Manchester Health and Wellbeing Board
Report for Information

Report to: Health and Wellbeing Board – 9 March 2016

Subject: One Team Pooled Budget and BCF Planning Requirements 2016/17

Report of: Deputy City Treasurer (Manchester City Council) and Chief Financial Officer (North, South and Central Clinical Commissioning Groups)

Summary

The Health and Wellbeing Board received a report at the meeting on 13 January 2016 which detailed, in line with the draft Locality Plan, a proposal to expand the pooled fund on a phased basis, covering the service budgets in scope for 'Phase 1' for commissioning 'One Team', the requirement to strengthen governance arrangements and update the Partnership Agreement for 1 April 2016, as well as high level key financial settlement announcements. The report outlined the need to move at pace implementing the strategy and proposals set out in the draft Locality Plan

This paper includes updates in respect of the following:

- the Better Care Fund (BCF) guidance issued 23 February 2016; and
- further revisions to the proposed pooled fund in 2016/17, reflecting a range of health and care community based budgets associated with Phase 1 of One Team.

Recommendations

The Health and Wellbeing Board is requested to:

(i) In relation to 2016/17 BCF planning arrangements:

- note the release of planning guidance and associated requirements;
- endorse the retention of a risk reserve in 2016/17 for non-elective admissions (at the same level as 2015/16) and the roll forward of 2015/16 spending priorities to 2016/17 for initial planning purposes; and
- delegate authority to the Joint Director for Health and Social Care Integration, to approve and submit the BCF submission in April 2016 on behalf of the Health and Wellbeing Board.

(ii) Note the latest update to the proposed pooled fund in 2016/17 and that work is underway to update the Partnership Agreement for implementation 1st April 2016.

(iii) Note the intention to retain existing financial risk management principles and arrangements in relation to the pooled fund for a further twelve months.

(iv) Note the intention to further develop the approach to pooling budgets including embedding new governance arrangements, scoping the range of related acute hospital activity linked to One Team, and the development of joint financial planning and risk management arrangements for 2017/18.

Board Priority(s) Addressed:

Health and Wellbeing Strategy priority	**Summary of contribution to the strategy**
Getting the youngest people in our communities off to the best start	
Educating, informing and involving the community in improving their own health and wellbeing	
Moving more health provision into the community	The proposals will enable the system to understand how resources will move from acute provision to support the delivery of place based care in community settings
Providing the best treatment we can to people in the right place at the right time	The 'One Team' specification is a key element of the draft Locality Plan which aims to support the delivery of the Health and Wellbeing Strategy.
Turning round the lives of troubled families	
Improving people's mental health and wellbeing	
Bringing people into employment and leading productive lives	
Enabling older people to keep well and live independently in their community	

Lead board members: Hazel Summers, Strategic Director Adult Services, Manchester City Council, Lead CCGs – Edward Dyson (Chief Operating Officer – Central Manchester CCG) Martin Whiting (Clinical Accountable Officer - North Manchester CCG), Caroline Kurzeja (Chief Operating Officer South Manchester CCG)

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

Better Care Fund Planning Requirements for 2016/17 (Technical Guidance Annex 4) - Department of Health and the Department for Communities and Local Government
Better Care Fund: Policy Framework - Department of Health and the Department for Communities and Local Government
Pooled Budget 2016/17 - Health and Wellbeing Board 13th January 2016
Health and Social Care Locality Plan - Health and Wellbeing Board 11th November 2015
Integrated Community Health and Care Services Pooling Budgets - Health and Wellbeing Board 16th September 2015
Section 75 Pooled Budget Agreement for the Better Care Fund - Health and Wellbeing Board 25th March 2015

1. Introduction and Background

1.1 Delivery of the Manchester Locality Plan is underpinned by:

- implementation of an integrated commissioning function;
- delivery of a single hospital service; and
- delivery of integrated health and social care services via the One Team approach.

1.2 Commissioning partners have plans in place to implement the proposals for the scope of phase one of One Team from 1 April 2016. A key enabler to delivery of the City's 'One Team' aspiration is the proposed expansion of the existing pooled fund beyond the initially mandated sums relating to the Better Care Fund (BCF).

