progress towards development of a draft Better Care Fund Plan. The planning group aims to bring a full draft plan to the May Board meeting for approval unless there is further delay to publication of the guidance.

3.2 Updates from the Board sub-groups

3.2.1 Bradford Health and Care Commissioners – January- March update

Report from the Chair: Bev Maybury, Strategic Director - Health and Wellbeing, Bradford MDC

Bradford Health and Care Commissioners (BHCC) has met three times since the last update was received by Health and Wellbeing Board members. Through BHCC, discussions have been taking place regarding our ambition to develop an approach to integrated commissioning as set out in the Sustainability and Transformation Plan (STP). An event is being held on the 31st March 2017 to take this work forward. BHCC will be replaced by updated governance arrangements as an outcome of this work. The March 2017 meeting was therefore the final meeting of BHCC as currently constituted.

In January BHCC recommended the re-commissioning of the Mental Health Wellbeing Navigation Service which is commissioned by the Local Authority and works in partnership with BDCT and a wide range of VCS and community organisations to provide services to adults with a serious and enduring mental health problem. A new service specification was signed off. Additionally, the group supported a proposal to improve the current capacity issues in the Bradford and Airedale Neurodevelopment Service.

In February BHCC received a detailed report on the actions being taken to reduce the planned overspend on the Bradford and Airedale Community Equipment Service which is a pooled budget across health and care commissioners. It has been agreed to make provision for the planned overspend in line with the Section 75 agreement and to continue with the rigour of the action plan and look at how funding is invested for 2017/18 based on the impact of the actions put in place.



BHCC is the partnership board for both the Section 75 partnership agreement between the CCG and Local Authority, and the Better Care Fund. The March BHCC meeting was primarily dedicated to the quarter 3 performance review of the BCF Q3 performance monitoring dashboard and Section 75 Quarter 3 performance monitoring dashboard (see Appendix 1). It also considered progress in quarter 3 regarding integrated personalised commissioning for people with mental ill health, learning disabilities, older people and people with disabilities in line with the Care Act and NHS integrated personalised commissioning plans. Finally, it supported the development work on Bradford's potential second Social Impact Bond which is currently being led by Officers in Children's Services. The target group are parents within the Bradford District who have experienced, or at risk of having repeated children permanently removed from their care.

3.2.2 Integration and Change Board (ICB) January-February update

Report from the Chair: Kersten England - Chief Executive, Bradford MDC

The Integration and Change Board met on Friday 17th February and on 20th January 2017.

Sustainability and Transformation Plan

At both those meetings ICB considered and agreed the preparatory work that is underway for a workshop in early April to bring together health and care partners to consider and fully understand financial pressures in the health and care system, to enable the group to identify the risks and produce together a two year Bradford District and Craven plan to support delivery of the Sustainability and Transformation Plan. ICB has considered and supported the framework for a combined STP dashboard to report on progress to Health and Wellbeing Board and ICB; including STP programmes and enablers. It was confirmed that ICB would provide system wide assurance.

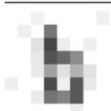
Accountable Care

In February ICB received updates on Accountable Care system developments from both Airedale Accountable Care Board and Bradford Accountable Care Board. It noted the change in timeline for Airedale Accountable Care with 2017/18 being the development year, and commencement in shadow form from April 2018.

At both the January and February meetings ICB explored the case for change and the new home care service model being proposed by BMDC across Bradford District. It was appraised on the detail of the operating model for Adult Social Care - Home First. Partners welcomed the alignment with other locality models of care across the health and care system.

Deaths of people with a Learning Disability or a mental health problem

In January a discussion took place following consideration at the Health and Wellbeing Board of the national Independent Review by Mazars of deaths of people with a Learning Disability or a mental health problem (receiving care from Southern Health). The purpose of the discussion was to provide assurance that the health, care and wellbeing system in Bradford District is providing appropriate health and care support for the local population.



The Strategic Director for Health and Wellbeing at the Council, shared local Bradford actions and it was noted that it is everyone's responsibility to ensure this work is implemented in their own organisations.

The Chief Executive of Bradford District Foundation Care Trust updated on a large piece of work being undertaken under a Northern Alliance of Mental Health and Learning Disability Trusts, led by Mazars, which will result in an agreed policy across Northern partners in the Alliance.

