NATIONAL DEVELOPMENTS WITH THE BETTER CARE FUND AND DELAYED TRANSFERS OF CARE

Summary

In the last 24 hours, detail has emerged regarding oversight of the additional investment that had been allocated to local authorities for adult social care. This relates to the announcement in the March 2017 budget that £2 billion of additional funding would be given to councils in England over the next three years to spend on adult social care services to help ensure people receive the social care support they need, and to relieve pressures on the NHS regarding delayed transfers of care (DTOC). £1 billion of this funding was made available in this financial year (2017-18) via the “improved Better Care Fund” (iBCF).

The main source of the further detail comes from yesterday’s publication of the Integration and Better Care Fund planning requirements for 2017-19 and a further ministerial statement by the secretary of state on delayed transfer of care. Much of this presents a restatement or continuation of policy regarding how iBCF funding has been and will be managed, building on the BCF policy framework that was published several months ago.

Below is a summary of the key points where we believe new policy has been announced and areas where policy has broadly stayed the same.

Key areas that represent new policy:

- The government will consider a review in November 2017 about whether to redistribute the extra social care funding provided for 18/19. This will be based on an assessment of which areas are “performing poorly”, and, if implemented, would mean that areas performing less well against their DTOC targets will see their iBCF funding reduced in 18/19 (however the funding will still remain with local government to be used for adult social care).
- In addition to this the Government has attached new conditions to the iBCF which are applicable to local authorities. These include a commitment to pool the funding into the local BCF, work with CCGs and providers to reduce delayed transfers of care and provide quarterly reports on performance.
- The CQC will commission reviews of 12 local areas to consider how well they are working across health and social care. A further 8 reviews will be commissioned based on a new performance dashboard (see below for further information) and informed by local authority BCF returns due in July 2017. The majority of these will be completed by November, with a view to “drive rapid improvement” in these areas.
- There will be joint NHS England, NHS Improvement, Local Government Association and Association of Directors of Adult Social Services guidance on implementing trusted assessors1.
- A public facing NHS and social care performance dashboard and metrics will be published showing how local areas in England are performing across the NHS-social care interface, including on delayed discharges (see more detail below).

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1 Trusted assessors facilitate speedy and safe transfer from acute hospital to a community or social care setting. There are many definitions of “trusted assessors” and no model suits all settings. Guidance being developed will provide advice and examples of good practice.
Within BCF areas, local government will now be asked to deliver “an equal share” to the NHS of the expectation to free up 2,500 hospital beds, including a breakdown of delayed days per 100,000 of the population and the indicative reduction levels required by each local authority.

**Key areas that are broadly in line with, or are a continuation of, previous policy:**

- Local authorities will be required to set a contribution they must make to reducing the number of delayed transfers of care, including agreeing their contribution at a local level with the NHS as a condition of the Better Care Fund.
- The integration and BCF planning requirements 2017-19 outlines metrics that local government and CCGs will be held to account against when using funds awarded via the iBCF. This includes plans for quarterly metrics submitted by local authorities to the Department of Communities and Local Government ranging from the number of home care packages delivered to engagement with care providers.
- BCF plans will need to include detail on how CCGs, LAs, NHS providers and social care providers will work together to achieve the local, agreed ambition for DTOC to not equate to more than 3.5% of hospital beds by September 2017. All BCF areas will also have to use the “High Impact Change Model” to improve systems for discharge and reduce DTOC.
- In 2017/18 and 2018/19 the minimum CCG contribution to adult social care via the BCF will rise in line with the CCG minimum allocation contributions, and all CCGs must ring-fence a proportion of their overall BCF allocation to invest in NHS commissioned out of hospital services.

Further detail on all these policy areas can be found in the annex of this document.

**NHS PROVIDER’S PRESS STATEMENT**

Responding to the government’s initiative to reduce social care-related delayed transfers of care (DTOCs), the chief executive of NHS Providers, Chris Hopson said:

“Our recent report, Winter Warning, showed the additional money announced in the budget for social care was not flowing to support the NHS as consistently as intended. It is therefore encouraging that senior ministers have focussed on this issue, which requires genuine local partnership and support to make the best use of the money. Both the recent ADASS budget survey and Winter Warning showed that only about one in three local authorities is currently planning to prioritise reducing social care related DTOCs.

“We welcome the rapid CQC review of 12 areas to see how well they are working at the health and social care boundary. However we await detail of how this will work.”

“We are pleased there are now specific targets for each local authority, which will be closely monitored. And we welcome the rapid CQC review of 12 areas to see how well they are working at the health and social care boundary. However we await detail of how – in detail – this will work.