1.3 The Health and Wellbeing Board (HWB) received a report at the meeting on 13 January 2016 outlining a proposal to expand the pooled fund on a phased basis, the requirement to strengthen governance arrangements and update the Partnership Agreement for 1 April 2016, and the key financial settlement announcements for the City Council and Clinical Commissioning Groups (CCGs). The paper reiterated:

- the details of the current pooled fund, the rationale for pooling and the overarching principle that is should be seen as an enabler to support transformational change, through joint prioritisation of resources in a single integrated commissioning environment, taking a 'whole economy' perspective;
- that in principle, the CCGs and City Council have agreed an aspiration to pool budgets totalling indicative sums of £378m over the medium term, including £168m from the City Council and £210m from the CCGs;
- for 2016/17, the expansion of the pooled fund should commence aligned to 'Phase One' of the 'One Team' specification from 1 April 2016;
- the fundamental ambition behind pooling of resources is to support transformational change; and
- future financial arrangements will support integration and be very different from previous experience, in particular:
    - access to the GM transformation fund, together with pooled resources, will enable investment in the initial phase of implementing new care models for the future. The extent of investment will be proportionate to the risk involved. The stronger the evidence attached to the new care models, the higher the level of investment will be;
    - investment into the new care models will be tracked in terms of impact on activity levels in the acute sector and in residential care in particular. That evidence will in turn be used to justify reduced spending on those services. The reduced spending will be captured and transferred to replace the temporary investment monies and to support the scaling up of the new care models, i.e. funding will flow around the system; and
    - A transition will happen over a four year period so that existing business as usual models of care are gradually replaced with the new integrated models of care.

1.4 It is acknowledged that shifting the One Team 'case for change' from aspiration to reality will take time, relying upon the development of business cases and cost benefit analyses (CBAs) describing the range of implications of the newly developed 'Target Operating Models'.

1.5 This paper describes the outcome of further detailed budgeting work that has been undertaken since January 2016 and an update to the proposed pooled fund, reflecting commissioning and contractual agreements which are deemed to be relevant to the scope of phase 1 of One Team.

1.6 The January 2016 paper to HWB indicated up to £96m of health and social care budgets could be included within an expanded pool. In light of revised financial planning work, this has reduced to £89m. The key changes to budgets proposed for pooling from 1 April 2016 include:

- only adult community services budgets provided by the three main health providers (Pennine Acute Hospitals Trust, University Hospital of South Manchester Foundation Trust and Central Manchester University Hospitals Foundation Trust) are now included;

- budgets are now based upon draft financial planning assumptions for 2016/17 and are, therefore, subject to change, pending conclusion of contract negotiations and formal approval by Boards;

- BCF assumptions now include revised mandatory sums for 2016/17; and

- the additional City Council budget for the pooled fund reflects the proposed saving options and additional funding for budget pressures included in the Council's budget proposals.

1.7 For clarity, and in line with previous exclusions, no hospital based budgets are currently included within the scope of the pool from 1 April 2016, pending further work on the design of care models, assessment of related financial implications, and consultation with providers.

2. Better Care Fund Planning Requirements for 2016/17 – Key Messages

2.1. The final annex of the CCG planning guidance for 2016/17 has now been released and sets out the expectations for planning for the BCF in 2016/17.

2.2. NHS England (NHSE) has published individual 2016/17 HWB level allocations for the BCF, alongside information about the detailed allocation formulae.

2.3. All partners are required to confirm mandatory and additional funding contributions to all plans to which they are a partner. For Manchester this will be undertaken through the HWB.

2.4. BCF planning returns will require localities to confirm that individual elements of the funding have been used in accordance with their purpose as set out in the policy framework and guidance.

2.5. For 2016/17, the BCF allocations have been based upon a mixture of the CCG allocations formula, the social care formula, and a specific distribution formula for the Disabled Facilities Grant element of the BCF and are summarised in the table below.

	2015/16 £000s	**2016/17 £000s**	**Movement £000s**
Revenue funding from CCGs	25,419	15,191	-10,228
Revenue funding from CCGs ring-fenced for NHS out of hospital commissioned services/ risk share		10,965	10,965
Maintain provision of social care services	12,219	12,430	211
BCF Revenue	**37,638**	**38,586**	**948**
Disabled Facilities Capital Grant	2,967	5,746	2,779
Social Care Capital	1,485	0	-1,485
Minimum BCF	**42,090**	**44,332**	**2,242**

2.6. The social care capital grant has ceased in 2016/17. The disabled facilities capital grant has increased significantly with national conditions strengthened requiring more involvement of local housing representatives in developing and agreeing BCF plans.

