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Quality and cost-effectiveness in long-term care and dependency prevention

POLICY SUMMARY: England

The Better Care Fund

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Policy theme	Maximizing coordination in care provision
Design and implementation level	National design, locally implemented
Policy objective	Support acute health care sector performance by investing in joint health and social care schemes
Start date – End date	April 2015 (announced in 2013) – no end date planned at present

Aims

The Better Care Fund (BCF) creates a local single pooled budget between NHS and local authorities to incentivise the NHS and local government to work more closely together and to shift resources from health into social care and community services.

Guidance notes clarified that the pooled budget should be used to support adult social care services that have a health benefit and that BCF would involve a shift of resources from hospitals to the community and hospital emergency activities would need to be reduced. The money is deployed locally on health and social care through pooled budget arrangements between local Authorities and Clinical Commissioning Groups (CCGs).

Implementation

The BCF takes the form of a local, single pooled budget that aims to fund ways that the NHS and local government throughout England can work more closely together to shift resources from health into social care and community services. Local plans for the use of the pooled budget were agreed between local authorities and CCGs through their Health and Wellbeing Boards (HWBs were established in 2012 to facilitate collaboration of key leaders from the NHS England/CCGs, and public health and local government). Better Care Plans sit in the context of a broader vision for a transformed health and care system.

The BCF will provide funding to local services to give local populations a joint and improved health and social system. The guidance notes provide local areas with the details how they need to complete plans and how they will use their portion of the fund to join up health and care services around the needs of patients, so that people can stay at home more and be in hospital less.

BCF plans in 2014 had to detail how local areas will provide:

- protection for social care services
- seven-day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends
- better data sharing between health and social care, based on the NHS number
- a joint approach to assessments and care planning and, where funding is used for integrated packages of care, an accountable professional
- agreement on the consequential impact of changes in the acute sector, with an analysis, provider-by-provider, of what the impact will be in their local area.

The planning requirements changed in 2016/17.

The Better Care Support Team (BCST) was created to provide relevant support to local areas. The Better Care support for 2016/17 is delivered through two streams; the centrally-led national and the regionally-led support programmes.

Target group

Although there is wide variability in the nature of the population they cover, overall the schemes funded by the BCF aim to support individuals at risk of unnecessary use of acute care.

Eligibility criteria

There are no general eligibility criteria to BCF schemes.

Eligibility varies from project to project, in line with its stated aims.

Resources

Initially, £3.8 billion was allocated to BCF: £1.1 billion from existing transfer from health to social care; £130 million from Carers' Breaks funding; £300 million from CCG reablement funding; £350 million from capital grant funding (including £220 million Disabled Facilities Grant) and £1.9 billion from NHS allocations.

The BCF's mandated minimum of funding can change from year to year and there is local flexibility to pool more than the mandatory amount.

- In 2015–2016, a mandated minimum of £3.8 billion
- In 2016–17, the BCF was increased to a mandated minimum of £3.9 billion
- From 2017–18, the government will make funding available to local authorities, worth £1.5 billion by 2019–20, to be included in the BCF.

Performance assessment and monitoring

The original intention was to allocate part of the BCF budget on the basis of a set of local performance targets such as delayed transfers of care, avoidable emergency admissions, effectiveness of reablement, admissions of older people to residential and nursing care, and patient and service user experience. However, in 2016/17 the incentive payment schemes has been replaced by two new national conditions:

- Agreement to invest in NHS commissioned out-of-hospital services (which may include a wide range of services including social care services)
- Agreement on local action plans and agreed targets to reduce delayed transfers of care (DTOCs). If local areas do not reduce admissions, the money will be allocated to hospitals to cover costs of continuing admissions.

NHS England continues to assess the scheme using the indicators noted above

A national academic evaluation of the BCF scheme has been commissioned by the English Department of Health

Evidence of success

The BCF national evaluation is to be completed in 2017

BCF has been reported to have helped initiate joint working between health and social care however parties involved acknowledged that it has generated unnecessary bureaucracy where integration was taking place (Erens *et al*., 2016).

Transferability/ Uniqueness	The heterogeneity of the schemes funded through the BCF makes it difficult to draw conclusions about its transferability, at least at this stage.	
Is this an emergent practice? (degree of innovation)	Joint health and social care initiatives have a long history in England (see, for example, Henderson et al. 2003) however the integration of health and social care services in England has been very much fragmented and individually programme based.	BCF was announced as "one of the most ambitious programmes across the NHS and local government to date", which created pooled budgets beteen health and social care and creates opportunities to bring financial resources together to address pressures on services and create foundations for a much more integrated system care (Bennett et al. 2014).
Sustainability	The BCF policy is not meant to be self-sustaining. Whether or not it is continued in the future will depend on whether it is seen to contribute significantly to reducing pressure on the acute health care sector.	
Critical assessment	Since its beginning doubts have been expressed about the BCF strategic viability and about successful collaboration between social care and health agencies. Criticism has also been voiced about the quality of BCF planning and whether the programme	can achieve its objectives of reducing pressures on the accute sector (Humphries et al., 2016, NAO, 2017). Conversly, as a part of a of a longer-term focus on integrated care, the BCF has made a positive step towards achieving such a goal.
Academic literature on this action	Some reports are available either on BCF or partly related to BCF (Bennett & Humphries, 2014, Erens et al., 2016).	Limited academic literature found so far (Smith, 2014).
Documents	www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/ www.local.gov.uk/health-wellbeing-and-adult-social-care/journal_content/56/10180/4096799/ARTICLE BCF Planning Requirements: www.england.nhs.uk/wp-content/uploads/2017/07/integration-better-care-fund-planning-requirements.pdf	