

Better Care Fund 2017-19

A guide to assurance of plans

Draft v5



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BCF 17/19 – Guide to assuring BCF plans

Introduction and context



Introduction and purpose of document

- This document outlines the process for assurance of BCF plans for 2017-18 and 2018-19 and provides guidance for Better Care Managers and Regional Leads as well as assurers. As in 2016/17, plans will be assured regionally. Assurance will be co-ordinated by the Better Care Managers (BCMs) but decisions will be jointly made between NHS and local government assurers.
- Assurance of plans in 2017 will take place in one stage, after which plans deemed to meet the requirements set out in the Policy Framework and Planning Requirements will be put forward for approval. Plans rated 'approved with conditions' will be given permission to enter into s75 agreements on condition that any outstanding requirements are met by the date specified in the notification
- Final decisions on plan approval will be agreed by NHS England and the Integration Partnership Board (IPB) ¹. These decisions will be based on the moderated recommendation of the regional assurance panel
- This pack sets out
 - The stages and timetable for the assurance process,
 - Approach to ensuring consistent application of the National Conditions and requirements and:
 - A set of areas for assurance, underpinned by Key Lines of Enquiry.
- The pack also describes the roles of different partners in the assurance process.

¹The IPB is a joint board that oversees government activity to deliver integrated health and social care. It is jointly chaired by the Department for Health and The Department for Communities and Local Government, with senior officials from HM Treasury, the Cabinet Office, the Local Government Association, ADASS, NHS England and NHS Improvement.

Context > BCF Planning 2017-19

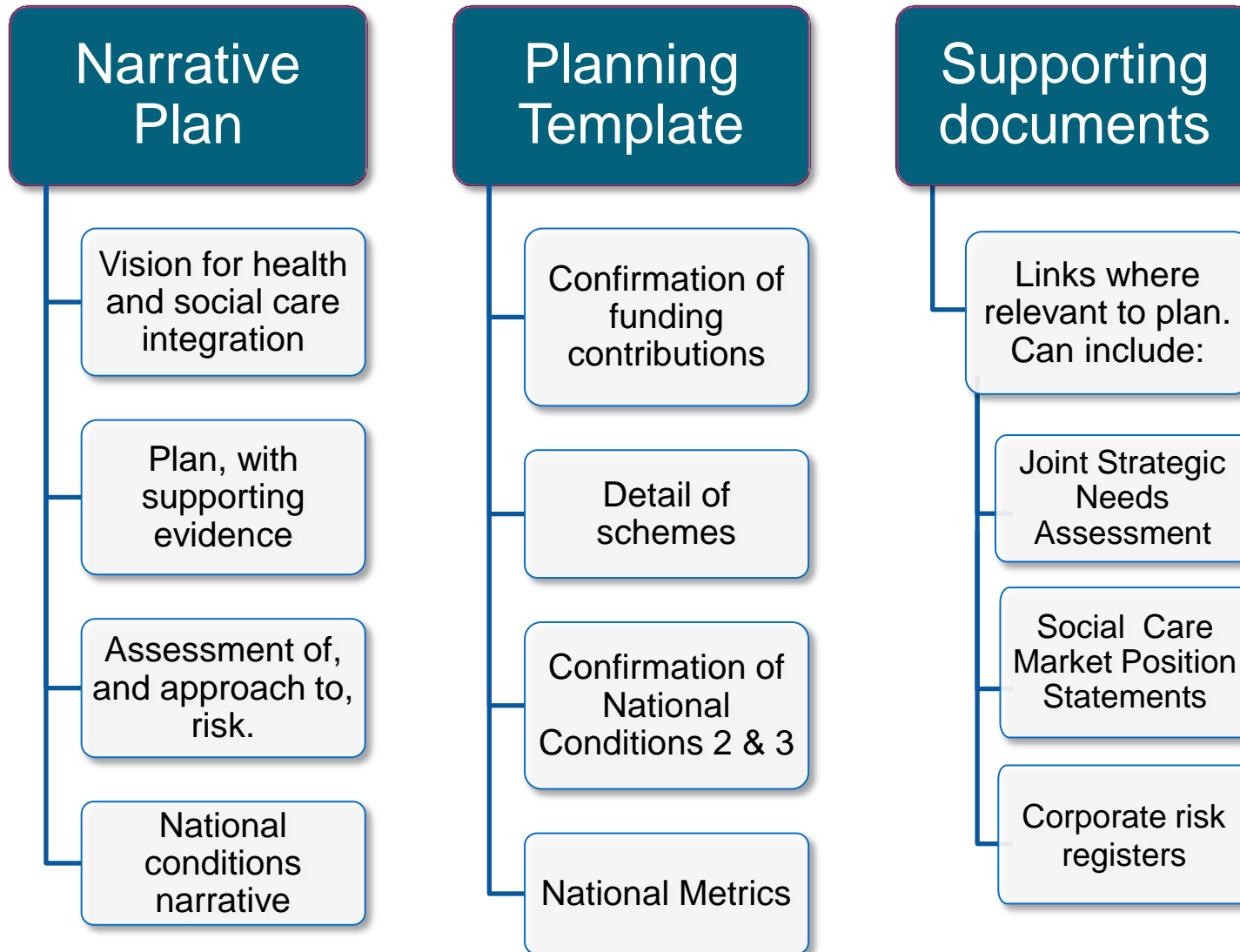
Each Better Care Fund Plan should consist of