This work will be shared further with ICB in April 2017 to consider as a local system group which elements we will take forward together prior to this being presented back to provide system level assurance to the May meeting of Health and Wellbeing Board. Health and Wellbeing Board is asked to note the progress being made on this area of work and the timescale for reporting back.

4. FINANCIAL & RESOURCE APPRAISAL

See Appendix 1 for full update.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

See Appendix 1.

6. LEGAL APPRAISAL

The legal status of the Better Care Fund has been established through a Section 75 agreement between the Council and the Clinical Commissioning Groups.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

None

7.2 SUSTAINABILITY IMPLICATIONS

The Sustainability and Transformation Plans (STP) for Bradford District and Craven and for West Yorkshire plus Harrogate have been developed in accordance with 2016-17 NHS Planning Guidance with the aim of bringing local health economies onto a sustainable footing by 2020-21. Operational plans are in development as directed by 2017-19 NHS Planning Guidance.

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

None

7.4 COMMUNITY SAFETY IMPLICATIONS

None



7.5 HUMAN RIGHTS ACT

None

7.6 TRADE UNION

None

8. NOT FOR PUBLICATION DOCUMENTS

None.

9. OPTIONS

No options are provided

10. RECOMMENDATIONS

- 10.1 That the position as at the end of Quarter 3 be noted.
- 10.2 That the position in relation to the Better Care Fund Planning Guidance 2017/18 and 2018/19 be noted.
- 10.3 That due to the delays in publication of the Planning Guidance, that budget uplifts will be applied in line with the guidance once published with 1.8% in 2017/18 used as the indicative level of uplift, be noted.

11. APPENDICES

- 11.1 Report of the Strategic Director – Health and Wellbeing, Bradford MDC: Better Care Fund (BCF) 2016/17 – Quarter three progress update report

12. BACKGROUND DOCUMENTS

None



Report of the Strategic Director, Health and Wellbeing to the meeting of Health and Wellbeing Board to be held on 28th March 2017.

Appendix

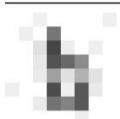
Subject:

Better Care Fund (BCF) 2016/17 – quarter three progress update report

Summary statement:

This report provides a performance update on the delivery of the Better Care Fund (BCF) as reported to the 3rd March 2017 meeting of the Bradford Health and Care Integrated Commissioners Group. It highlights areas of underperformance which require improvement activity and outlines actions which have been designed to mitigate any identified risks.

Bev Maybury Strategic Director: Health and Wellbeing	Portfolio: Health & Wellbeing
Report Contacts: Elaine James, Head Adult Social Care Policy and Strategy, Department of Health & Wellbeing Phone: (01274) 431730 E-mail: elaine.james@bradford.gov.uk	Overview & Scrutiny Area: Health and Social Care



1. SUMMARY

- 1.1 This report provides a performance update on the delivery of the Better Care Fund (BCF) as reported to the 3rd March 2017 meeting of the Bradford Health and Care Integrated Commissioners Group. It highlights areas of underperformance which require improvement activity and outlines actions which have been designed to mitigate any identified risks.

2. BACKGROUND

- 2.1 The BCF was created nationally to achieve better integration of health and social care and to improve the lives of some of the most vulnerable people in our society, placing them at the centre of their care and support, and providing them with 'wraparound' fully integrated health and social care, resulting in an improved experience and better quality of life.
- 2.2 The Fund aligns resources including budgets across health and care services to improve services and reduce duplication. Locally the BCF plans support delivery of the CCG's strategic plans for 2016/17 and contributes to the Bradford District and Craven Sustainability and Transformation Plan.
- 2.3 The Bradford Health and Care Integrated Commissioners Executive receive regular updates on the Better Care fund, which includes a performance dashboard for the Better Care Fund and other areas covered by the 2015-16 Section 75 agreement to ensure service and financial key performance indicators are on track.

