

Template for BCF submission 2: due on 21 March 2016

Better Care Fund 2016-17 Planning Template

Sheet: Checklist

This is a checklist in relation to cells that need data inputting in the each of the sheets within this file. It is sectioned out by sheet name and contains the question, cell reference (hyperlinked) for the question and two separate checks

- the 'tick-box' column (D) is populated by the user for their own reference (not mandatory), and
- the 'checker' column (E) which updates as questions within each sheet are completed. The checker column has been coloured so that if a value is missing from the sheet it refers to, the cell will be Red and contain the word 'No' - once completed the cell will change to Green and contain the word 'Yes'. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (B6) will change to 'Complete Template'. Please ensure that all boxes on the checklist tab are green before submission.

\*Complete Template\*

1. Cover

	Cell Reference	Complete?	Checker
Health and Well Being Board	C10	<input type="checkbox"/>	Yes
completed by:	C13	<input type="checkbox"/>	Yes
e-mail:	C15	<input type="checkbox"/>	Yes
contact number:	C17	<input type="checkbox"/>	Yes
Who has signed off the report on behalf of the Health and Well Being Board:	C19	<input type="checkbox"/>	Yes

Sheet Completed:

Yes

2. Summary and confirmations

	Cell Reference	Complete?	Checker
Summary of BCF Expenditure : Please confirm the amount allocated for the protection of adult social care : Expenditure (£000's)	E37	<input type="checkbox"/>	Yes
Summary of BCF Expenditure : If the figure in cell D29 differs to the figure in cell C29, please indicate please indicate the reason for the variance.	F37	<input type="checkbox"/>	Yes
Total value of funding held as contingency as part of local risk share to ensure value to the NHS	F47	<input type="checkbox"/>	Yes

Sheet Completed:

Yes

3. HWB Funding Sources

	Cell Reference	Complete?	Checker
Local authority Social Services: <Please Select Local Authority>	B16 : B25	<input type="checkbox"/>	Yes
Gross Contribution: £000's	C16 : C25	<input type="checkbox"/>	Yes
Comments (if required)	E16 : E25	<input type="checkbox"/>	N/A
Are any additional CCG Contributions being made? If yes please detail below:	C42	<input type="checkbox"/>	Yes
Additional CCG Contribution: <Please Select CCG>	B45 : B54	<input type="checkbox"/>	Yes
Gross Contribution: £000's	C45 : C54	<input type="checkbox"/>	Yes
Comments (if required)	E45 : E54	<input type="checkbox"/>	N/A
Funding Sources Narrative	B61	<input type="checkbox"/>	N/A
1. Is there agreement about the use of the Disabled Facilities Grant, and arrangements in place for the transfer of funds to the local housing authority?	C70	<input type="checkbox"/>	Yes
2. Is there agreement that at least the local proportion of the £138m for the implementation of the new Care Act duties has been identified?	C71	<input type="checkbox"/>	Yes
3. Is there agreement on the amount of funding that will be dedicated to carer-specific support from within the BCF pool?	C72	<input type="checkbox"/>	Yes
4. Is there agreement on how funding for reablement included within the CCG contribution to the fund is being used?	C73	<input type="checkbox"/>	Yes
1. Is there agreement about the use of the Disabled Facilities Grant, and arrangements in place for the transfer of funds to the local housing authority? Comments	D70	<input type="checkbox"/>	Yes
2. Is there agreement that at least the local proportion of the £138m for the implementation of the new Care Act duties has been identified? Comments	D71	<input type="checkbox"/>	Yes
3. Is there agreement on the amount of funding that will be dedicated to carer-specific support from within the BCF pool? Comments	D72	<input type="checkbox"/>	Yes
4. Is there agreement on how funding for reablement included within the CCG contribution to the fund is being used? Comments	D73	<input type="checkbox"/>	Yes

Sheet Completed:

Yes

4. HWB Expenditure Plan

	Cell Reference	Complete?	Checker
Scheme Name	B17 : B266	<input type="checkbox"/>	Yes
Scheme Type (see table below for descriptions)	C17 : C266	<input type="checkbox"/>	Yes
Please specify if 'Scheme Type' is 'other'	D17 : D266	<input type="checkbox"/>	Yes
Area of Spend	E17 : E266	<input type="checkbox"/>	Yes
Please specify if 'Area of Spend' is 'other'	F17 : F266	<input type="checkbox"/>	Yes
Commissioner	G17 : G266	<input type="checkbox"/>	Yes
If Joint % NHS	H17 : H266	<input type="checkbox"/>	Yes
If Joint % LA	I17 : I266	<input type="checkbox"/>	Yes
Provider	J17 : J266	<input type="checkbox"/>	Yes
Source of Funding	K17 : K266	<input type="checkbox"/>	Yes
2016/17 (£000's)	L17 : L266	<input type="checkbox"/>	Yes
New or Existing Scheme	M17 : M266	<input type="checkbox"/>	Yes
Total 15-16 Expenditure (£) (if existing scheme)	N17 : N266	<input type="checkbox"/>	Yes

Sheet Completed:

Yes

5. HWB Metrics

	Cell Reference	Complete?	Checker
5.1 - Are you planning on any additional quarterly reductions?	E43	<input type="checkbox"/>	Yes
5.1 - HWB Quarterly Additional Reduction Figure - Q1	G45	<input type="checkbox"/>	Yes
5.1 - HWB Quarterly Additional Reduction Figure - Q2	I45	<input type="checkbox"/>	Yes
5.1 - HWB Quarterly Additional Reduction Figure - Q3	K45	<input type="checkbox"/>	Yes
5.1 - HWB Quarterly Additional Reduction Figure - Q4	M45	<input type="checkbox"/>	Yes
5.1 - Are you putting in place a local risk sharing agreement on NEA?	E49	<input type="checkbox"/>	Yes
5.1 - Cost of NEA	E54	<input type="checkbox"/>	Yes
5.1 - Comments (if required)	F54	<input type="checkbox"/>	Yes
5.2 - Residential Admissions : Numerator : Forecast 15/16	G69	<input type="checkbox"/>	Yes
5.2 - Residential Admissions : Numerator : Planned 16/17	H69	<input type="checkbox"/>	Yes
5.2 - Comments (if required)	I68	<input type="checkbox"/>	N/A
5.3 - Reablement : Numerator : Forecast 15/16	G82	<input type="checkbox"/>	Yes
5.3 - Reablement : Denominator : Forecast 15/16	G83	<input type="checkbox"/>	Yes
5.3 - Reablement : Numerator : Planned 16/17	H82	<input type="checkbox"/>	Yes
5.3 - Reablement : Denominator : Planned 16/17	H83	<input type="checkbox"/>	Yes
5.3 - Comments (if required)	I81	<input type="checkbox"/>	N/A
5.4 - Delayed Transfers of Care : 15/16 Forecast : Q3	K94	<input type="checkbox"/>	Yes
5.4 - Delayed Transfers of Care : 15/16 Forecast : Q4	L94	<input type="checkbox"/>	Yes
5.4 - Delayed Transfers of Care : 16/17 Plans : Q1	M94	<input type="checkbox"/>	Yes
5.4 - Delayed Transfers of Care : 16/17 Plans : Q2	N94	<input type="checkbox"/>	Yes
5.4 - Delayed Transfers of Care : 16/17 Plans : Q3	O94	<input type="checkbox"/>	Yes
5.4 - Delayed Transfers of Care : 16/17 Plans : Q4	P94	<input type="checkbox"/>	Yes
5.4 - Comments (if required)	Q93	<input type="checkbox"/>	N/A
5.5 - Local Performance Metric	C105	<input type="checkbox"/>	Yes
5.5 - Local Performance Metric : Planned 15/16 : Metric Value	E105	<input type="checkbox"/>	Yes
5.5 - Local Performance Metric : Planned 15/16 : Numerator	E106	<input type="checkbox"/>	Yes
5.5 - Local Performance Metric : Planned 15/16 : Denominator	E107	<input type="checkbox"/>	Yes
5.5 - Local Performance Metric : Planned 16/17 : Metric Value	F105	<input type="checkbox"/>	Yes
5.5 - Local Performance Metric : Planned 16/17 : Numerator	F106	<input type="checkbox"/>	Yes
5.5 - Local Performance Metric : Planned 16/17 : Denominator	F107	<input type="checkbox"/>	Yes
5.5 - Comments (if required)	G105	<input type="checkbox"/>	N/A
5.6 - Local defined patient experience metric	C117	<input type="checkbox"/>	Yes
5.6 - Local defined patient experience metric : Planned 15/16 : Metric Value	E117	<input type="checkbox"/>	Yes
5.6 - Local defined patient experience metric : Planned 15/16 : Numerator	E118	<input type="checkbox"/>	Yes
5.6 - Local defined patient experience metric : Planned 15/16 : Denominator	E119	<input type="checkbox"/>	Yes
5.6 - Local defined patient experience metric : Planned 16/17 : Metric Value	F117	<input type="checkbox"/>	Yes
5.6 - Local defined patient experience metric : Planned 16/17 : Numerator	F118	<input type="checkbox"/>	Yes
5.6 - Local defined patient experience metric : Planned 16/17 : Denominator	F119	<input type="checkbox"/>	Yes
5.6 - Comments (if required)	G117	<input type="checkbox"/>	N/A

Sheet Completed:

Yes

6. National Conditions

	Cell Reference	Complete?	Checker
1) Plans to be jointly agreed	C14	<input type="checkbox"/>	Yes
2) Maintain provision of social care services (not spending)	C15	<input type="checkbox"/>	Yes
3) Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate	C16	<input type="checkbox"/>	Yes
4) Better data sharing between health and social care, based on the NHS number	C17	<input type="checkbox"/>	Yes
5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional	C18	<input type="checkbox"/>	Yes
6) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans	C19	<input type="checkbox"/>	Yes
7) Agreement to invest in NHS commissioned out-of-hospital services	C20	<input type="checkbox"/>	Yes
8) Agreement on a local target for Delayed Transfers of Care (DIOC) and develop a joint local action plan	C21	<input type="checkbox"/>	Yes
1) Plans to be jointly agreed, Comments	D14	<input type="checkbox"/>	Yes
2) Maintain provision of social care services (not spending), Comments	D15	<input type="checkbox"/>	Yes
3) Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate, Comments	D16	<input type="checkbox"/>	Yes
4) Better data sharing between health and social care, based on the NHS number, Comments	D17	<input type="checkbox"/>	Yes
5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional, Comments	D18	<input type="checkbox"/>	Yes
6) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans, Comments	D19	<input type="checkbox"/>	Yes
7) Agreement to invest in NHS commissioned out-of-hospital services, Comments	D20	<input type="checkbox"/>	Yes
8) Agreement on a local target for Delayed Transfers of Care (DIOC) and develop a joint local action plan, Comments	D21	<input type="checkbox"/>	Yes

Sheet Completed:

Yes

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