- A jointly agreed narrative plan including details of how they are addressing the national conditions; how their BCF plans will contribute to the local plan for integrating health and social care and an assessment of risks related to the plan and how they will be managed. A narrative plan template is available.
- A BCF planning template that includes:
 - 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;
 - Quarterly plan figures for the national metrics.

The Better Care Fund for 2017/18 and 2018/19 has four National Conditions:

- That a BCF Plan, including the minimum of the pooled fund specified in the Better Care Fund allocations, should be signed off by the HWB itself, and by the constituent local authorities and CCGs, and with involvement of local partners;
- A demonstration of how the area will maintain in real terms the level of spending on social care services from the CCG minimum contribution to the fund in 2017/18 and 2018/19, in line with inflation;
- That a specific proportion of the area's allocation is invested in NHS commissioned out-of-hospital services, or retained pending release as part of a local risk sharing agreement.
- Implementation of the High Impact Change Model for Managing Transfers of Care

Context > BCF planning documents



BCF 17/19 – Guide to assuring BCF plans

Requirements that need to be assured in BCF plans:
*Planning Requirements and Key Lines of Enquiry
(KLOE)*



Planning requirements and Key lines of enquiry

This section sets out the content to be covered in Better Care Fund plans for 2017-19. This should be read in conjunction with the [BCF Policy Framework for 17-19](#) published by the Department of Health and Department of Communities and Local Government, and [the BCF Planning Requirements 2017-19](#) published by NHS England, the Department of Health and the Department for Communities and Local Government.

The 'Key Lines Of Enquiry' (or KLOEs) set out here are intended as a guide to local areas in developing their plans, as well as to the teams that will be carrying out the assurance of BCF plans for 2017-19. They are organised under the core planning requirements set out in the documents referenced above. They provide guidance on interpretation of the requirements for BCF plans and the key areas for assurers to verify. The KLOEs set out in this document will provide a single, transparent set of expectations for local areas in approaching BCF planning. The key lines of enquiry have been reduced in number from 2016/17 and all plans are required to meet these in order to be approved.

By the end of the assurance process all plans will need to demonstrate that they are meeting, or have plans in place to meet, the planning requirements in order to be approved and for authorisation to spend the CCG minimum element of the Better Care Fund. Plans that are 'Approved with Conditions' will be given permission to spend but must address the remaining issues identified by the assurance panel.

Answering Key Lines of Enquiry

The approach to BCF planning for 2017-19 seeks to simplify the requirement for local areas, while still ensuring that the conditions of access to the fund are met and local plans for furthering the integration of health and social care services through the BCF are in place.

The Planning requirements and supporting KLOEs can be demonstrated through the Narrative Plan, Planning Template and, where appropriate links to supporting documents, with a clear statement of the specific section or figures being referenced. Areas are encouraged to avoid structuring plans purely to answer these assurance questions. Instead, plans should present a narrative and supporting information that sets out how the joint plan for commissioning services under the Better Care Fund will produce more integrated working and improve services, along with a description of what will be commissioned and how the national conditions are met.