“And our warning still stands. Senior health service leaders have about a month in which to make a decision on whether there is sufficient capacity in the NHS to deal with next winter’s risks, and if not, to do something about it. We have called for a £350 million investment now to cope with pressures in the coming winter.”
In response to the possibility of an additional review of 2018-19 social care funding announced in parliament by the health secretary, the director of policy and strategy of NHS Providers, Saffron Cordery said:

“It is worrying that any review looking at how the social care funding set aside in the spring Budget has been allocated may penalise those areas that potentially need the greatest support.”

“We share the government’s desire to ensure that social care work effectively. However we would urge the government to consider first how we support local health and social care systems to invest collectively in ways which reduce the pressure on wider health services and deliver the best care possible for patients. Penalties should be a last resort.”
ANNEX – DOCUMENTS SUMMARISED IN THIS DOCUMENT

This Annex summarises the:
- **BCF policy framework** published several months ago;
- **The BCF planning requirements** published today, which details how the new BCF can be accessed and by whom, along with assurance processes and plans for future integration;
- **A NHS social care interface dashboard** published today;
- **Guidance on local area performance metrics** published today.

**BCF policy framework and headline funding levels**

The policy framework covers the two year contacting period, 2017-19. The framework confirms that in 2017-18, the BCF will be increased to a mandated £5.128bn and £5.618bn in 2018-19, as announced at the last budget (see below).

Funding contributions to the BCF continue to be sourced from three branches:
- As in previous years, NHS England will ring-fence funding within its overall allocation to CCGs;
- A Disabled Facilities Grant will be paid directly from Government to LAs, both of which have risen this year and will rise again in 2018-19.
- The LA grant allocations, have been bolstered by the £2bn (£1.1bn in 2017) announced in the March 2017 budget; this will be paid directly to LAs and is known as the “Improved Better Care Fund”.

<table>
<thead>
<tr>
<th>Year</th>
<th>CCG ring-fenced allocations</th>
<th>Disabled Facilities Grant</th>
<th>New LA grant allocations (Improved Better Care Fund)</th>
<th>Total BCF</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017-18</td>
<td>£3.582bn</td>
<td>£0.431bn</td>
<td>£1.115bn</td>
<td>£5.128bn</td>
</tr>
<tr>
<td>2018-19</td>
<td>£3.65bn</td>
<td>£0.468bn</td>
<td>£1.499bn</td>
<td>£5.617bn</td>
</tr>
</tbody>
</table>

**BCF planning requirements**

The BCF planning requirements are intended to be an annex to the core NHS Operational Planning and Contracting Guidance for 2017-19, although it is also being shared with LAs via the Local Government Association. The planning requirements provide more detail on the joint actions required of CCGs and LAs before funds can be accessed. It provides little detail on provider involvement in the planning of the BCF.

**Supporting documents: dashboard and local area performance metrics**

Alongside the BCF planning requirements, an NHS social care interface dashboard and guidance on local area performance metrics has also been released today. Developed by the Department of Health and Department for Communities and Local Government, the dashboard includes a breakdown of delayed days attributed to social care per 100,000 of the population as well as the equivalent NHS-attributable days.

Local area performance metrics have been released detailing the methodology behind the dashboard as well as expectations for local authorities and NHS trusts. The document reiterates the commitment detailed in 2017/18 NHS
England mandate that total DToCs should be reduced by September 2017 to 3.5% of occupied hospital beds. It states that this will free up around 2,500 beds to help alleviate winter pressures.

In line with the new announcement today the overall reduction in DToCs should now be equally borne between NHS and local government, with each contributing half of the number of reductions required. In delivering its share of the reduction, the NHS is expected to make a 35% reduction in the number of DToCs attributed to the NHS (with local government having to reduce DToCs attributed to social care by 53%).

For simplicity the next section of this briefing summarises the key technical points within these documents as one. If you have any questions about the BCF or this briefing, please contact: Adam.Wright@nhsproviders.org

TECHNICAL DETAILS WITHIN THE DOCUMENTATION

Who can access the BCF?

The BCF has primarily been designed as a commissioner tool; both the BCF policy framework and the BCF planning requirements have been written for CCGs and LAs but also health and wellbeing boards (HWBs). Although the documentation asks for provider input at various stages, it is CCGs and LAs who will be applying for funding and submitting integration plans.

The policy frameworks encourage CCGs and LAs to align their BCF plans with Sustainability and Transformation Partnership (STP) geographies, but accepts that it may be more appropriate for areas to align with smaller units within STPs, Accountable Care Systems, or even Health and Wellbeing boards.

How can funding be accessed?

