

Improved Better Care Fund – Top Ten Tips for Directors

The Chancellor announced an extra £2bn funding for the Improved Better Care Fund, with £1bn available in 2017/18, on the 8th March 2017. The Policy for the Better Care Fund was published at the end of March. The Grant conditions for the IBCF were confirmed on the 27th April 2017 requiring the funding to be spent as soon as possible subject to local agreement with NHS colleagues on:

- a. Adult social care and used for the purposes of meeting adult social care needs
- b. Reducing pressures on the NHS through improved patient flow
- c. Stabilising the social care provider market

At the time of writing, (23rd June) we are still awaiting the Planning Guidance, but this should not be a barrier to approving the plan in Councils and at Health and Wellbeing Boards and any further approvals enabling the release of funds and the establishment of posts and resources.

The first monitoring report is required by the 21st July. The Care Quality Commission are planning 20 reviews this year focussing on those areas with the worst performance as well as some of the better performing local systems. There will, therefore be considerable focus on whether local authorities as part of the wider system have made appropriate use of the IBCF and are managing performance effectively to sustain social care and the social care market and reduce Delayed Transfers of Care.

ADASS and partners have been highlighting the impact of reductions in adult social care funding alongside increased need and rising costs in recent years and the continuing local government reductions which require further savings from across Council services in 2017/18 and beyond. At the same time, understandably, the expectation is that the funding assists with pressures across the health and social care system and particularly reducing the number of delayed transfers of care. It is important that the use of the IBCF reflects and prioritises all the local challenges. However, it is also important that there is a concerted approach to addressing delays, those attributable to social care; health and health and social care jointly.

We know that resources and capacity to assess need and provide appropriate care and support are critical in supporting the early transfer of care. It is also our position that stabilising and improving the market will required sustained investment. At the same time effective working practices, accurate recording, performance management and addressing any barriers can also make a difference. It is the case that variation in performance is not entirely explained by variation in available resources.

The following is intended to support the actions of Directors and senior colleagues in addressing some of these issues. We suggest that authorities:

1. Ensure that there are clear, transparent and recorded process for engaging with and gaining the agreement of CCGs urgently for the plan with the engagement of providers. This will need to be agreed through the Health and Wellbeing Board.
2. Explain the overall financial context of the Council and Adult Social Care to health colleagues and providers so that your plans are in a strategic and financial context. This could take place through forums such as A and E Boards, Sustainability and Transformation Partnerships and Provider Forums.

3. In compiling the plan evidence the current performance, market conditions and adult social care needs that are addressed through the plan including the avoidance of cuts to services that would otherwise have had to be made. Look at how IBCF plans sit alongside longer BCF and other plans that include system wide investment, including from health partners to strengthen out of hospital NHS capacity and longer term sustainability.
4. In finalising the plan identify how you are going to evaluate its impact, including addressing the requirements of reporting
5. Ensure that your staff understand and are implementing the statutory guidance in the Care Act and that this is also being applied by health staff. Not only does it include details for accurate recording of performance, the legal framework, but also good practice. Directors of Adult Social Care or their delegated representative should agree the performance data submitted. Ensure that you have appropriate arrangements in place including for non-acute settings and hospitals outside your area.
6. Ensure that you take a personal interest and are satisfied that the plan does improve performance on key indicators and that performance indicators are reported accurately and frequently enough to ensure that progress is being tracked.
7. Undertake a self-assessment of the system with health colleagues against the eight high impact changes including identifying actions that are to be taken across the health and social care system. Agree a process for ensuring that those actions to implement the high impact changes are agreed and implemented. Ensure that any agreed measures reflect the need to track improvements across the system including the effective use of social care resources such as reablement and reducing long term admissions to residential care from hospitals
8. Ensure transparency in reporting on impact and performance to Council leadership teams, Councillors responsible for Adult Social Care and other Council Leaders. Collective Council interest, support and ownership of the use of the IBCF and performance in this area is critical.
9. Utilise the information available nationally which highlights specific performance and benchmarking [Quick view DTOC summary report](#)
10. Seek help and support. Through ADASS and the LGA there is considerable advice and support available, including considering how this advice might apply to your authority. Work is also ongoing in relation to aligning this with NHSI improvement offers. Resources include:-
 - Your ADASS region
 - Regional BCF advisors
 - Care and Health Improvement Advisors.
 - Specialist resources available such as accountancy through the LGA.
 - There are a series of regional events taking place.
 - A number of peer reviews have been undertaken covering many of the issues contained in this advice.

Your regional chair or the ADASS office can help point you to these resources and confidential advice.