Key Lines of Enquiry > National conditions (1 of 2)

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)	Templates / reference documents
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, that providers have been involved in, and is agreed by the health and well being board? In all areas, is there a plan for DFG spending? And, in two tier areas, has the DFG funding been passed down by the county to the districts (in full, unless jointly agreed to do otherwise)? 	<ol style="list-style-type: none"> Are all parties (Local Authority and CCGs) and the HWB signed up to the plan? Is there evidence that local providers, including housing authorities and the VCS, have been involved in the plan? Does the Narrative Plan confirm that, in two-tier areas, the full amount of DFG Money has been passed to each of the Districts (as councils with housing responsibilities), or; where some DFG money has been retained by the Upper Tier authority, has agreement been reached with the relevant District Councils to this approach? 	<ul style="list-style-type: none"> ✓ Planning Template ✓ Narrative plan
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* from their 16/17 baseline for 17/18 and 18/19 <p><i>*1.79% for 2017/18 and a further 1.90% for 2018/19</i></p>	<ol style="list-style-type: none"> Is there an increase in planned spend on Social Care from the CCG minimum for 17/18 and 18/19 equal to or greater than the amount 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? In setting the contribution to social care from the CCG(s), have the partners ensured that any change does not destabilise the local health and care system as a whole? Is there confirmation that the contribution is to be spent on social care services that have some health benefit and support the overall aims of the plan? NB this can include the maintenance of social care services as well as investing in new provision 	<ul style="list-style-type: none"> ✓ Planning Template ✓ Narrative plan

Key Lines of Enquiry > National conditions (2 of 2)

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)	Templates / reference documents
National condition 3: NHS commissioned Out of Hospital Services (Policy Framework)	4. Has the area committed to spend at equal to or above the minimum allocation for NHS commissioned out of hospital services from the CCG minimum BCF contribution?	8. 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? 9. If an additional target has been set for Non Elective Admissions; have the partners set out a clear evidence based process for deciding whether to hold funds in contingency, linked to the cost of any additional Non Elective Admissions that the plan seeks to avoid? 10. If a contingency fund is established; Is there a clear process for releasing funds held in contingency into the BCF fund and how they can be spent?	✓ Planning Template ✓ Narrative plan
National condition 4: Implementation of the High Impact Change Model for Managing Transfers of Care	5. Is there a plan for implementing the high impact change model for managing transfers of care?	11. Does the BCF plan demonstrate that there is a plan in place for implementing actions from the high impact change model for managing transfers of care? Does the narrative set out a rationale for the approach taken, including an explanation as to why a particular element is not being implemented and what is approach is being taken instead? 12. Is there evidence that a joint plan for delivering and funding these actions has been agreed? 13. If elements of the model have already been adopted, does the narrative plan set out what has been commissioned and, where appropriate, link to relevant information?	✓ Planning Template ✓ Narrative plan

Key Lines of Enquiry > Narrative Plan

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)	Templates / reference documents
Local vision for health and social care	6. A clear articulation of the local vision for integration of health and social care services?	14. Does the narrative plan articulate the local vision for integrating health and social care services, including changes to patient and service user experience and outcomes, and a strategic approach to housing, social care and health, cross-referenced and aligned to other plans impacting on integration of health and social care such as STPs or devolution deals? 15. Is there an articulation of the contribution to the commitment to integrate health and social care services by 2020 in line with the intent set out in the 2015 spending review and the BCF policy Framework? 16. Is there a description of how progress will continue to be made against the former national conditions 3, 4 and 5 in the 2016/17 BCF policy framework?	✓ Narrative plan ✓ Other local plans that contribute to integration (e.g. STP) ✓ Joint strategic needs assessment
Plan of action to contribute to delivering the vision for social and health integration	7. 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?	17. Is there a robust action plan that addresses the challenges of delivering the vision, including: <ul style="list-style-type: none"> • Quantified understanding of the current issues that the BCF plan aims to resolve • 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 	✓ Narrative plan
Approach to programme delivery and control	8. 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 needed?	18. 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? 19. A description of how the plan will contribute to reducing health inequalities (as per section 4 of the Health and Social Care Act) and to reduce inequalities for people with protected characteristics under the Equality Act 2010? 20. Does the narrative plan have a clear approach for the management and control of the schemes? including as a minimum: <ul style="list-style-type: none"> • Benefit realisation (how will outcomes be measured and attributed?) • Capturing and sharing learning regionally and nationally • An approach to identifying and addressing underperforming schemes 	✓ Narrative plan