3. KEY ISSUES FOR CONSIDERATION

3.1 BCF Planning Requirements 2017/18 and 2018/19

- 3.1.1 As of 22nd February 2017 the BCF Planning Guidance had not been released by NHS England. Indications are that the process for submitting refreshed BCF Plans will include an Assurance Process up to April 2017 based on use the key lines of enquiry that will be used to assess the BCF narrative plans quality, however this may change due to slippage in the release date.
- 3.1..2 Drafts guidance includes a set of Key Lines of Enquiry which local areas will be required to meet (See Appendix C). the draft guidance indicates that the following aspects shall be requirements of the BCF Plan 2017/19:
- The local vision for health and social care services
 - The evidence base supporting the case for change
 - A coordinated and integrated plan for delivering change
 - Approach towards managing risk
 - Funding contribution levels including mandated elements

The following national metrics shall be included:

- non-elective admissions
- admissions to residential homes and care homes (how you intend to reduce residential admissions)
- effectiveness of reablement (how you intend to increase reablement)
- DTOC including a description of how BCF schemes will help meet the ambition set out in the local A&E improvement plan.

3.1.3 The indications are that the following National Conditions will remain mandatory:

1. A Better Care Fund Plan is agreed by Health & Well Being Partners which sets out a vision towards integration by 2020
2. NHS contribution to social care is maintained in line with inflation
3. Agreement to invest in NHS commissioned out-of-hospital services

3.1.4 The BCF 2017/18 and 2018/19 shall include the following elements which must be spent in keeping with their national policy intent:

- The Disabled Facilities Grant
- The Care Act 2014 Monies
- Former Carers Break Funding
- Reablement Funding (former Section 256 transfer funding)

3.2. Improved Better Care Fund

3.2.1 Indications are that from 2017/18, the Better Care Fund will include funding paid to Local Authorities. This funding was announced in the 2015 Spending Review as the 'improved Better Care Fund'. The funding will be paid as a direct grant under Section 31 of the Local Government Act 2003. The Policy Framework sets out that the following conditions will be applied to the grant:

- A requirement that local authorities include the funding in their contribution to the pooled Better Care Fund, unless an area has explicit Ministerial exemption from the Better Care Fund.
- A requirement that the funding is used to support adult social care

3.3 Pooled Budget:

3.3.1 The BCF currently operates as an aligned budget. The integrated commissioning executive is working towards establishing a pooled fund by summer 2017.

3.4 Performance Summary

3.4.1 Appendix 1 of this report includes a performance dashboard which summarises progress, however key issues to note are outlined below:

a) Delayed Transfers of Care

The DToC metric on the Bradford BCF which has been reported historically is the total number of delayed days per 100,000 population, rather than the ASCOF 2C part 1 and 2 outcomes.

Bradford are one of the best performers in the country on DToCs and in 15-16 improved further on the ASCOF 2C measure. Part 1 (NHS and Social Care) outcome at 3.38 was ranked 2nd lowest of 15 councils in Y&H and 7th lowest out of 152 councils nationally (low is good). Part 2 (Delays attributable to Social Care) at 0.19 was the best rate in the region and 4th lowest out of 152 local authorities in England. Latest data published by NHSE for Dec 2016 ranks Bradford as the best performer in the region for the number

of delayed days (Overall) and in the Top 3 Nationally (from 152 LAs). As far as delayed days attributable to Adult Social Care Bradford are ranked 4th highest performing LA (from 15 regional). Between August and December there were an increase in the number of delayed days, in line with the National trend and reflective of operational pressures during this period.

b) Long-term support needs for people aged 65+ met by admission to residential and nursing care homes

The impact of the BCF schemes on preventing admission to long-term care has been notable. In 2015/16 Bradford ranked 1 of 15 Local Authorities in Y&H and 35th of all 152 Councils with Social Services Responsibilities (CSSRs). 385 people aged 65+ were placed in permanent care home placements, representing a rate of 513 per 100,000 population. We have improved our reporting processes in this area and aligned to ADASS Sector Led Improvement work on data consistency, resulting in a re-submission of data to NHS Digital for both 14-15 and 15-16 ASCOF. This further strengthens our robust business intelligence which inform our joint BCF plans. Planned BCF for 2016-17 are based on whole system projections and the expected impact of all care pathway metrics including Delayed Transfers of Care, Effectiveness of re-ablement and Short Term Support to maximise independence. Information now reported from our new Integrated Digital Care Records system indicates that at the end of Quarter 3 we remain on track to meet our BCF target on this measure with a current annualised estimated out-turn of 515 (representing 392 admissions) against the BCF Target 534.

c) Proportion of older people (aged 65+) who were still at home 91 days after discharge from hospital into reablement / rehab services

