



Department
of Health &
Social Care



Ministry of Housing,
Communities &
Local Government



BCF planning 2022-23

**Integration and
Better Care Fund**



Aims & Objectives of the Better Care Fund

Established pooled budgets between the NHS and local authorities in every single area for the first time

Announced in 2013 with a lead in year for 2014/15

Partnership between NHS England, DLUHC, DHSC & the LGA

Brings together leaders from local government and health across England **to improve and join up care through Health & Wellbeing Boards**

The Government's only mandatory programme for **integrating health and social care** at a local level

Introduced in 2015

With the aim of improving services for people who need care and support

Agreed need to focus on prevention, reducing the demand for services and **making the most efficient and effective use of health and social care resources**

Linked to other public services, including **housing, leisure and public health** –to support people at home as well as safe and timely discharge from hospital to home

Better Care Plans agreed locally to transform housing, health & care services



Pooled Budgets

The Government sets a minimum amount that CCGs must pool and provides grants to local authorities which must be included in joint BCF plans including a capital grant for housing improvements for people with disabilities. The budget is a combination of a contribution from the following areas:

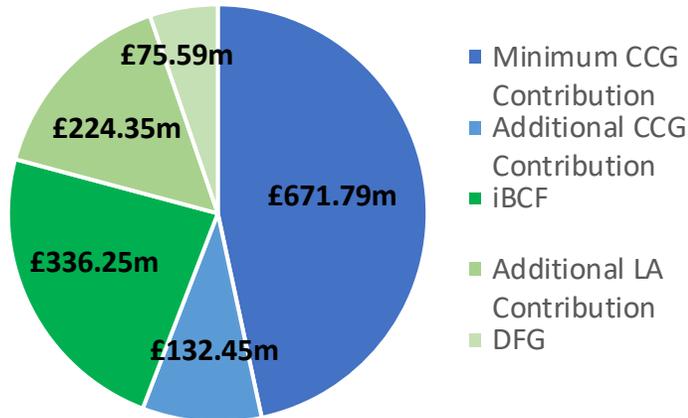


These amounts are pooled through a Section 75 agreement. Additional funding can be added to the pool by CCGs or Local Authorities.

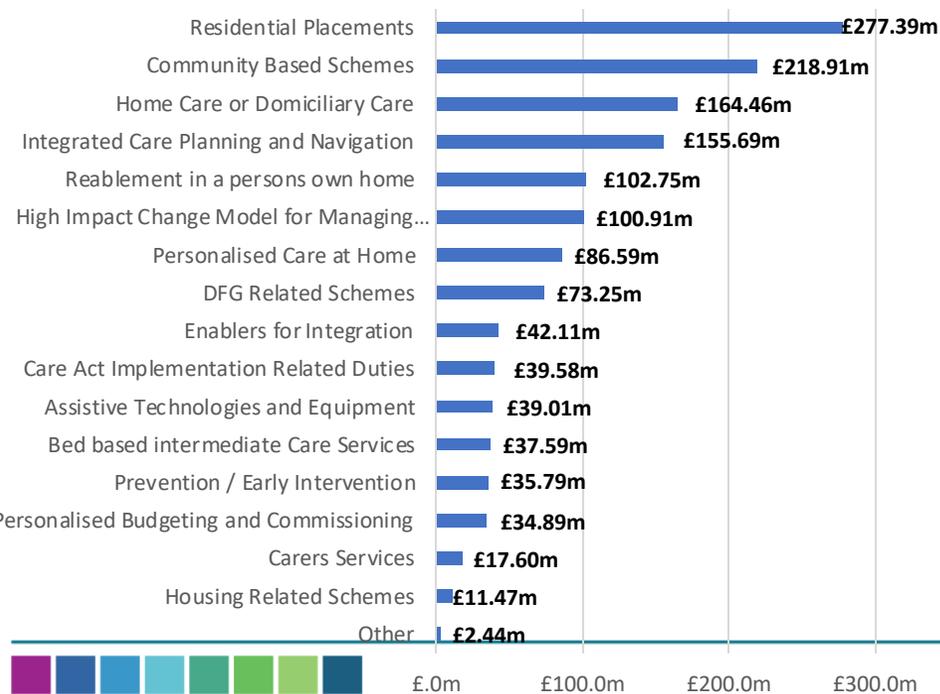
* Policy is set by DLUHC, funding is provided by DHSC via Section 31