Key Lines of Enquiry > Risk and Funding

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)	Templates / reference documents
Management of risk (financial and delivery)	9. Is there an agreed approach to programme level risk management, financial risk management and, including where relevant, risk sharing and contingency?	21. 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 of how these risks will be proportionally mitigated or managed operationally? 22. 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 or IBCF grant at risk? 23. Is there sufficient mitigation of any financial risks created by the plan if a risk share has not been included?	✓ Narrative plan ✓ Market Position Statement ✓ Organisational risk logs
Funding contributions: 1. Care Act, 2. Carers' breaks, 3. Reablement 4. DFG 5. IBCF	10. 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 and in line with the National Conditions?	24. For each of the funding contributions, does the BCF evidence: <ul style="list-style-type: none"> • That the minimum contributions set out in the requirements have been included? • How the funding will be used for the purposes as set out in the guidance? • That all relevant stakeholders support the allocation of funding? • The funding contributions are the mandated local contributions for: <ul style="list-style-type: none"> • Implementation of Care Act duties • Funding dedicated to carer-specific support • Funding for Reablement • Disabled Facilities Grant? 25. Does the planning template confirm how the minimum contribution to Adult Social Care and the funding for NHS Commissioned Out of Hospital Services will be spent? 26. Does the BCF plan set out what proportion of each funding stream is made available to social care and that the improved Better Care Fund has not been offset against the contribution from the CCG minimum? 27. Is there agreement on plans for use of IBCF money that meets some or all of the purposes set out in the grant determination?	✓ Planning Template ✓ Narrative plan

Key Lines of Enquiry > Metrics

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)	Templates / reference documents
Metrics – Non Elective Admissions	11. Has a metric been set for reducing Non Elective Admissions?	28. Does the narrative plan include an explanation for how this metric has been reached, including an analysis of previous performance and a realistic assessment of the impact of BCF schemes on performance in 2017-19? 29. Has a further reduction in Non Elective Admissions, additional to those in the CCG operating plan, been considered?	✓ Planning Template
Metrics – Non Elective Admissions (additional)	12. If a metric has been set for a further reduction in Non Elective Admissions, beyond the CCG operating plan target, has a financial contingency been considered?	30. Has the metric taken into account performance to date and current trajectory and are schemes in place to support the target? See also National Condition 3.	✓ Narrative plan ✓ Planning Template
Metrics Admissions to residential care homes	13. Has a metric been set to reduce permanent admissions to residential care?	31. Does the narrative plan include an explanation for how this metric will be reached, including an analysis of previous performance and a realistic assessment of the impact of BCF schemes on performance in 2017-19?	✓ Planning Template
Metrics – Effectiveness of Reablement	14. Has a metric been set for increasing the number of people still at home 91 days after discharge from hospital to rehabilitation or reablement?	32. Does the narrative plan include an explanation for how this metric will be reached, including an analysis of previous performance and a realistic assessment of the impact of the reablement funding allocation for health and social care and other BCF schemes on performance in 2017-19?	✓ Planning Template

Key Lines of Enquiry > Delayed Transfers of Care

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)	Templates / reference documents
<p>Metrics Delayed Transfers of Care</p>	<p>15. Have the metrics been set for Delayed Transfers of Care?</p>	<p>33. Have all partners agreed a metric for planned reductions in delayed transfers of care across the HWB that is at least as ambitious as the overall HWB target for reductions of DToC by November 2017?</p> <p>34. Is the metric in line with the expected reductions in DToC for social care and NHS attributed reductions for the HWB area set out in the DTOC template?</p> <p>35. If the local area has agreed changes in attribution from those set out in the template is there a clear evidence base and rationale for those changes?</p> <p>36. Does the narrative set out the contribution that the BCF schemes will make to the metric 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?</p> <p>37. Have NHS and social care providers been involved in developing this narrative?</p>	<ul style="list-style-type: none"> ✓ Planning Template ✓ Narrative plan ✓ Related schemes and models impacting DTOC beyond BCF ✓ A&E improvement plans
<p>Integrity and completeness of BCF planning documents</p>	<p>16. Has all the information requested in the DTOC and planning templates been provided and are all the minimum sections required in the narrative plan elaborated?</p>	<p>38. Have the DTOC template, Planning template and Narrative plans been locally validated for completeness and accuracy as per the planning requirements? (Better Care Support Team will carry out central data validation)</p>	<ul style="list-style-type: none"> ✓ DTOC template ✓ Planning Template ✓ Narrative plan

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Assurance approach and process