2.7. Partners will need to develop a joint spending plan that is approved by NHSE as a condition of the NHS contribution to the fund being released into the pool. In developing BCF plans for 2016/17, partners will be required to develop, and agree, through the HWB:

- a short, jointly agreed narrative plan including details of how they are addressing the national conditions;
- confirmed funding contributions from each partner organisation including arrangements in relation to funding within the BCF for specific purposes;
- a scheme level spending plan demonstrating how the fund will be spent; and
- quarterly plan figures for eight national metrics.

2.8. The high level narrative plans will also need to demonstrate that partners have collectively agreed the following:

- the local vision for health and social care services – showing how services will be transformed to implement the vision of the Five Year Forward View and moving towards integrated health and social care services by 2020, and the role the BCF plan in 2016/17 plays in that context;
- an evidence base supporting the case for change;
- a coordinated and integrated plan of action for delivering that change;
- a clear articulation of how they plan to meet each national condition; and

- an agreed approach to financial risk sharing and contingency.

National Conditions

2.9. In 2016/17, Manchester will need to demonstrate how eight national conditions (two of which are new for 2016/17 - highlighted in bold below) will be met to access BCF funding:

i. that a BCF Plan, covering at least mandated minimum sums, should be signed off by the HWB and by the City Council and CCGs;

ii. demonstration of how Manchester will maintain provision of social care services in 2016/17;

iii. confirmation of agreement on how plans will support progress on meeting the 2020 standards for seven-day services, to prevent unnecessary non-elective admissions and support timely discharge;

iv. better data sharing between health and social care, based on the NHS number;

v. 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;

vi. agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans;

vii. that a proportion of Manchester's allocation is invested in NHS commissioned out-of-hospital services, or retained pending release as part of a local risk sharing agreement (for 2016/17, this amounts to £10.965m); and

viii. agreement on a local action plan to reduce delayed transfers of care.

Condition vii) – Ring-fenced funding and non-elective admission reductions

2.9.1 The 2016/17 BCF conditions include a requirement that CCGs 'ring-fence' funding to be spent, as locally agreed, on out of hospital care or as a risk reserve to pay for non-elective admissions where reductions are not achieved. For Manchester this equates to £10.965m.

2.9.2 In respect of non-elective admissions, Manchester's outturn performance to 31 December 2015 demonstrated that the ambitious target to reduce admissions by 3.5% against 2014 levels was not delivered:

Manchester HWBB	1 Jan 14 - 31 Mar 14	1 Apr 14 - 30 Jun 14	1 Jul 14 - 30 Sep 14	1 Oct 14 - 31 Dec 14		2014 total
Baseline (actual outturn 2014)	15549	16050	15660	16569		63828
	1 Jan 15 - 31 Mar 15	1 Apr 15 - 30 Jun 15	1 Jul 15 - 30 Sep 15	1 Oct 15 - 31 Dec 15		2015 total
Target reduction @ 3.5%	-490	-562	-548	-580		-2180
Target baseline - 3.5% reduction	15059	15489	15112	15989		61649
Target reduction value @ £1,490 (£000)	£730	£837	£817	£864		£3,248
Actual performance	15810	15839	15630	16722		64001
Variance from P4P baseline - number	**751**	**351**	**518**	**733**		**2353**
- %	**5.0%**	**2.3%**	**3.4%**	**4.6%**		**3.8%**
Variance from outturn - number	261	-211	-30	153		173
- %	1.7%	-1.3%	-0.2%	0.9%		0.3%

2.9.3 The aspiration in Manchester remains to reduce unplanned admissions by 20% by 2020/21. However, in view of the 2015 outturn, it is considered imprudent to release the proportion of funding held by the CCGs in 2015/16 as a non-elective risk reserve (£3.2m), for investment in new or alternative out of hospital services.

2.9.4 In line with 2016/17 BCF guidance (further detail included in Appendix 1), it is proposed that the CCGs will therefore retain the non-elective risk reserve at £3.2m in 2016/17 to protect resources to pay for non-elective admissions, in the event that planned deflections are not delivered (the revised phasing of aspirational non-elective admission reductions is currently being reviewed as part of Manchester's locality plan refresh).

2.9.5 Although more CCG funding has been specifically ring-fenced in 2016/17 (£10.965m compared to £3.248m), overall the health funding for the BCF has grown by £0.948m, which includes £0.211m for increased protection for social care.

2.9.6 Deployment of the additional health funding of £0.737m and baseline funding of £22.171m will be determined through the BCF planning processes and the Section 75 Agreement, however, at this stage it is assumed that all funding will support the CCGs' One Team Phase 1 community baseline services. Further updates will be provided to the HWB as detailed budgets are prepared for formal approval by CCG Boards.