BCF 21-22 Spend by Source of Funding



BCF 21-22 Spend by Scheme Type



There are 33 local BCF plans (1 per Health & Wellbeing Board) totalling **£1.4bn for London**. **Overall London's BCF grew by £71.5m** – £33.2m from the CCG minimum increase, £32.6m from additional voluntary LA contributions and £2.8m additional voluntary CCG contributions

The financial envelope of BCF plans range a great deal.

- The smallest in London was £1.2m for City of London, and the next two smallest range around ~£16m.
- The capital's three largest plans range from £106m - £156m.

Comparing the changes in Additional CCG and LA spend

- **Overall additional spend for CCGs is £132.4m, an increase of £2.8m**
- **Overall for LAs is £224.4m, an increase of £32.6m**
- No large decreases from any LAs

Comparing the Scheme Types (*which have had classification changes, so comparisons should be viewed with caution*)

Biggest growth areas

- **Residential placements grew by £41.4m** (to £277.4m)
- Personalised care at home by £28.1m (to £86.6m)
- High Impact Change Model (for transfers of care) by £14.1m (to £100.9m)
- Personalised budgeting and commissioning by £13.8m (to £34.9m)
- Home care by £11.7m (to £164.5m)
- Community based schemes by £10.4m (to £218.9m)

Biggest decreases

- **"Other" fell by £67.8m** (to £2.44m (less than 0.2% of spend)) due to further limiting this in assurance this year. Note that some other regions are reporting ~50% of funding in "other", which offers them little transparency on spend
- Enablers for integration by £12.6m (to £42.1m).

Planning requirements

- **National condition 2 (minimum spend on social care) and 3 (minimum spend on NHS commissioned out of hospital care) minimums were met (or surpassed) for all plans**
- Requirements on LA grants (iBCF and DFG) usage was met for all plans
- Requirements for spend on discharge, Care Act, carers and reablement were met for all plans

BCF Planning Requirements 2022-23 (not yet approved)

See the recording of the 24 June national briefing on the Better Care Exchange here:

<https://future.nhs.uk/bettercareexchange/viewdocument?docid=138382949>

Some headlines:

- National conditions 1-3 for the fund are expected to be broadly similar to 2021-22, and continue to require a minimum spend level on social care from the NHS (formerly CCG) minimum. National condition 4 is expected to change.
- Unlike previous years, the NHS minimum has risen by 5.66% uniformly across all Health and Wellbeing Boards (HWBs) and has been set out in the published allocations
- Improved Better Care Fund (iBCF) and Disabled Facilities Grant (DFG) conditions remain broadly the same and have already been issued to local authorities – iBCF has increased by 3% in all LAs
- Expected changes to national condition 4:
 - Agreed approach to delivering two BCF policy objectives (prevention and discharge)
 - All areas to submit high-level capacity and demand plans for intermediate care



Plan overview: joint planning (not yet approved)

Overall

Agreed by LA CEO and ICB (in line with ICB governance)

Confirm involvement of health and social care providers, VCS and housing colleagues

Plans signed off by HWB and funding to be pooled in a section 75

Remain at HWB level - not ICS

Narrative Plan

Approach to integrated, person centred care

Approach to supporting independence and improving discharge outcomes (NC4)

How BCF funding will support this plan

Approach to promoting equalities through the plan

Narrative on how unpaid carers are supported through the BCF

Planning template

Spending from BCF funding sources

Confirmation of adult social care and NHS commissioned out of hospital spend from the NHS minimum