Assurance overview

Stage	Aims	Who is involved	Decision maker
Assurance of submissions	<ul style="list-style-type: none"> Assess whether the planning requirements are met. Agree whether plans should be <ul style="list-style-type: none"> Approved, Approved with Conditions, or Not approved. 	<ul style="list-style-type: none"> Co-ordinated by regional assurance teams (DCO teams and local government assurers, supported by Better Care Managers). Better Care Support Team (data validation and summary) 	Regional/sub regional assurance panel
Moderation of assurance outcomes	<ul style="list-style-type: none"> Scrutinise assurance outcomes and comments across NHS region to ensure consistency of approach 	<ul style="list-style-type: none"> Co-ordinated by Better Care regional leads in DCO teams Regional assurance leads (NHS England (taking on board NHS Improvement views) and local government) NHS regional finance reps 	Regional moderation panel
Submission of assured plan ratings and summary template to the Better Care Support team			
Cross regional calibration	<ul style="list-style-type: none"> Scrutinise assurance outcomes between regions to ensure consistency of approach 	<ul style="list-style-type: none"> Co-ordinated by Better Care Support Team, with Better Care regional leads and regional assurance leads 	Regional moderation panel
Submission of assured plan ratings and summary template to the Better Care Support team			

Management of the assurance process >

Assurance panels

Regional assurance will be co-ordinated by BCF Regional Leads and Better Care Managers, working with Directors of Commissioning Operations (DCO) teams, in partnership with local government assurance teams. NHS regional staff (including finance staff) and BCMS will be responsible for ensuring that regional assurers have access to appropriate information and guidance to assure plans and that arrangements are in place for joint agreement by NHS and local government of assurance outcomes and feedback to local areas.

Regional Leads for the Better Care Fund, with support from BCMS will

- Agree the process for assuring and moderating plans in line with the guidance and timetable, using the key lines of enquiry and other nationally available materials.
- Agree how DCOs and NHS regional assurers will work with local government regional colleagues to assure plans, and put in place a timetable for delivery before 31 July 2017. This should include an opportunity for NHS and local government assurers to discuss and agree plan status once plans have been scrutinised.
- Ensure that assurers are fully aware of their roles and equipped to provide adequate assurance of plans
- Ensure that assurance panels are arranged in time to meet milestones in the planning requirements and that local Better Care Fund planning leads have arrangements in place for agreement and approval of plans locally.
- Agree a mechanism to resolve differences in plan ratings between different assurers.

Lead local government Chief Executives and Directors of Adult Social Care should put in place appropriate additional regional capacity by **31/07/2017** to ensure local government regions are able to fully participate in the assurance process (utilising national BCST resources where required)

Management of the assurance process >

Regional Moderation

- Arrangements should also be made by BCF regional leads and Better Care Managers for moderation of plan outcomes at NHS regional level.
- Moderation should be completed by the dates set out in the Planning Requirements and should ensure that a consistent approach to plan assessment has taken place across each NHSE region.
- Moderation should include input from:
 - Local government representatives: DASS and/or Chief Executive
 - NHS England DCO (taking on board views from NHS Improvement regional teams)
 - NHS England regional finance representatives
 - Better Care Managers
- Moderation should ensure that the requirements of the policy framework and planning requirements have been applied consistently across the region. The meeting should agree a final set of plan ratings after each of the two rounds of assurance. The moderation panel should consider whether the local DToC metrics are consistent with the agreed targets and that any changes in attribution at local level are well evidenced and have a clear rationale.
- Ratings should be recorded on the template provided and communicated to the national Better Care Support Team by **27 September 2017**.

