

SERVICE SUPPORT BRIEFING

The Better Care Fund – Delivering 2016/2017 plans

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Introduction

This brief provides an updated status on the Better Care Fund's progression and suggestions to support the delivery of 2016/2017 plans.

Background

The Better Care Fund (BCF), announced in June 2013, pools a budget between health and social care across England. The BCF is a national initiative, but is operated at a local level through Health and Wellbeing Boards (HWB). The Fund creates a local single pooled budget to incentivise Clinical Commissioning Groups (CCG) and Local Authorities (LA) to work closely together around people, placing their well-being as the focus of health and care services.

This is not new or additional money; rather it includes existing funding from particular streams of health and social care funding that has been reallocated by CCGs and LAs budgets.

The BCF is a critical component of the NHS 2-year operation plans, the NHS 5-year strategic plans and local government planning, and the 5-year Sustainability and Transformation Plansⁱ.

The key performance metrics for the overall BCF are:

- Admissions to Residential and Care Homes;
- Effectiveness of Reablement;
- Delayed Transfers of Care;
- and Non-Elective Admissions (general and acute).

These metrics will be measured with 2014-2015 data as the baselineⁱⁱ.

The BCF plans will also include a locally determined metric and locally determined patient experience metricⁱⁱⁱ.

Cost breakdown

The BCF's originally consisted of:

- £3.9bn pooled funds from health and social care budget lines – this is a national mandated minimum fund (see [Annex A](#)).
- £1bn additional payment based on performance – this has now been reviewed and replaced by ring-fenced money to be invested in two new national conditions focusing on out-of-hospital services and reduced delayed transfers of care.

NHS England has set out eight conditions that need to be met in order to access the additional £1bn of funding (see [Annex B](#)). They have also created a set of national conditions that must be met when allocating the BCF's spend (see [Annex C](#)).

The ambition of the BCF is for integrated health and social care by 2020. An area may “graduate” from the BCF upon demonstrating they embed BCF within local arrangements and will sustain the key metrics set out earlier in this briefing^{iv}.

Planning deadlines

- **21 March 2016:** First submission of full narrative plans for BCF
- **25 April 2016:** Final submission, signed off by HWB

Useful tools and resources for supporting commissioners to implement the Better Care Fund

- [Better Care Fund – What Has Changed in 2016/17?](#)
- [Technical Guidance Annex 4: Better Care Fund Planning Requirements for 2016-17](#)
- [Local Cancer Intelligence Tool](#)
- [NHS England Better Care Fund Planning](#)
- [Cancer Patient Experience Survey \(CPES\)](#)
- [Macmillan's Inclusion Programme](#)
- [Improving the Cancer Journey](#)
- [Macmillan Atlas of Variation: Cancer Patient Experience](#)

Annex A

In 2015/16 the BCF will be created from the following:

£1.9bn NHS funding

£1.9bn based on existing funding in 2014/15 that is allocated across the health and wider care system. Composed of:

- £130m Carers' Breaks funding
- £300m CCG reablement funding
- £354m capital funding (including c.£220m of Disabled Facilities Grant)
- £1.1bn existing transfer from health to social care of which £135m is for Care Act Costs in 2015/16

Annex B

Policy Requirements^v

1. That a BCF Plan, covering a minimum of the pooled Fund specified in the Spending Review, should be signed off by the HWB itself, and the constituent Councils and CCGs
2. A demonstration of how the area will meet the national condition to maintain provision of social care services in 2016-17
3. 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
4. Better data sharing between health and social care, based on the NHS number
5. 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
6. Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans
7. That a 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
8. Agreement on a local action plan to reduce delayed transfers of car

Annex C

Conditions of the BCF^{vi}

1. Plans to be jointly agreed
2. Protection for social care services (not spending)
3. As part of agreed local plans, 7 day working in health and social care to support patients being discharged and prevent unnecessary admissions at weekends, aligned to
4. Better data sharing between health and social care, based on the NHS number ensure a joint approach to assessments and care planning

5. Ensure that, where funding is used for integrated packages of care, there will be an accountable professional
6. Risk-sharing principles and contingency plans if targets are not met – including redeployment of the funding if local agreement is not reached
7. Agreement on the consequential impact of changes in the acute sector

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- ⁱ [Technical Guidance Annex 4: Better Care Fund Planning Requirements for 2016-17](#)
 - ⁱⁱ [Technical Guidance Annex 4: Better Care Fund Planning Requirements for 2016-17](#)
 - ⁱⁱⁱ [Technical Guidance Annex 4: Better Care Fund Planning Requirements for 2016-17](#)
 - ^{iv} [Better Care Fund – What Has Changed in 2016/17?](#)
 - ^v [Technical Guidance Annex 4: Better Care Fund Planning Requirements for 2016-17](#)
 - ^{vi} [Integration and Improvement Better Care Fund](#)