

Better Care Fund July Guidance – Frequently Asked Questions

July 2017



Introduction and context

The LGA is committed to ensuring members are kept up to date with accurate information and advice. This document has been developed in response to questions from members and was last updated at 12 July 2017. This is a fast developing policy area and we will revise these frequently asked questions as appropriate to keep you updated with the current information and advice.

Background to the Better Care Fund (BCF) 2014 up to publication of the Planning Requirements in July 2017

- The LGA has a responsibility to respond to our member councils' concerns on behalf of their communities and to represent these to Government and the NHS. Originally known as the Integration Transformation Fund, the Better Care Fund was announced in June 2013 "to drive the transformation of local services to ensure that people receive better and more integrated care and support". The fund was to consist of at least £3.8 billion to be deployed locally on health and social care through pooled budget arrangements between local authorities and Clinical Commissioning Groups.
- The LGA has been strongly supportive of the intentions of the BCF, but has raised increasing concerns over the level of central direction, the reporting and bureaucratic burden and the disproportionate emphasis on support to the acute sector. We've been concerned at the shift in focus – for example metrics that are very NHS and acute focused - but continued to work with Government and NHSE to ensure that BCF is used to drive local integration and continue to support ASC.
- Since the introduction of the BCF funding in 2015/16, pressures on ASC have continued to grow and the LGA estimates that the projected funding gap by 2019/20 is £2.3 billion. The LGA strongly expressed its disappointment that the 2017 Autumn Statement did not provide any additional funding for adult social care aside from allowing councils more flexibility in the use of the council tax precept to support adult social care.
- We continued to press Government for additional support for adult social care and, therefore, strongly welcomed the provision of a further £2 billion for the 'improved Better Care Fund' to come directly to councils in order to
 - Meet adult social care needs
 - Reduce pressures on the NHS, including supporting more people to be discharged from hospital when they are ready
 - Ensure that the local social care provider market is supported

However, we continue to highlight that this money is still insufficient to address the total funding gap facing adult social care and that the policy on funding beyond the end of the spending review is not decided.

- The LGA supported the Integration and Better Care Fund Policy Framework 2017 to 2019/20, published by the Department of Health and Department for Communities and Local Government in March 2017. It sets out the story of integration of health, social care and other public services, and provides an overview of related policy initiatives and legislation. It includes the policy framework for the implementation of the statutory Better Care Fund in 2017 to

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2019. It also sets out our proposals for going beyond the Fund towards further integration by 2020. The Policy Framework is available here:

<https://www.gov.uk/government/publications/integration-and-better-care-fund-policy-framework-2017-to-2019>

Planning requirements guidance

1. *What is the Planning Requirements guidance?*

The Planning Requirements are intended to operationalise the Integration and BCF Policy Framework. It provides local areas with guidance on developing their BCF and the assurance process.

2. *Why has the guidance changed from the version issued by the LGA in March?*

The LGA has worked with the Government and NHS England to develop guidance for local areas. The draft version shared by the LGA in March with upper tier councils was the latest draft at that time (to help councils to needed to be well advanced in their planning for the 2017-18 financial year). It was agreed by the Integration Partnership Board but required final formal approval by NHS England, which issues the guidance as part of its legislative role in setting conditions for the use of the NHS elements of the BCF. Subsequent discussions with Government and NHS England resulted in significant revisions, with the document published on 4 July.

The guidance, which is endorsed by NHS England, the Department of Health and the Department for Communities and Local Government is available via this link: <https://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/>

The LGA has not endorsed this version of the guidance because of last-minute changes (see question 3). It has issued a press release, which is available here: <https://www.local.gov.uk/about/news/councils-respond-government-rules-around-spending-social-care-money>

3. *What has changed in the guidance since the LGA issued the draft version in March?*

The substantive changes are:

- Introduction of expectations of each council to reduce social care-attributable delayed transfers of care (DTC) in 2017-18, with draft targets to be submitted by 21 July
- Linking this target to the possibility of review of improved Better Care Fund (iBCF) funding in 2018/19 for areas that are performing poorly against the DTC target
- Streamlining the assurance process into one cycle, and to change the assessment categories to three: approved; approved with conditions; or not approved

4. *Why does the LGA not support these changes?*

Councils, with NHS partners, are already working hard to ensure people are discharged quickly and safely from hospital. These referrals, however, account for only around 20% of requests for social care. The requirement regarding spending on reducing delayed discharge from hospitals to be prioritised over other social care needs reduces the positive impact of the funding. In effect, it also revises the

Integration and BCF Policy Framework, which gives equal weight to the three objectives of the BCF. This level of central direction undermines local partnerships and integration. Prioritising spending on delayed discharges also reduces funding available for preventative activity which would reduce demand for hospital services in the first place, as well as improve people's health and wellbeing. It also ignores the fact that meeting social care needs and supporting the provider market also benefit the NHS.