Performance on ASCOF 2B pt1, has deteriorated slightly year on year but at 88% Bradford remain above the 15-16 England and Regional averages which are 84%. Published 15-16 ASCOF data puts Bradford 7th out of the 15 LAs and 43/152 LAs in England. The volume of people receiving short term support to maximise independence has increased year on year and our Bradford Enablement Support Team now provide an enablement and rapid response service as part of an integrated intermediate care service at our hospitals. This ASCOF provides supporting evidence for BCF Scheme 3 Expansion of Intermediate Care Services. Data now extracted from our new Integrated Digital Care records systems indicate that at Qtr 3 we are reporting 89% and remain on track to meet the BCF Target on this outcome measure. Ongoing data quality assurance and analysis will be taking place in our preparation to completing the statutory NHS Digital SALT Data Collection where this measure is reported from.

d) Non-Elective Admissions

The Bradford Out of Hospital Programme continues to work towards the outcome of reducing long term admissions. In Q3, community matron and case manager services have been reconfigured to form the first stage of a Community Integrated Team (CIT) model of care which will provide intensive support to people with complex needs, who live in care homes or in their own homes.

To support the further development of CITs and other Bradford Out of Hospital projects which will reduce NEL admissions, the CCGs gave formal notice. in January 2017, to providers of critical intermediate care and community services and advised that the CCGs want to engage with current providers to consider the best model of service

delivery to address both quality improvement and value for money. From April 2018 a transformed service will be designed and commissioned. A key element of this work is to develop multi agency Community Integrated Teams across 3 geographical hubs.

e) Diagnosis for People with Dementia

In September 2016 the dementia diagnosis rate for CCGs in the Bradford area was 81.2% (includes Craven) and continues to significantly exceed the national standard of 66.7%. The diagnosis rate in Bradford also exceeds the national diagnosis rate of 67.5%. 4,813 people in the area have a diagnosis of dementia, of an estimated 5,925 people living with the condition.

In September 2016 the dementia diagnosis rate for CCGs in the Bradford area was 81.2% (includes Craven) and continues to significantly exceed the national standard of 66.7%. The diagnosis rate in Bradford also exceeds the national diagnosis rate of 67.5%. 4,813 people in the area have a diagnosis of dementia, of an estimated 5,925 people living with the condition.

4. ISSUES FOR ESCALATION

- 4.1 Schedule 1D of the Section 75 Agreement relate to the funding of BACES. For the financial year Schedule 1D section 7 2016/17 the CCG contribution is specified to be £1,146,700 and the Council contribution is specified to be £1,404,900. Schedule 1D section 11 specifies that any expenditure over this amount would be on a risk shared basis split 50/50.
- 4.2 The forecast outturn is £3,252K which would be an overspend of £700,400. In keeping with the risk share as specified in Schedule 1D Section 11 of the S75 this is a pressure of £350,200 on each of the commissioners.
- 4.3 The final version of the BCF Planning Template signed off by NHS England however documents that the amount identified for BACES is £1,412,000 from the CCG(s). The Council has budgeted for £1.4M plus a 50% contribution to the overspend in keeping with the risk share. The Council has forecast and committed expenditure to BACES on the assumption that a further £217,550 contribution would be made by the CCG(s) in keeping with the 50/50 risk share arrangement.

4. FINANCIAL & RESOURCE APPRAISAL

- 4.1 The Better Care Fund in 2016/17 has a mandated value of £38,090,495 of which £3,519,000 is the mandated element for the Disabled Facilities Grant and £1,356,000 is mandated for the Care Act implementation and £14,672,000 for maintaining and protecting adult social care. The final out turn position will be fully reported in the March update to the Health & Well Being Board.
- 4.2 The indications are that the CCG(s) should plan for an uplift of 1.8% for 2017/18 and a further 2.1% for 2018/19 for maintaining and protecting social care in keeping with the National Policy Guidance.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

- 5.1 The Better Care Fund risk log comprises both Strategic and Operational Risks. The integrated Commissioning Executive manages Strategic Risks and the Operational Risks are managed by commissioners and programme leads. Significant risks are migrated onto the CCG's Corporate Risk Register and the Council's Corporate Risk Register as appropriate.
- 5.2 The BCF risk register records that all risks are currently at the level of moderate and are well managed. However, given the escalating risks associated with the DToC performance the Integrated Commissioning Executive may wish to review the current risk rating.