Plans will need to be submitted by 11 September 2017, having been approved or set to be approved by the relevant HWB(s). Plans will be then subject to regional assurance and moderation; however spending of the iBCF is not contingent on this assurance process; it can be spent as soon as the LA and CCGs agree their joint plans. CCGs and LAs therefore need to submit joint better care plans, which are signed off by local health and wellbeing boards. Within these, evidence of meeting four national “conditions” needs to be detailed. In previous years, there had been more conditions but these have now been cut down to simplify the submission process. The four national conditions are now:

1. A jointly agreed plan
   - Plans will need to be jointly agreed with funding transferred into one or more pooled funds established under section 75 agreements. Health and Wellbeing Boards will continue to be required to jointly agree plans for how the money will be spent, with plans signed off by the relevant LA and CCG(s).
   - The documents note that plans will need involvement from NHS trusts, social care providers, voluntary and community partners and local housing authorities but does not specify how this involvement should take place.

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2. BCF programme are underpinned by a Section 75 Agreement (provided for within the NHS Act 2006, as directed by the Care Act 2014). This is the underpinning legal basis for the operation of the Better Care Fund. It is supposed to set out how pooled budgets will be managed and confirm the host manager (either the CCG or the LA). Most Section 75 Agreements are based on national templates, with some local amendments.
2 NHS contribution to adult social care is maintained in line with inflation
- In 2017/18 and 2018/19 the minimum CCG contribution to adult social care will rise in line with the CCG minimum allocation contributions. BCF areas can however agree larger contributions. Local areas will be allowed to query the baseline if they believe it is not an accurate reflection of the CCG minimum allocation for social care in 2016/17 – this needs to be done by 31 July 2017.

3 Agreement to invest in NHS commissioned out-of-hospital services, which may include 7 day services and adult social care
- All CCGs must ring-fence a proportion of their overall BCF allocation to invest in NHS commissioned out of hospital services. These allocations are set out in CCG BCF financial planning templates for 2017/18 and 2018/19.
- If a local area is planning additional non-elective admissions reductions which are beyond the CCG operational plans, it is suggested part of its ring-fenced funding for NHS commissioned services is put into a contingency fund equal to the value of the planned reductions. Should the activity exceed planned levels, an appropriate amount can be withheld from the fund to cover the additional cost of unplanned admissions to the CCG, with the balance spent on NHS commissioned out-of-hospital services.
- As part of BCF planning returns, local areas will need to demonstrate the appropriate use of their share of NHS-ring fenced funding.

4 Managing Transfers of Care (Areas will be required to implement the “High Impact Change Model for Managing Transfers of Care” in addition to having a clear plan and metric for reducing DTOC).
- The High Impact Change Model outlines eight broad changes that will help local systems to improve systems for discharge and reduce delayed transfers of care. It provides a framework to assess local services and offers practice options to support improvements across the change areas:
  - early discharge planning;
  - monitoring patient flow;
  - discharge to assess;
  - trusted assessors;
  - multi-disciplinary discharge support;
  - seven day services;
  - focus on choice (early engagement with patients and their families/carers); and
  - enhancing health in care homes.

Whilst no longer national conditions, the following domains have also been labelled as priorities:
- Data sharing;
- A joint approach to assessments and care planning;
- Agreement of the consequential impact of changes on the providers that are likely to be affect by BCF plans.

The Improved Better Care Fund
The aforementioned Improved Better Care Fund (iBCF), worth £1.1bn in 2017/18, will be accessed by LAs only and therefore is not subject to decision makers in the NHS. To access this direct funding, LAs will have to meet the following conditions:
- Pool the grant funding in the local Better Care Fund, unless an area has written Ministerial exemption;
- Work with the relevant Clinical Commissioning Group and providers to meet national condition four (Managing Transfers of Care) in the Integration and Better Care Fund Policy Framework and Planning Requirements 2017-19; and
• Provide quarterly reports as required by the Secretary of State.

LAs will also likely be required to confirm that spending the money provided by the 2017 spring budget will be in addition to prior plans for social care spending.

DCLG will be monitoring the progress of the iBCF via quarterly monitoring reports, with the aim for daily delays to fall to around 4,000 by September 2017, freeing up around 2,000-3,000 hospital beds across England.

As described in the first part of this briefing, specifically to address DTOC, the Government has also announced the following measures:

• A dashboard showing how areas are performing against a range of metrics across the NHS-social care interface.
• Targeted CQC reviews to examine performance in the areas with the worst outcomes.
• A potential review, likely to be held in November, of 2018-19 social care funding allocations provided at Spring Budget 2017 for areas that a poorly performing. However the funding will remain with local government, to be used for adult social care.
• Guidance on implementing a Trusted Assessor model.