2.9.7 A review of the 2015/16 BCF is underway and until this has been completed and approved by partners, it is proposed that the BCF spending priorities roll forward to 2016/17.

Other metrics

2.9.8 With regards to the other national performance metrics, 2016/17 targets will be reviewed and set in line with core cities and / or England averages. In cases where the target has not been met in 2015/16, the expectation is for this target to be rolled over into 2016/17.

Plan Assurance and Timetable

2.10. There will be no national assurance process for BCF Plans in 2016/17. Instead regional teams (and for Manchester, the Greater Manchester Devolution Team) will work with the Better Care Support Team to provide assurance to the national Integration Partnership Board that high quality plans are in place which meet national policy requirements and have robust risk-sharing agreements where appropriate.

2.11. As part of that regional moderation process an assessment will then be made of the risk to delivery of the plan due to local context and challenges, using information from NHSE, the Trust Development Authority, Monitor and local government.

2.12. These judgements on 'plan development' and 'risks to delivery' will inform the assessment of local plans into three categories – 'Approved', 'Approved with support' or 'Not approved'.

2.13. As Manchester's plan was 'approved' in 2015/16, it is anticipated that a similar outcome will be achieved for 2016/17. The submission and assurance process is as follows:

BCF Planning Requirements; Planning Return template, BCF Allocations published	Feb-16
First BCF submission (following CCG Operating Plan submission on 8 Feb), agreed by CCGs and local authorities, to consist of: • BCF planning return only	02-Mar-16
Assurance of CCG Operating Plans and BCF plans	Mar-16
Second submission following assurance and feedback, to consist of: • Revised BCF planning return • High level narrative plan	21-Mar-16
Assurance status of draft plans confirmed	By 8 April
Final BCF plans submitted, having been signed off by Health and Wellbeing Boards	25-Apr-16
All Section 75 agreements to be signed and in place	30-Jun-16

2.14. The HWB is required to formally approve the final BCF submission to NHSE which is due on the 25th April 2016. However, due to the timing of the HWB meetings, it is recommended authority for the submission is delegated to the Joint Director for Health and Social Care Integration.

Summary - Proposed Financial Scope of 2016/17 Pooled Budget

2.15. The pooled fund for 2016/17 will comprise two key elements:

1) BCF mandated sums; and
2) Budgets meeting the definition of 'Phase 1' of One Team.

BCF

2.16. The BCF element is outlined in Section 2 above. In summary, £44.332m, has been set nationally including:

RESOURCES	CCGs Total £'000	Council £'000	Total BCF £'000
Health - CCG minimum mandated sums	26,156		26,156
Health - Transfer of Care Bill funding to MCC	-1,451	1,451	0
Health - NHS allocation for social care protection	12,430		12,430
Health - Transfer NHS social care allocation to MCC	-12,430	12,430	0
Local Authority - Disabled facilities capital grant		5,746	5,746
Total	**24,705**	**19,628**	**44,332**

Phase 1 - One Team

2.17. In line with previous papers and the 'start simple' philosophy, services and related budgets within scope are limited to NHS community health and adult social care for phase one in 2016/17, aligned to the following areas:

- Adult community health (through 'Neighbourhood Teams').
- Community assessment and support service (integrated intermediate care and reablement).

Scope of health budgets

2.18. Budgets falling within the above definitions and the following supporting criteria are proposed to be included in 2016/17:

i. All services and budgets supported through the BCF.
ii. Adult services transferred to secondary care acute NHS provider trusts (excluding Manchester Mental Health and Social Care Trust) from 1 April 2010 through the 'Transforming Community Services' programme (as currently commissioned).

2.19. For clarity purposes, none of the following service budgets are included within the scope of Phase 1 at this stage:

- All acute secondary and mental health hospital services (even if related to the scope of 'Urgent Care First Response') whether provided through the NHS or private sector.
- Community mental health.
- Medicines management and prescribing costs.
- Primary care (see 3.6 below).
- Continuing healthcare and funded nursing care.
- Voluntary sector grants / other non-NHS provision.
- Learning disabilities.

- Budgets relating to running costs (or similar, e.g. estates costs) of the CCGs.

2.20. Primary care services are included only to the extent that such providers are involved in the supply of services commissioned through the BCF, e.g. locally commissioned services for neighbourhood teams. Those services that are considered within the scope of medical primary care services delivery (core, additional and enhanced) are explicitly excluded. Similarly, all CCG 'other' primary care related expenditure is excluded, e.g. Out of Hours, locally commissioned services.