The LGA also opposes the imposition of DTOC reduction targets because this does not take into consideration the overall volume of discharges (which are rising), the extreme financial pressures on councils, and the need for local flexibility. The [ADASS 2017 budget survey](#) highlights that the additional £2bn funding, although welcome, has largely enabled the reversal of planned reductions in adult social care spending. Furthermore the late introduction of a target, in-year, will undermine existing spending decisions and service delivery, while the possibility of a review of the iBCF funding for 2018/19 puts decisions for 2018/19 at risk and undermines confidences across local systems.

5. *We have already agreed a BCF locally, can we ignore the new elements of the guidance?*

No. The guidance must be followed in order to secure approval for local spending plans. The creation of the BCF pooled fund is a legal requirement under the amended 2006 NHS Act. This means that any locally agreed plan must be reviewed in light of the revised guidance, and submitted for assurance. The Better Care Advisers/Multi-Disciplinary Consultants (BCA/MDC) Support Programme is available to provide advice and support to local areas wishing to review their existing plans and agreements in light of the revised guidance. For more information go to <https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/integration-and-better-care-fund/better-care-support-offer>

The changes to the guidance, however, do not change the policy commitment underpinning the BCF – these remain developing the best local services across health and social care to support improved outcomes for local communities, with a focus on out of hospital community provision to stop people going to hospital in the first place, and being discharged quickly and safely if a hospital stay is necessary. BCF plans should describe clearly and persuasively how local decisions support these outcomes, with recognition of the emphasis placed by ministers on delayed discharges.

New DTOC target

6. *Where can I find the indicative DTOC target for my area?*

These are available in the NHS-Social Care Interface Dashboard, which can be accessed here: <https://www.gov.uk/government/publications/local-area-performance-metrics-and-ambitions>

7. *As a council we already agreed a DTOC target in our BCF plan, do we need to revise it?*

It will need to be reviewed to ensure it meets new expectations. The previous or existing DTOC target was for all DTOC, both those attributable to social care and/or the NHS. The new targets split these into councils having a target for social care-attributable DTOC and the NHS having a target for NHS-attributable DTOC. The guidance gives local areas the flexibility to redistribute the target locally between partners as long as the combined total meets national

expectations.

It is essential to describe what activity, including through the use of the iBCF funding, is being undertaken to improve performance, especially if the local area is facing significant challenge in relation to delayed discharges.

8. As a council, can we ignore the target since the LGA has not endorsed the Planning Requirements?

No. The target is a requirement of the BCF. The LGA has not endorsed the guidance but it continues to be committed to working at national and local levels in the interest of councils to support improving health and care outcomes and services. Local systems will still want to work constructively to reach the best possible local agreement, and – given the intense level of national scrutiny - each area has an interest in providing clear evidence that the funding is being used to positive effect. This is particularly important where partners will find meeting the new DTOC reduction targets challenging.

iBCF spend

9. We have already agreed our iBCF spend in line with the grant determination – do we need to revisit?

Not necessarily. The terms of the grant are unchanged – they remain that the funding may be used only for the purposes of meeting adult social care needs; reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready; and ensuring that the local social care provider market is supported. Therefore if your iBCF spending fits these purposes, it is appropriate.

Nonetheless, the guidance places an increased emphasis on delayed discharges, combined with the new target, so BCF plans and iBCF spend must reflect this within the context of securing the best outcomes for local populations. It is essential to ensure that you clearly set out how the funding is supporting local need and improving performance, especially where DTOC performance is challenging.

10. The iBCF was originally available to address cost pressures such as the National Living Wage, has this changed?

No, the purposes for the original iBCF funding, which was announced in the 2015 Spending Review, remain as stated. These are that councils may continue to focus on core services, including: helping to cover the costs of the National Living Wage, which is expected to benefit up to 900,000 care workers; and maintaining adult social care services, which could not otherwise be maintained; as well as investing in new services, such as those which support best practice in managing transfers of care.

The Better Care Advisor /Multi-Disciplinary Consultancy (BCA/MDC) Support Programme, as well as LGA regional and national staff, are available to support councils and their partners to agree spending plans that meet the grant and BCF conditions.

11. Are there any changes to iBCF quarterly reporting in the new guidance?

The requirements are the same, although the DCLG has issued further

information. These include what councils must report via the quarterly reporting return, which is set out in Appendix 5 in the Planning Requirements. You are encouraged to use these returns to clearly set out how the funding is addressing local need and improving outcomes and performance. The DCLG also requires a s151 officer declaration that the iBCF funding is additional to previous plans for adult social care spending.

Assurance

12. What are the implications of a single assurance process?

The assurance process is being streamlined in order to speed up the time it takes to approval of spending plans. This is in recognition of the late issuing of the guidance. It means however, that areas have less time to finalise details and secure necessary approvals – the deadline for submission of the final plan is 11 September.