Management of the assurance process >

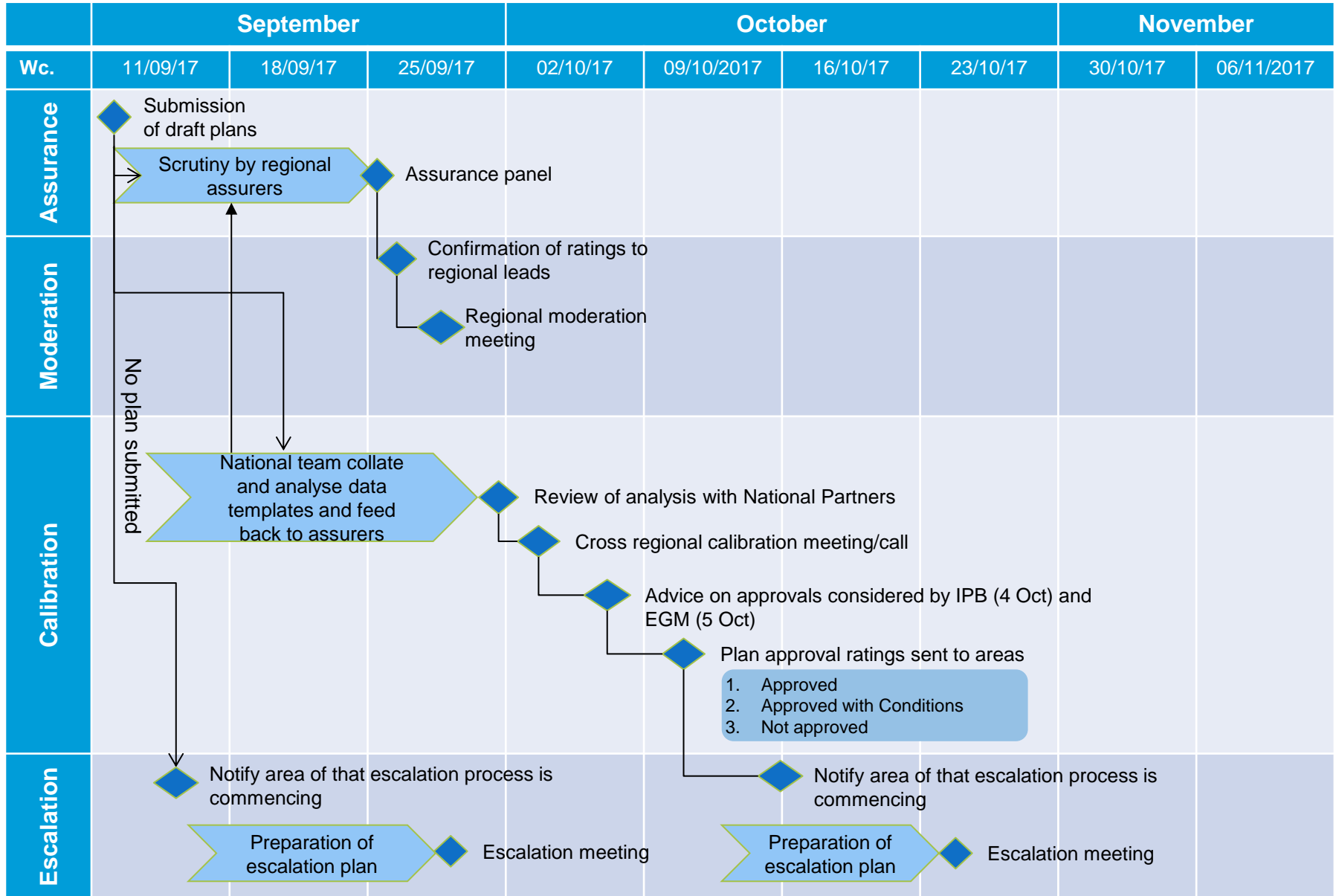
Cross regional calibration

- The Better Care Support team will co-ordinate a teleconference between regional assurance leads to allow regions to moderate scores across England. Once moderated plan outcomes are communicated to the Better Care Support team, a national level analysis of plan outcomes will be produced and provided to national partners and to NHS England regions.
- Following this, regions should review and benchmark their ratings against others. This process is the mechanism that the national Better Care Support team use to provide assurance to departments and NHS England that the conditions of the Fund have been applied consistently across England.
- This exercise will be used to ensure that plans are assured in a way that is consistent with other parts of the country. The calibration meeting will not examine individual HWB level assessments, but will examine overall approach and trends.
- This may result in some regions needing to re-visit judgements or comments for particular areas if it is apparent that different approaches have been taken regionally.
- As in 2016/17, decisions to put forward plans for approval by the IPB and NHS England, will be made by regions and the approach and representation at moderation and calibration will be for regions to make.