Scope of social care budgets

2.21. Budgets falling within Phase 1 of One Team which are proposed to be included in 2016/17:

i. Adult social workers
ii. Primary Assessment Teams
iii. Reablement
iv. Assistive Technology
v. Care Act Funding
vi. Transfer of health funding for social care protection
vii. Disabled Facilities Grant

2.22. For clarity purposes, none of the following service budgets are included within the scope of Phase 1 at this stage:

- Citywide services
- Adults safeguarding
- Residential and Nursing / Extra Care
- Homecare
- Learning Disability
- Mental Health
- Public Health
- Running costs / overheads

Summary – Health and Care Draft Pooled Budget 2016/17

2.23. The combined health and care draft budgets proposed for the pool for 2016/17, based upon draft opening 2016/17 financial planning assumptions and the above criteria, are summarised below:

Service Description	CCGs £'000	Council £'000	Total £'000
Adult NHS Community Health and Adult Social Care (including NHS Social Care and Care Act funding)	57,842	6,004	63,846
Community Assessment and Support	10,869	2,124	12,993
Non-elective risk reserve	3,248		3,248

Sub-total	**71,959**	**8,128**	**80,087**
Social care transfer (note 1)	-12,430	12,430	0
Care act transfer	-1,451	1,451	0
Disabled Facilities Capital grant		5,746	5,746
Total pooled fund	**58,078**	**27,755**	**85,833**
Non-recurrent reserve	3,500	-	3,500
Total funding	**61,578**	**27,755**	**89,333**

Note 1 – BCF conditions require this funding to be allocated to protecting social care services.

2.24. Subsequent phases of integration will expand upon the inclusion criteria and scope of services in line with the implementation of the locality and commissioning strategy.

Financial Risk Sharing Principles

2.25. In view of the work still to be completed in respect of the One Team CBA and supporting business case(s), it is proposed to retain the existing risk management arrangements detailed within the 2015/16 Section 75 Agreement. It is anticipated that revised risk share arrangements will be in place for 2017/18, subject to review of this work and consultation.

2.26. Each Partner will remain individually accountable for the governance, financial performance, cash and contract management of its own commissioned services, as defined within the scope of Phase 1 - One Team, whilst aligned to the pool. This will enable better transparency and understanding of health and care budgets relating to Manchester's One Team transformation programme. The City Council will continue to host the pooled fund.

2.27. The Partners' boards support the expansion of pooled budgets for One Team, explicitly with the understanding that no changes will be made to baseline services, budgets, contracts or agreements until such time that the One Team business case(s), demonstrating the rationale for change and benefits to be derived, have been approved by respective organisations and consulted upon with providers. This is considered a key principle underpinning the expansion of the Manchester pooled budget in 2016/17.

2.28. As integration plans develop however, it is acknowledged that alternative arrangements are likely to evolve, e.g. increasing the proportion of provider payments linked to delivery of specified outcomes, rather than inputs. Such reforms will require a longer lead in to design, consult upon and negotiate into contractual terms and conditions and therefore, unlikely to be ready until mid-2016/17 or later.

2.29. The Joint Commissioning Board will review and provide the challenge on the pooled fund, including those metrics specific to the national BCF requirements and the overarching outcomes and performance framework for the One Team commissioning specification.

3. Recommendations

3.1. The HWB is requested to:

(i) In relation to 2016/17 BCF planning arrangements:

- note the release of planning guidance and associated requirements;
- endorse the retention of a risk reserve in 2016/17 for non-elective admissions (at the same level as 2015/16) and the roll forward of 2015/16 spending priorities to 2016/17 for initial planning purposes; and
- delegate authority to the Joint Director for Health and Social Care Integration, to approve and submit the BCF submission in April 2016 on behalf of the Health and Wellbeing Board.

(ii) Note the latest update to the proposed pooled fund in 2016/17 and that work is underway to update the Partnership Agreement for implementation 1st April 2016.

(iii) Note the intention to retain existing financial risk management principles and arrangements in relation to the pooled fund for a further twelve months.

(iv) Note the intention to further develop the approach to pooling budgets including embedding new governance arrangements, scoping the range of related acute hospital activity linked to One Team, and the development of joint financial planning and risk management arrangements for 2017/18.