Ambitions and plans for metrics

Confirmation that planning conditions are met



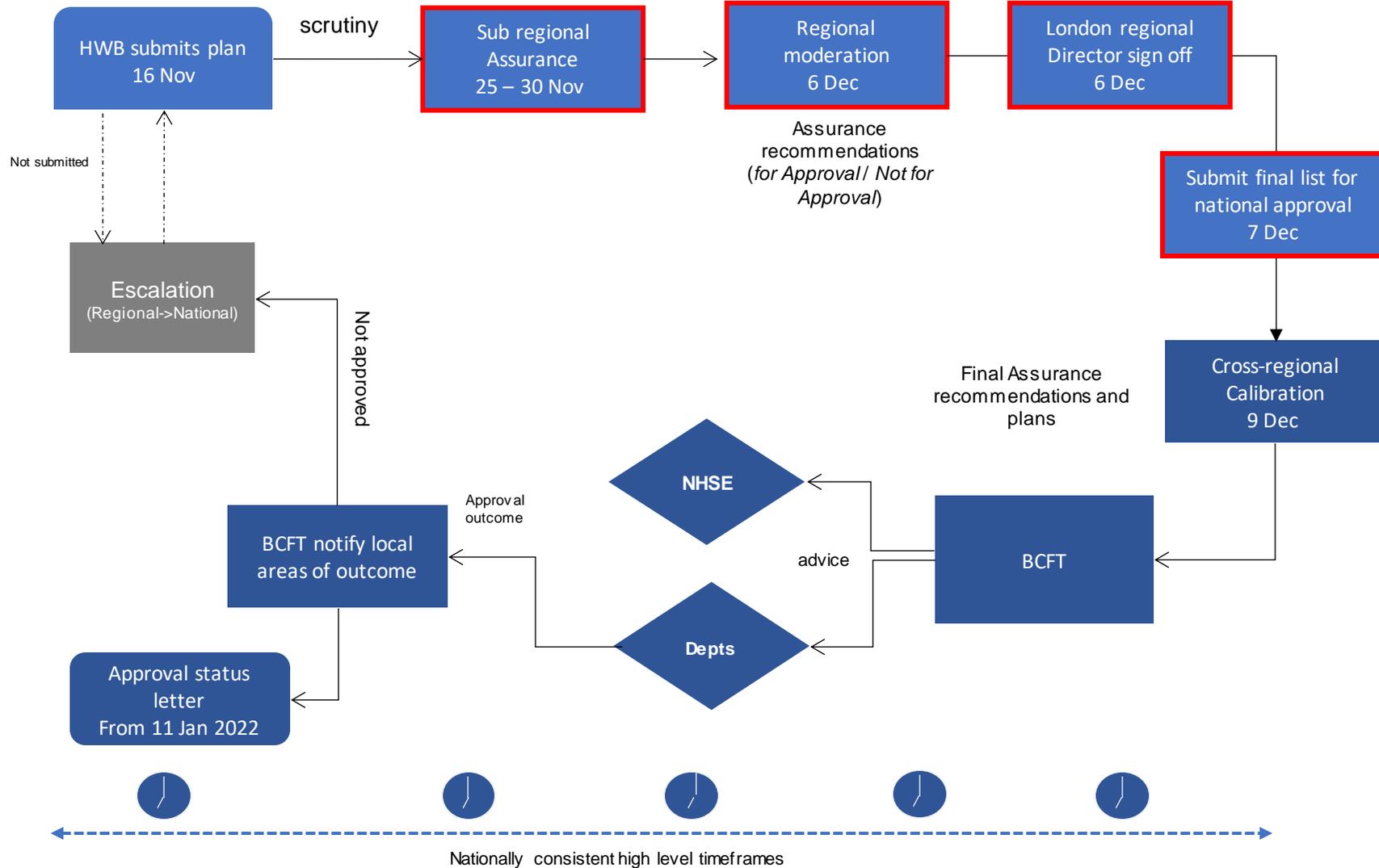
Previous planning Requirements and KLOEs – 2021/22