Assurance categorisation and follow up actions

Rating	Overview	Criteria	Next steps
Approved	<ul style="list-style-type: none"> Plan agreed by Health and Wellbeing Board Plan meets all requirements 	<ul style="list-style-type: none"> All planning requirements and KLOEs met National Conditions met (including that the plan is agreed by the HWB) 	<ul style="list-style-type: none"> Plan is put forward for approval by NHS England following consultation with the IPB. NHS England will write to these areas giving permission to enter a s75 agreement spend from the ring-fence in the CCG budget
Approved with conditions	<ul style="list-style-type: none"> Principal conditions (including National Conditions 1,2 & 3 met Meets most planning requirements 	<ul style="list-style-type: none"> Principal conditions (including National Conditions 1,2 & 3 and DTOC metric) are met Not all planning requirements met, – i.e. one or more KLOEs not satisfied; for example: <ul style="list-style-type: none"> Narrative plan (vision, approach to risk management) needs improvement; or National Condition 4 not fully met Not all Metrics not agreed Progress is being made (including on National Condition 4) and, provided feedback is incorporated, there is confidence that a compliant plan can be produced Assurance panel are confident that the area can agree a plan by November 	<ul style="list-style-type: none"> NHS England will write to areas giving permission to enter a s75 agreement spend from the ring-fence in the CCG budget Provide formal feedback to areas on actions needed to gain approval and timescale. Area and BCM to consider any support required Area to implement improvements prior to submitting a revised plan to their HWB.
Not approved/ not submitted	<ul style="list-style-type: none"> One or more minimum funding contributions not included or Plan is not locally agreed. Plan is not submitted 	<ul style="list-style-type: none"> Several planning requirements not met including: One or more of National Conditions 1, 2 or 3 not met. Little or no progress towards agreement on National Condition 4. Metrics are not set or not accompanied by plan Plan is not submitted DToC ambition is not in line with the targets agreed with NHS England (for CCGs) and/or necessary to achieve expected reductions (for Local Authorities). 	<ul style="list-style-type: none"> Provide feedback to areas on actions needed to deliver a compliant plan Area and Better Care Support Team notified If a plan is not submitted, BCST to arrange escalation panel meeting in w/c 25 September If a plan is submitted but not approved, BCST to arrange escalation panel w/c 23 October Support provided to area to produce an escalation plan