There is also an emphasis within the planning requirements that BCF narrative plans should include detail on how CCGs, LAs, NHS providers and social care providers will work together to achieve the local, agreed ambition for DTOC by November 2017. By 21st July each local area will need to submit a metric that reflects the target agreed by:

a) The CCG(s) in support of the reduction in DTOC in the NHS mandate (that DTOCs should equate to no more than 3.5% of all hospital beds by September).

b) The LA in support of the reduction in social care attributed DTOC set out by ministers on 3rd July 2017 (an expectation to free up 2,500 hospital beds)

What has to be submitted and when?

Assurance will be streamlined into one stage, with an assessment of whether a plan should be approved, not approved or approved with conditions (see below). Plans will need to be submitted by 11 September 2017, having been approved or set to be approved by the relevant HWB(s). Plans will be then subject to regional assurance and moderation; however as stated above spending of the iBCF is not contingent on this assurance process; it can be spent as soon as the LA and CCGs agree their plans together.

Plan assurance will also include moderation at NHS regional level, followed by a cross-regional calibration exercise to provide assurance to the Integration Partnership Board3 and NHS England that plans have been assured in a consistent way across England.

<table>
<thead>
<tr>
<th>The submission and assurance process timetable</th>
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<tbody>
<tr>
<td><strong>Publication of Government Policy Framework</strong></td>
</tr>
<tr>
<td><strong>BCF Planning Requirements; Planning Return template, BCF Allocations published</strong></td>
</tr>
</tbody>
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3 This board is jointly chaired by the Department of Health and Department of Communities and Local Government, with representation from partners including the LGA, ADASS and NHS England.
First Quarterly monitoring returns on use of iBCF funding from Local Authorities.  
Areas to confirm draft DTOc metrics to BCST  
BCF planning submission from local Health and Wellbeing Board areas (agreed by CCGs and local authorities). All submissions will need to be sent to DCO teams and copied to england.bettercaresupport@nhs.net.

| Scrutiny of BCF plans by regional assurers | 12-25 September 2017 |
| Cross regional calibration | 2 October 2017 |
| Approval letters issued giving formal permission to spend | Form 6 October 2017 |
| Escalation panels for plans rated as not approved | w/c 10 October 2017 |
| Deadline for areas with plans rated approved with conditions to submit updated plans | 31 October 2017 |
| All Section 75 agreements to be signed and in place | 30 November 2017 |
| Considering a review of 2018/19 allocations of the social care funding provided at Spring Budget 2017 for areas that are poorly performing. This funding will all remain with local government, to be used for adult social care | November 2017 |

After plans have been signed off, they will be assessed against 4 national metrics (see table below).

<table>
<thead>
<tr>
<th>Metric</th>
<th>Collection method</th>
<th>Data required</th>
</tr>
</thead>
</table>
| Non-elective admissions (General and Acute) | • Collected nationally through UNIFY at CCG level  
• HWB level figures confirmed through BCF Planning Return | Quarterly HWB level activity plan figures for 2017/18, mapped directly from CCG operating plan figures, using mapping provided, against the original 2014-15 baseline and 2015-16 metrics. |
| Admissions to residential and care homes; | • Collected through nationally developed high level BCF Planning Return | Annual metric for 2017-18 and 2018/19 |
| Effectiveness of reablement; | • Collected through nationally developed high level BCF Planning Return | Annual metric for 2017-18 |
| Delayed transfers of care; | • Collected through nationally developed high level BCF Planning Return | Quarterly metric for 2017-18. Each HWB area must submit their agreed DTOc metrics by 21 July 2017 alongside their first quarterly return for iBCF spending |

### Graduation

There is an intention that areas will “graduate” from the BCF programme management. As in previous years, areas that graduate will no longer be required to submit annual BCF plans and quarterly returns and will instead receive bespoke support offer. Footprints for “graduates” can be a single Health and Wellbeing Board area, a devolution deal area or an STP geography. Initially only 6 to 10 areas will be allow to graduate, but after this testing period there will be no set targets for the number of areas who can apply for “earned autonomy”. Criteria for graduation includes
evidence of strong leadership and an agreed system-wide strategy for improving integration, as well as demonstrable improvement against existing BCF metrics, amongst other things.

Considerations will be made via graduation panels\(^4\) who will consider the key enablers to integration, a self-assessment of local leadership, how integration supports better outcomes for populations, and agreement of a clear, measurable and transparent objectives and milestones. So far there have been 17 first wave Expressions of Interest to graduate from the BCF; a short-list is being finalised.

It is important to note the policy framework suggests the DH and NHSE are considering what further changes could be made to secondary legislation to support more integrated, place-based approaches to health and social care.

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\(^4\) These will include representatives from Department of Health, Department for Communities and Local Government, NHS England, Local Government Association, and Association of Directors of Adult Social Services.