Theme	Code	Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)
NC1: Jointly agreed plan	PR1	A jointly developed and agreed plan that all parties sign up to	<p>Has a plan; jointly developed and agreed between CCG(s) and LA; been submitted?</p> <p>Has the HWB approved the plan/delegated approval pending its next meeting?</p> <p>Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan?</p> <p>Where the narrative section of the plan has been agreed across more than one HWB, have individual income, expenditure and metric sections of the plan been submitted for each HWB concerned?</p>
	PR2	A clear narrative for the integration of health and social care	<p>Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that describes:</p> <ul style="list-style-type: none"> • How the area will continue to implement a joined-up approach to integrated, person-centred services across health, care, housing and wider public services locally. • The approach to collaborative commissioning • The overarching approach to support people to remain independent at home, and how BCF funding will be used to support this. • How the plan will contribute to reducing health inequalities and inequalities for people with protected characteristics? This should include <ul style="list-style-type: none"> - How equality impacts of the local BCF plan have been considered, - Changes to local priorities related to health inequality and equality, including as a result of the COVID 19 pandemic, and how activities in the BCF plan will address these
	PR3	A strategic, joined up plan for DFG spending	<p>Is there confirmation that use of DFG has been agreed with housing authorities?</p> <ul style="list-style-type: none"> • Does the narrative set out a strategic approach to using housing support, including use of DFG funding that supports independence at home? • In two tier areas, has: <ul style="list-style-type: none"> - Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory Disabled Facilities Grants? or - The funding been passed in its entirety to district councils?

Previous planning Requirements and KLOEs – 2021/22

NC2: Social Care Maintenance	PR4	A demonstration of how the area will maintain the level of spending on social care services from the CCG minimum contribution to the fund in line with the uplift in the overall contribution	Does the total spend from the CCG minimum contribution on social care match or exceed the minimum required contribution (auto-validated on the planning template)?
NC3: NHS commissioned Out of Hospital Services	PR5	Has the area committed to spend at equal to or above the minimum allocation for NHS commissioned out of hospital services from the CCG minimum BCF contribution?	Does the total spend from the CCG minimum contribution on non-acute, NHS commissioned care exceed the minimum ringfence (auto-validated on the planning template)?
NC4: Plan for improving outcomes for people being discharged from hospital	PR6	Is there an agreed approach to support safe and timely discharge from hospital and continuing to embed a home first approach?	<ul style="list-style-type: none"> • Does the BCF plan demonstrate an agreed approach to commissioning services to support discharge and home first including: <ul style="list-style-type: none"> - support for safe and timely discharge, and - implementation of home first? • Does the expenditure plan detail how expenditure from BCF funding sources supports this approach through the financial year? • Is there confirmation that plans for discharge have been developed and agreed with Hospital Trusts?
Agreed expenditure plan for all elements of the BCF	PR7	Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?	<ul style="list-style-type: none"> • Do expenditure plans for each element of the BCF pool match the funding inputs? (auto-validated) • Is there confirmation that the use of grant funding is in line with the relevant grant conditions? (see paragraphs 32 – 43 of Planning Requirements) (tick-box) • Has funding for the following from the CCG contribution been identified for the area: <ul style="list-style-type: none"> - Implementation of Care Act duties? - Funding dedicated to carer-specific support? - Reablement?
Metrics	PR8	Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?	<ul style="list-style-type: none"> • Have stretching metrics been agreed locally for all BCF metrics? • Is there a clear narrative for each metric describing the approach locally to meeting the ambition set for that metric, including how BCF expenditure will support performance against each metric? • Are ambitions across hospital trusts and HWBs for reducing the proportion of inpatients that have been in hospital for 21 days aligned, and is this set out in the rationale? • Have hospital trusts and HWBs developed and agreed plans jointly for reducing the proportion of inpatients that have been in hospital for 14 days or more and 21 days or more?

Previous assurance process overview 21-22



Assurance partners listed in the appendix