Overview of assurance, moderation and calibration

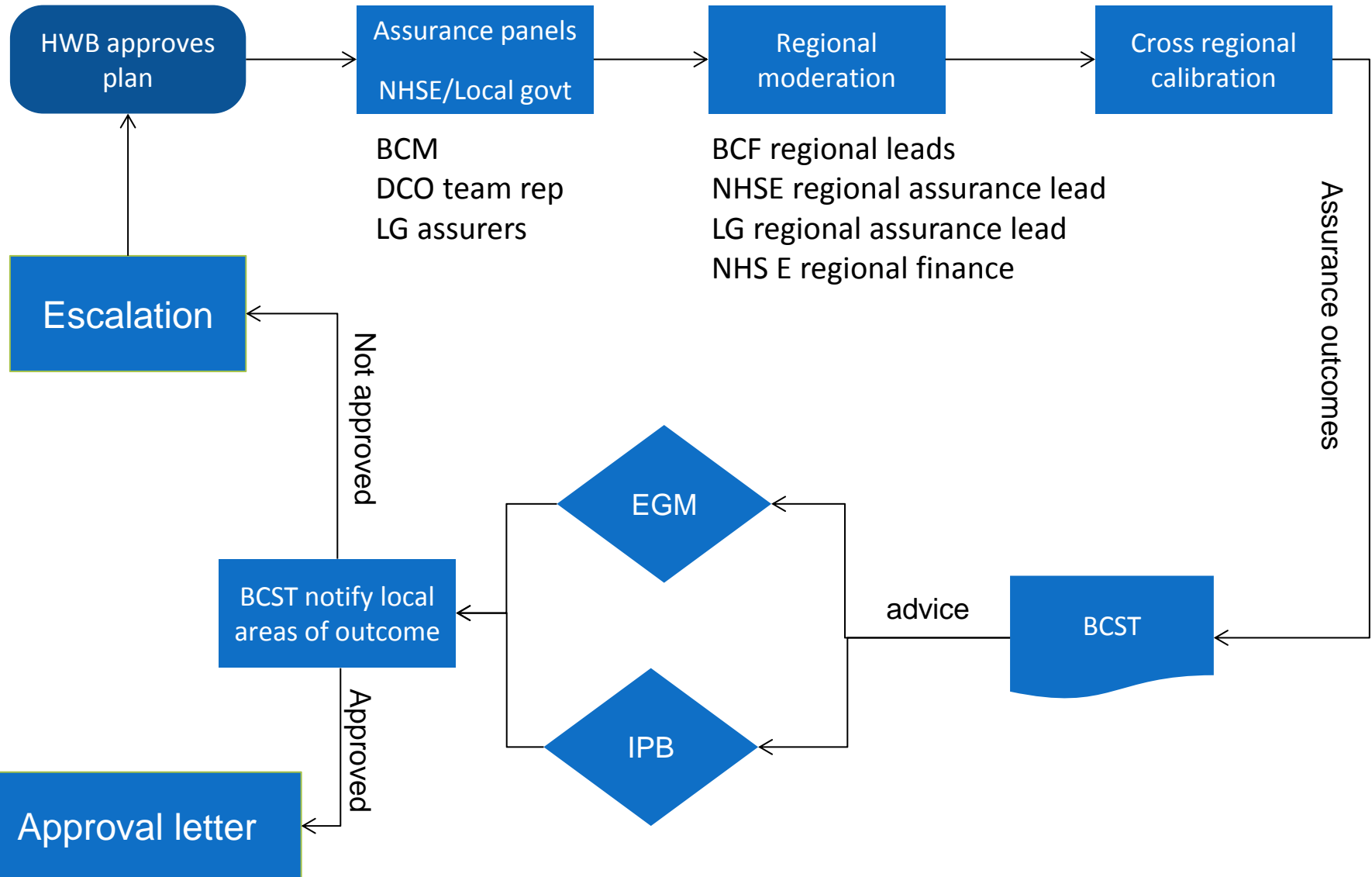


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Responsibilities and Accountabilities for BCF Assurance



BCf assurance – process and accountability



BCF Assurance > Roles and Responsibilities

NHS England Directors of Commissioning Operations (DCOs) and BCF Regional Leads

- Work with local government (LG) regional leads and BCMs to agree and deliver the approach to assurance, supported by Better Care Managers
- Ensure that the BCF assurance template is completed for each Health and Wellbeing Board within their area
- To coordinate and submit regional level returns providing an overview of plan assurance outcomes for each HWB in the region

Regional local government leads (Directors and/or Chief Executives)

- To oversee the LG input to BCF plan assurance and moderation, working with DCOs, BCMs and NHS England regions
- To ensure that additional operational capacity is provided to LG leads to deliver the approach to assurance and moderation from a local government perspective

Better Care Managers (BCMs)

- To provide additional capacity to DCOs and LG regional leads as agreed to support the overall approach to assurance and moderation across both health and social care

NHS England regional leads and NHSE regional finance leads

- To work with LG regional leads to provide a moderated view of BCF plans which aligns with wider moderation of NHS plans, taking on views of NHSI colleagues.

The Better Care Support Team

- To develop a consistent framework for assurance and moderation agreed by partners
- To develop a HWB level BCF assurance template to aid consistency
- To support the cross regional calibration exercise to establish a national picture of plan assurance
- To advise IPB and NHS England EGM on approval of plans
- To lead and co-ordinate the escalation process

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Appendix: Escalation overview



The escalation process and statutory powers

The purpose of escalation is to assist areas to reach agreement on a compliant plan. Senior Representatives from all parties required to sign up to a plan will be asked to attend an Escalation Panel meeting to discuss concerns and identify a way forward.

In the eventuality that:

- signatories to a plan are not able to agree and submit a draft plan, or:
- The Health and Well-being Board do not approve the final plan; or
- Regional Assurers decide that a plan does not meet the planning requirements:

The Better Care Support Team, in collaboration with the relevant Better Care Manager, will commence an escalation procedure to oversee prompt agreement of a compliant plan.

A guide to escalation will be issued to all those asked to enter the escalation process.

Escalation arrangements

- Representatives from the area (HWB chair, local authority chief executive (or DASS) CCG accountable officer) will be required to be present their escalation plan to the escalation panel (senior officials from DH, DCLG, NHSE and LGA)

Outcomes

- Agreed escalation plan proposal:
 - set timelines for delivery and monitoring by the BCM and, if appropriate, external support to develop plan
- No agreed proposal:
 - Direct development of an alternative proposal
 - Appoint an independent expert to support development of a plan
 - Appoint an independent contractor to develop a plan, using NHS powers of direction

Follow up

- BCST will monitor progress on agreed outcomes
- Revised plans will be assured and approved once submitted.