6. LEGAL APPRAISAL

- 6.1 A Section 75 Partnership Framework Agreement is in place between the Council and the Clinical Commissioning Group(s) is in place.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

- 7.1.1 Any service changes resulting from delivery of the plan will be subject to consideration in relation to an Equality Impact Assessment.

7.2.1 SUSTAINABILITY IMPLICATIONS

- 7.2.1 N/A

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

- 7.3.1 N/A

7.4 COMMUNITY SAFETY IMPLICATIONS

- 9.4.1 N/A

7.5 HUMAN RIGHTS ACT & TRADE UNION

Capacity and capability to develop the plans are in line with current resource available to commissioners.

8. NOT FOR PUBLICATION DOCUMENTS

8.1 None.

9. RECOMMENDATIONS

9.1 The Health & Wellbeing Board:

- a) Note the position as of the end of Quarter 3.
- b) Note the position in relation to the BCF Planning Guidance 2017/18 and 2018/19.
- c) Note that due to the delays in publication of the Planning Guidance, that budget uplifts will be applied in line with the guidance once published with 1.8% in 2017/18 used as the indicative level of uplift.

12. APPENDICES

Appendix one: BCF Outcomes Framework Performance

Appendix two: Key Lines of Enquiry for BCF Refresh

Appendix one : BCF Outcomes Framework Performance

Key:

- Better than England average
- Worse than England average
- Improved since previous reporting period
- Worsened since previous reporting period
- Same as previous reporting period



Indicator	Calderdale Value	Eng Avg	Eng Worst	England Range	Eng Best	Direction of Travel
1 Proportion of Social Care Clients Who Feel Safe	73.2	68.9	55.1		80.4	
2 Social Care Related Quality of Life	19.5	19.1	17.9		20.7	
3 Permanent Admissions to care homes / 100k population 65+	506.0	650.6	1256.2		188.4	
4 Proportion of older people still at home 91 days after discharge from reablement into hospital	88.2	83.4	50.0		100.0	
5 Carer reported quality of life	8.4	7.9	6.6		8.9	
6 Delayed transfers of Care / 100k	3.2	10.9	29.4		0.0	
7 Delayed transfers of Care / 100k attributable to Social Care	0.1	4.2	15.4		0.0	
8 Proportion Of Carers receiving Direct Payments	81.9	71.3	0.0		100.0	

Appendix Two – Key Lines of Enquiry for BCF Refresh

Planning requirement area	BCF Planning Requirements <i>(the confirmations for these requirements will be collected and analysed centrally)</i>	KLOEs to support assurance of the planning requirements <i>(these KLOEs underpin the assurance for the planning requirements but will not be collected/analysed centrally)</i>	Status Check
National condition 1: jointly agreed plan (Policy Framework)	<ol style="list-style-type: none"> Has the area produced a plan that all parties sign up to and is agreed by the health and well being board? In two tier areas, have district councils agreed to proposals to retain Disabled Facilities Grant in the BCF? 	<ol style="list-style-type: none"> Are all partners and the HWB signed up to the plan? Is there evidence that local providers have been involved in the plan, and that, in two-tier areas, district councils been involved in developing the elements of the plan related to housing and signed up to any plans to retain Disabled Facilities Grant within the BCF? 	Plan in draft format. Planning days 27.02.17 and 31.03.17. DfG workshop planned March 2017.
National condition 2: Social Care Maintenance (Policy Framework)	<ol style="list-style-type: none"> Does the planned spend on Social Care from the BCF CCG minimum allocation confirm an increase in line with inflation* for 17/18 and 18/19 * 1.8% for 2017/18 and a further 2.1% for 2018/19 	<ol style="list-style-type: none"> Is there an increase in planned spend on Social Care from the BCF CCG minimum in line with inflation for 17/18 and 18/19 confirmed in the planning template? If the planned contributions to social care spend from the BCF exceed the minimum, is there confidence in the affordability of that contribution? Where the increase in contribution from the CCG to fund social care increases in 2017/18 to an amount greater than the expected figure for 2018/19, that the transfer to social care in 2018/19 is not lower than the transfer in 2017/18? That in setting the contribution to social care from the CCG(s), the partners have ensured that any change does not destabilise the local health and care system as a whole; and that the contribution is to be spent on social care services that have some health benefit and support the overall aims of the plan? 	Plans in place. Finance meeting scheduled 27.02.17 to consider implications and financial schedule over the lifetime of the plan including alignment with the CCG contracting and Out of Hospital Board change programme.
National condition 3: NHS commissioned Out of Hospital	<ol style="list-style-type: none"> Has the area committed to spend at equal to or above the minimum allocation for NHS commissioned out of hospital services from the 	<ol style="list-style-type: none"> Does the area's plan demonstrate that the area has committed an amount equal to or above the minimum allocation for NHS commissioned out-of-hospital services and this is clearly set out within the summary and expenditure plan tabs of the BCF planning template? 	To be tested as part of the plan refresh process.