Appendix 1 – Additional Notes - BCF Planning Guidance

1. New national condition seven replaces the national payment-for-performance element of the BCF, previously linked to delivering a 3.5% reduction in non-elective admissions. The expectation is that a similar local performance element will be deployed, other than in those local areas that delivered their emergency admission reductions in 2015/16 and are confident that this can be repeated in 2016/17.

2. Local areas should agree how they will use their share of the £1 billion that had previously been used to create the national payment for performance element of the fund. This should be achieved in one of the following ways:

    a. To fund NHS commissioned out-of-hospital services, that demonstrably lead to off-setting reductions in other NHS costs against the 2014/15 baseline; or
    b. Local areas that did not meet their 2015/16 emergency admission reduction goals are expected to consider putting an appropriate proportion of their share of the ring-fenced £1bn into a local risk-sharing agreement as part of contingency planning in the event of excess emergency hospital activity, with the balance spent on NHS commissioned out-of-hospital services, which may include a wide range of services (local areas should seek, as a minimum, to maintain provision of NHS commissioned out of hospital services in a manner consistent with 2015/16).

3. However, where the partners recognise a significant degree of risk associated with the delivery of the 2016/17 BCF plan, for example where emergency admission reductions targets were consistently not met in 2015/16, the expectation is for the local area to consider using a local risk sharing agreement, given that 'the same pound cannot be spent twice' – on emergency admissions and on NHS-commissioned out-of-hospital activity at the same time.

4. In planning to meet the condition to reduce delayed transfers of care (DTOC), areas should consider their performance in relation to DTOC (and patient flow) and work together to develop a proportionate plan to improve their position. The key elements that local areas should include in their action plan are set out in the guidance. The key elements are drawn from existing best practice approaches and available mechanisms for managing effective transfers and delays, rather than introducing new ones.

5. A scheme level spending plan will be required to account for the use of the full value of the budgets pooled through the BCF. These plans will need to include:
    - Area of spend
    - Scheme type
    - Commissioner type
    - Provider type
    - Funding source
    - Total 15/16 investment (if existing scheme)
    - Total 16/17 investment
    - Detail on scheme-level spending plans will be collected nationally through a high level BCF Planning Return.

6. The BCF Policy Framework establishes that the national metrics for measuring progress of integration through the BCF will continue as they were set out for 2015/16, with only minor amendments to reflect changes to the definition of individual metrics. In summary these are:

    - Non-elective admissions (General and Acute);
    - Admissions to residential and care homes;
    - Effectiveness of reablement;
    - Delayed transfers of care.

7. There will be no national assurance process for BCF Plans for 2016/17. Instead regional teams will work with the Better Care Support Team to provide assurance to the national Integration Partnership Board (jointly chaired by DH and DCLG whose membership includes NHS England, LGA and ADASS) that the above process has been implemented to ensure that high quality plans are in place which meet national policy requirements and have robust risk-sharing agreements where appropriate. This will include offering assurance that appropriate support and assurance arrangements are in place for high risk areas.

8. As part of that regional moderation process an assessment will then be made of the risk to delivery of the plan due to local context and challenges, using information from NHS England, the Trust Development Authority, Monitor and local government. These judgements on 'plan development' and 'risks to delivery' will help inform the placing of plans by NHS England into three categories – 'Approved', 'Approved with support', 'Not approved'. The next steps for a HWB whose plan is placed within each category are set out below:

    - Approved – proceed with implementation in line with plans;
    - Approved with support – proceed with implementation with some ongoing support from regional teams to address specific issues relating to 'plan development' and / or 'risks to delivery';
    - Not Approved – do not proceed with implementation. Work with the NHSE DCO team, Better Care Manager and LGA / ADASS representatives to put in place steps for achieving plan approval (and / or meet relevant conditions) ahead of April 2016.

9. The submission and assurance process will follow the following timetable:

NHS Planning Guidance for 2016-17 issued	22-Dec-15
Technical Annexes to the planning guidance issued,	19-Jan-16
BCF Planning Requirements; Planning Return template, Allocations published	Feb-16
First BCF submission (following CCG Operating Plan submission on 8 Feb), agreed by CCGs and local authorities, to consist of: • BCF planning return only	02-Mar-16
Assurance of CCG Operating Plans and BCF plans	Mar-16

Second submission following assurance and feedback, to consist of: • Revised BCF planning return • High level narrative plan	21-Mar-16
Assurance status of draft plans confirmed	By 8 April
Final BCF plans submitted, having been signed off by HWBs	25-Apr-16
All Section 75 agreements to be signed and in place	30-Jun-16