As a result a third category for approval has been introduced:

- Approval – local areas are free to progress spending and priorities
- Approved with conditions – the overall plan is approved subject to local areas meeting specific recommendations
- Not approved – further work is required, and may result in local areas entering the escalation process

More detail is available in the guidance document. The BCA/MDC Support Programme is available via the LGA to support local areas through the assurance process, including providing a critical friend-review of draft plans in preparation for submission.

The key lines of enquiry (KLOEs) against which plans will be judged are not yet available, at time of writing. It can be expected however there will be an emphasis on the late changes to the guidance.

13. Will the LGA participate in the assurance process?

The LGA has not endorsed the Planning Requirements, but remains committed to supporting local areas to deliver the best outcomes for local populations. We will work with the Government and NHS to influence the assurance process and seek to ensure that the best interests of councils and local populations are properly reflected.

14. The guidance suggests the assurance process for the iBCF is joint between NHS England and local government– how will this work?

The assurance process combines two separate assessments, which are subject to different legal frameworks.

- The CCG minimum contributions are governed by the amended 2006 NHS Act (s223GA), which gives NHS England the power to approve spending and set conditions on this money.
- The iBCF and Disabled Facilities Funds are direct grants from the DCLG under the 2003 Local Government Act (s31). Councils are legally obliged to comply with these conditions. The Better Care Support Team collects information through the assurance process on behalf of the DCLG and cannot amend the grant determination.

Therefore, NHS England cannot approve or direct the iBCF spend, and it is NHS England which approves the CCG spend elements of the BCF plans.

15. We do not agree with the baseline provided for the CCG contribution to social care maintenance, what do we do?

You can query this figure. Areas wishing to do so should contact their Better Care Manager, by 31 July.

Support programme

16. Will the LGA continue to provide the BCA/MDC Support Programme?

Yes, the LGA is a national partner in the Better Care Support Team and will continue to provide the BCA/MDC Support Programme. This includes help to develop a plan which meets the national requirements as well as to implement the resulting spending and delivery plans. For more information, speak to your Better Care Manager or go to: <https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/integration-and-better-care-fund/better-care-support-offer>

17. Is there help specifically available on implementing the High Impact Change Model?

Yes, the BCA/MDC programme includes regional workshops and bespoke help to use the model and implement the individual changes. This offer has been developed jointly with the Emergency Care Improvement Team, hosted by NHS Improvement. For more information, go to: <https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/integration-and-better-care-fund/better-care-support-offer>

Graduation and longer-term integration

It is the Government's policy intention that all areas move beyond minimum requirements for BCF and towards fuller integration of health and social care. Graduation is the process for enabling areas that have integrated their health and social care commissioning or provision, to the extent that they exceed, and will continue to exceed, the requirements of the BCF. The approach is described in the Policy Framework, with additional information in the Planning Requirements Guidance.

18. Will the LGA participate in the graduation process?

Yes, the LGA, as a national partner to the BCF programme, continues to participate in the graduation process. This includes supporting the areas selected to graduate through the BCA/MDC Support Programme.

19. What does the LGA's withdrawal from the guidance mean for other integration programmes?

The LGA remains committed to supporting local systems to develop health and care systems which meet the needs of today's and tomorrow's citizens, ensuring they provide preventative, person-centred services as close to home as possible. Building on the sector vision for integration the LGA developed with partners, [Stepping Up To The Place](#), the LGA will continue to support local areas to develop plans that meet the needs of local communities, supported by inclusive, place-based governance arrangements. This includes sustainability and

transformation partnerships, and the LGA continues to encourage councils to play an active part in these to ensure they deliver for local communities. The LGA will also continue to push for a sustainable funding solution for social care.

20. Does the LGA support the BCF continuing?

In [Growing Places](#), the LGA sets out the sector's priorities for the government and local government. This includes recognition that the BCF has played an important role in supporting greater integration across health and care. It calls, however, for a rebalancing of the partnership across the NHS and local government in order to better serve the needs of local communities. This includes redirecting the BCF funding through health and wellbeing boards, to oversee integration, as well as increasing the demographic oversight of sustainability and transformation partnerships. We are also committed to supporting all areas to move beyond BCF so that local health and care system leaders, not national bodies, drive strategies for greater integration and improved health and wellbeing outcomes.

CQC reviews and dashboard

21. The government has published a NHS / social care interface dashboard, what are they, and how do they relate to the BCF?

The dashboard ranks every health and wellbeing board area by a series of metrics. These were developed by the Government and form the basis on which the Government has chosen which areas will be subject to an appreciative enquiry by the Care Quality Commission. The dashboard includes the indicative targets for councils and the NHS in relation to the BCF DTOC target. The dashboard is available here: <https://www.gov.uk/government/publications/local-area-performance-metrics-and-ambitions>