Planning requirement area	BCF Planning Requirements <i>(the confirmations for these requirements will be collected and analysed centrally)</i>	KLOEs to support assurance of the planning requirements <i>(these KLOEs underpin the assurance for the planning requirements but will not be collected/analysed centrally)</i>	Status Check
Services (Policy Framework)	CCG minimum BCF contribution?	<p>8. If an additional target has been set for Non Elective Admissions; have the partners considered whether to hold funds in contingency, linked to the cost of any additional Non Elective Admissions that the plan seeks to avoid?</p> <p>9. If yes - Is there a clear process for releasing funds held in contingency into the BCF fund and how they can be spent?</p>	
Local vision for health and social care	4. A clear articulation of the local vision for integration of health and social care services, including changes to patient and service user experience and outcomes?	<p>10. The narrative plan articulates the local vision for integrating health and social care services, including changes to patient and service user experience and outcomes, cross-referenced and aligned to other plans impacting on integration of health and social care such as STPs or devolution deals?</p> <p>11. An articulation of the contribution to the commitment to fully integrate health and social care services by 2020 in line with the intent set out in the 2015 spending review?</p> <p>12. A description of how progress will continue to be made against the former national conditions 3, 4 and 5?</p>	Bradford District and Craven STP aligned to the West Yorkshire Plan. Further work to be undertaken to refresh the narrative plan to fully align to the scope of ambition within the STP.
Plan of action to contribute to delivering the vision for social and health integration	5. Does the BCF plan provide an evidence-based plan of action that delivers against the local needs identified and the vision for integrating health and social care?	<p>Does the action plan make a compelling case for change, including</p> <p>13. Quantified understanding of the current issues that the BCF plan aims to resolve through the planned schemes</p> <p>14. Evidence based assessment of the proposed impact on the local vision for integrating health and social care services through the planned schemes and joint working arrangements</p>	Plan refresh to commence aligned to the CCG(s) out of hospital programme board ambition.
Approach to programme delivery and control	6. Is there a clear, jointly agreed approach to manage the delivery of the programme, identify learning and insight and take timely corrective and preventive action when	<p>15. A description of the specifics of the overarching governance and accountability structures and management oversight in place locally to support integrated care and the delivery of the BCF plan?</p> <p>16. Does the narrative plan have a clear approach for the management and control of the schemes including as a minimum: - Benefit realisation (how will outcomes be measured and attributed?)</p>	Additional capacity secured to support the process of reviewing and refreshing the integrated commissioning arrangements.

Planning requirement area	BCF Planning Requirements (the confirmations for these requirements will be collected and analysed centrally)	KLOEs to support assurance of the planning requirements (these KLOEs underpin the assurance for the planning requirements but will not be collected/analysed centrally)	Status Check
	needed?	<ul style="list-style-type: none"> - Capturing and sharing learnings regionally and nationally - An approach to identifying and addressing underperforming schemes 	
Management of risk (financial and delivery)	7. Is there an agreed approach to programme level risk management, financial risk management and, including where relevant, risk sharing and contingency?	<p>17. Have plan delivery and financial risks, consistent with risks in partner organisations, been assessed in partnership with key stakeholders and captured in a risk log with a description on how these risks will be proportionally mitigated or managed operationally?</p> <p>18. If risk share arrangements have been considered and included within the BCF plan, is there a confirmation that they do not put any element of the minimum contribution to social care at risk?</p>	To be fully tested during the BCF plan refresh process. Risk share arrangements in the S75 currently restricted to BACES and do not yet capture fully wider strategic system risks.
Funding contributions: 1. Care Act, 2. Carers' breaks, 3. Reablement 4. DFG 5. iBCF	8. Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose and this is appropriately agreed with the relevant stakeholders?	<p>19. Is there agreement that at least the local proportion of the £138m for the implementation of the new Care Act duties has been identified?</p> <p>20. Is there agreement on the amount of funding that will be dedicated to carer-specific support from within the BCF pool?</p> <p>21. Is there agreement on how funding for reablement included within the CCG contribution to the fund is being used?</p> <p>22. Agreement on use of the Disabled Facilities Grant?</p> <p>23. Local Authority Contribution matches or exceeds the allocated 'improved Better Care Fund'?</p> <p>24. The required CCG minimum contribution and any additional CCG contributions?</p>	To be confirmed during the plan refresh process.
Metrics – Non Elective Admissions	9. Has a target been set for reducing Non Elective Admissions?	<p>25. Does the narrative plan include an explanation for how this target has been reached, including an analysis of previous performance and a realistic assessment of the impact of BCF schemes on performance in 2017-19?</p> <p>26. Has a further reduction in Non Elective Admissions, additional to those in the CCG operating plan, been considered?</p>	Input required from CCG(s) colleagues in keeping with the Operational Plan and A&E Delivery Board ambition.
Metrics – Non Elective Admissions	10. If a target has been set for a further reduction in Non Elective Admissions,	<p>1. Has the target taken into account performance to date and current trajectory and are schemes in place to support the target?</p>	As above

Planning requirement area	BCF Planning Requirements <i>(the confirmations for these requirements will be collected and analysed centrally)</i>	KLOEs to support assurance of the planning requirements <i>(these KLOEs underpin the assurance for the planning requirements but will not be collected/analysed centrally)</i>	Status Check
(additional)	beyond the CCG operating plan target, has a financial contingency been considered?	2. See also National Condition 3.	
Metrics Admissions to residential care homes	11. Has a target been set to reduce permanent admissions to residential care?	3. Does the narrative plan include an explanation for how this target will be reached, including an analysis of previous performance and a realistic assessment of the impact of BCF schemes on performance in 2017-19?	Input required from Council BI leads to include input from the Council Performance Leads.
Metrics – Effectiveness of Reablement	12. Has a target been set for increasing the number of people still at home 91 days after discharge from hospital to rehabilitation or reablement?	4. Does the narrative plan include an explanation for how this target will be reached, including an analysis of previous performance and a realistic assessment of the impact of BCF schemes on performance in 2017-19?	Input required from Council BI leads to include input from the Council Performance Leads.
Metrics Delayed Transfers of Care	13. Has a target been set for Delayed Transfers of Care? Does this target take account of targets set at local NHS trust level as part of A&E delivery plans?	5. Is there evidence of a joint plan between CCGs, local authority and providers to reduce delayed transfers of care? Does the narrative set out the contribution that the BCF schemes will make to the target including an analysis of previous performance and a realistic assessment of the impact of BCF initiatives in 2017/19 towards meeting the ambition set out in the local A&E improvement plan? 6. Do the targets take account of the ambition in the A&E delivery plans? (Where geographies don't easily enable this comparison through data, assurers should take into account other qualitative factors) 7. Is there evidence that Clinical Commissioning Groups have put in place a Discharge to Assess model locally and have put in place, or plan to put in place, a trusted assessor model? Do these schemes align with other Local Authority led, or jointly commissioned work through BCF or cross reference other work outside the BCF?	Input required from CCG(s) colleagues in keeping with the Operational Plan and A&E Delivery Board ambition. Is an area of escalating risk.
Integrity and completeness of BCF	14. Has all the information requested in the planning template been provided	8. Have the Planning template and Narrative plans been locally validated for completeness and accuracy as per the planning requirements?	To be tested during the plan refresh process.

Planning requirement area	BCF Planning Requirements <i>(the confirmations for these requirements will be collected and analysed centrally)</i>	KLOEs to support assurance of the planning requirements <i>(these KLOEs underpin the assurance for the planning requirements but will not be collected/analysed centrally)</i>	Status Check
planning documents	and are all the minimum sections required in the narrative plan elaborated?		